General Pharmaceutical Council

# Registered pharmacy inspection report

**Pharmacy Name:** Millennium Pharmacy, 102 Loughborough Road, Brixton, LONDON, SW9 7SB

**Pharmacy reference:** 1086517

**Type of pharmacy:** Community

**Date of inspection:** 16/06/2021

## Pharmacy context

This pharmacy is one of five branches of a small group of pharmacies. It is located within a parade of shops, in a residential area. The pharmacy dispenses medication to people residing locally. It supplies medication in multi-compartment compliance packs to people who need help managing their medication. The pharmacy also offers a delivery service and the Discharge Medicine Service. This inspection was undertaken during the Covid-19 pandemic.

## Overall inspection outcome

✔ **Standards met**

**Required Action:** None

Follow this link to find out what the inspections possible outcomes mean

## Summary of notable practice for each principle

| Principle | Principle finding | Exception standard reference | Notable practice | Why |
|---|---|---|---|---|
| **1. Governance** | Standards met | N/A | N/A | N/A |
| **2. Staff** | Standards met | N/A | N/A | N/A |
| **3. Premises** | Standards met | N/A | N/A | N/A |
| **4. Services, including medicines management** | Standards met | N/A | N/A | N/A |
| **5. Equipment and facilities** | Standards met | N/A | N/A | N/A |

## Principle 1 - Governance ✔ Standards met

### Summary findings

The pharmacy adequately manages the risks associated with its services. People who use the pharmacy can provide feedback and raise concerns and the pharmacy team have received some training to help protect the welfare of vulnerable people. Team members generally respond appropriately when mistakes happen during the dispensing process. But they don't always review these mistakes. So, they might be missing opportunities to learn and make the services safer. Although the pharmacy generally keeps the records its need to by law, it could do more to ensure that its responsible pharmacist records are filled in properly. So, that it is easier to identify who the pharmacist was if there was a future query.

### Inspector's evidence

Standard operating procedures (SOPs) were available at the pharmacy. Current members of the team had signed the relevant procedures to confirm they had read and understood them. The SOPs were reviewed regularly to make sure they were still relevant. Responsibilities of team members were listed on individual SOPs, so it was clear who was responsible for which tasks. The pharmacy had made several changes in response to the pandemic. Signage was displayed to help remind people of the restrictions and screens were fitted at the medicine and dispensary counters. Personal protective equipment (PPE) and hand sanitizers were available for the team and members of the public. A staff risk assessment had been done.

Dispensing mistakes which were identified before the medicine was handed to a person (near misses) were seen to be routinely documented. The pharmacist said that these were discussed with the trainee dispenser, but the pharmacy did not have a formalised review process for them. This may mean that patterns and trends are not spotted. The team had rearranged some stock to help reduce the risk of picking errors.

Dispensing mistakes which reached people (dispensing errors) were also recorded on the near miss form. This meant that they were not documented in detail, for example, details of the person and their prescriber were missing. And this may make it difficult to find these details in the future. The pharmacist said that she would start recording dispensing mistakes on the new electronic system. Following a recent dispensing mistake, the trainee dispenser had been briefed to keep the empty medicine boxes with assembled multi-compartment compliance packs so that the pharmacist could check the correct medicines had been inserted in the packs.

The trainee dispenser understood her role and responsibilities and was aware of the tasks they could and could not carry out in the absence of the Responsible Pharmacist (RP). The correct RP notice was displayed. There were two RP records, one paper and one electronic. The electronic record was largely complete, but the RP did not always sign out when their responsibility ended. And the pharmacist had stopped making entries in the paper record in May 2021. Other records required for the safe provision of pharmacy services were generally completed in line with legal requirements, including those for unlicensed medicines and private prescriptions. The pharmacist said that she had not provided emergency supplies since starting at the pharmacy at the end of last year. The electronic register could not be accessed at the time of inspection. A sample of controlled drug (CD) registers was inspected, and these were filled in correctly. The physical stock of a CD was checked and matched the recorded balance. A CD, which had expired in January 2020, was seen to be mixed with other stock in the CD

cabinet. The pharmacy had current professional indemnity and public liability insurance.

The pharmacy conducted annual patient satisfaction survey, but it had not completed one the previous year due to the pandemic. Complaints were sent to the branch manager.

Members of the team said they had completed training on the General Data Protection Regulation. The pharmacist was unsure if there was an information governance policy in place, and it could not be found during the inspection. She said she would check with head office and ensure it was accessible to the team. Confidential waste was shredded, computers were password protected and smartcards were used to access the pharmacy's electronic records. Some assembled multi-compartment compliance packs were kept in the unlocked consultation room, but these were removed at the time of inspection. The need to ensure confidential information was held securely was discussed with the pharmacist during the inspection.

Members of the team had completed online training on safeguarding vulnerable people. The trainee dispenser said she would refer safeguarding concerns to the pharmacist.

## Principle 2 - Staffing ✔ Standards met

### Summary findings

Team members work well together, and they manage the pharmacy’s workload well. They feel comfortable about raising any concerns. They do the right training for their roles. And they complete some ongoing training to help keep their knowledge up to date. But ongoing training is unstructured which may mean that they miss opportunities to develop.

### Inspector's evidence

During the inspection there was a regular pharmacist and a trainee dispenser. Additional cover was sent from other branches when needed. Annual and emergency leave was also covered by staff at other branches in the pharmacy group. Members of the team said there was sufficient cover but there was some pressure to some complete tasks, for example, housekeeping, at times. Head office were generally supportive.

The trainee dispenser had been enrolled onto the dispenser course and was involved in selling pharmacy-only medicines (P-medicines) and assembling multi-compartment compliance packs. She said she completed other ongoing training as and when she could, in her own time. Study time was not set aside for her during work. She showed a good understanding of services at the pharmacy and described asking several questions before selling P-medicines. She was aware of products which were open to abuse and described refusing some sales.

The pharmacist said she completed training modules from the Centre for Postgraduate Education, for example, one on obesity and another on risk management. She also checked online for any pharmacy-related updates and researched particular medicines, for example to find out more about their uses or side effects.

Performance was managed informally. The pharmacist and trainee dispenser reported that they felt comfortable to approach the branch manager with any issues regarding service provision. Targets were set for team members, and although the team were constantly reminded about them, the pharmacist said they did not affect her professional judgement.

## Principle 3 - Premises ✔ Standards met

### Summary findings

The premises are suitable for the services offered and they are kept secure. People can have a conversation with a team member in a private area.

### Inspector's evidence

Fittings had not been updated for some time but they were in an adequate state of repair. There was enough workspace and ample storage space. Medicines were stored in an organised manner on the shelves. A storage room was located behind the dispensary and this was used to store paperwork and medicines awaiting collection.

The consultation room was spacious and easily accessible, but some items were not stored securely in the room. These were removed during the inspection. The sink in the consultation room was used to reconstitute antibiotics as the sink in the dispensary was not working.

Plastic screens had been fitted at the counters in response to the Covid-19 pandemic. Members of the team cleaned the pharmacy daily to help prevent cross-infection, including disinfecting worktops. They described washing their hand frequently and using hand sanitizers. Signs and floor markings were displayed reminding people to wear face masks and to maintain a safe distance.

The ambient temperature and lighting were adequate for the provision of pharmacy services. Air conditioning was available to help regulate the temperature.

## Principle 4 - Services ✔ Standards met

### Summary findings

People can access the pharmacy’s services. The pharmacy has some systems in place for making sure that its services are organised. It orders its medicines from reputable sources and largely manages them properly. But it does not always take appropriate action in response to batch recalls or other safety alerts. This may increase the risk of supplying medicines that are not safe to use.

### Inspector's evidence

There was step-free access into the pharmacy and ample space in the retail area and consultation room for people with wheelchairs. Services were listed on the pharmacy’s NHS webpage. Team members described methods in which they improved accessibility for people. For example, writing notes for people with hearing difficulty and delivering medicines to those who were housebound. Some members of the team were multilingual and translated for people when needed.

Prescriptions were mainly received via the Electronic Prescription Service. The pharmacist printed out the prescriptions and picked stock against these, before dispensing the medicine. She kept the dispensed medicines aside and checked them at a later stage. The pharmacist said that the dispensing service was manageable as most prescriptions were requested from the GP in advance. This allowed the team to manage the workload more efficiently. There were clear audit trails of prescriptions that the pharmacy had ordered from the GP. This allowed the team to follow up on any requests that were not received back in a timely manner.

Dispensing audit trails to identify who dispensed and checked medicines were not always completed. This may make it difficult to identify who was involved in these processes, for example, if a dispensing mistake occurred.

People receiving their medication in multi-compartment compliance packs were divided into four groups. Each person had an individual record sheet and there was a tracker to help show when prescriptions had been ordered and when packs had been collected. The trainee dispenser picked the stock, and this was first checked by the pharmacist before the trainee dispenser assembled the packs. Packs were assembled in the storage room behind the dispensary to help minimise distractions. Trays were left unsealed for several days before the pharmacist checked them. Potential risks of this practice were discussed with the pharmacist who said trays would in the future be sealed as soon as they were dispensed.

Deliveries were carried out by a driver. The pharmacist did not know if signatures were obtained from people to confirm receipt of their medication. Medication was returned to the pharmacy if a person was unavailable.

The pharmacy did not always follow the guidance about providing advice around pregnancy prevention when it supplied sodium valproate to people in the at-risk group. The relevant cards and labels were available. The pharmacist moved these to a more accessible area to ensure they were provided to people. She said she would review the guidance and implement changes to the dispensing process to ensure people in the at-risk group were provided with up-to-date advice.

Medicines were obtained from licensed wholesalers and stored appropriately. The pharmacist said that stock was date checked regularly and date-checking records were maintained. One medicine which had been deblistered and stored in an amber medicine bottle was not labelled with batch number or expiry date. A date-expired antibiotic was also found on the shelf. These were disposed of during the inspection. The fridge temperature was monitored daily. Records indicated that the temperatures were maintained within the recommended range. Waste medicines were stored in appropriate containers and collected by a licensed waste carrier. Drug alerts and recalls were filed for reference, however, several alerts on the Medicines and Healthcare Products Regulatory Agency (MHRA) website had not been actioned. The pharmacist signed on to the MHRA's email subscription service during the inspection and said she would in future action alerts and keep a record of them.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide the services safely.

### Inspector's evidence

The pharmacy had glass measures and tablet counting triangles, including a separate triangle for cytotoxic medicines. This helped avoid cross-contamination. The fridge was clean and suitable for the storage of medicines. Waste medicine bins and destruction kits were used to dispose of waste medicines and CDs respectively. Members of the team had access to the internet and several up-to-date reference sources.

## What do the summary findings for each principle mean?

| Finding | Meaning |
|---|---|
| ✔ Excellent practice | The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards. |
| ✔ Good practice | The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services. |
| ✔ Standards met | The pharmacy meets all the standards. |
| Standards not all met | The pharmacy has not met one or more standards. |