General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Sharoe Green Pharmacy, Unit 9 Booths Complex, Sharoe Green Lane, PRESTON, Lancashire, PR2 9HD

Pharmacy reference: 1086655

Type of pharmacy: Community

Date of inspection: 10/06/2021

Pharmacy context

This is a community pharmacy situated on a shopping parade. It is located opposite Royal Preston Hospital, in the residential area of Fulwood, north of Preston city centre. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations. The pharmacy supplies medicines in multi-compartment compliance aids for some people to help them take the medicines at the right time.

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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. They discuss things that go wrong to help identify learning and reduce the chances of similar mistakes happening again.

Inspector's evidence

There was a set of standard operating procedures (SOPs) which had passed their stated date of review. The superintendent (SI) said these were currently of being updated. Members of the pharmacy team had signed to say they had read and accepted the SOPs.

Near miss incidents were recorded on a paper log. The last record made was in March 2021, and staff said they did not think all errors had been recorded. So some learning opportunities may be missed. Members of the pharmacy team said the pharmacist or ACT would review any errors records and discuss any learning points with other members of the team. The pharmacist would also highlight mistakes to staff at the point of accuracy check and ask them to rectify their own errors. The trainee pharmacy technician gave examples of action that had been taken to help prevent similar mistakes. Such as tidying dispensary stock drawers, and altering how baskets were stored which had stock on order.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A trainee dispenser was able to explain what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Staff wore standard uniforms. The responsible pharmacist (RP) was a provisionally registered pharmacist and had their RP notice on display. The pharmacy had a complaints procedure. A notice in the retail area advised people they could discuss any concerns or feedback with the pharmacy team. Any complaints would be recorded to be followed up by the SI. A current certificate of professional indemnity insurance was on display.

Records for the RP, private prescriptions, and emergency supplies appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded and checked monthly. Two random balances were checked, and both found to be accurate. Patient returned CDs were recorded in a separate register.

Information governance (IG) procedures were in place. The pharmacy team had completed GDPR training. When questioned, a trainee dispenser was able to describe how confidential waste was destroyed using the on-site shredder. A privacy notice was available.

Safeguarding procedures were included in the SOPs. Non-registered members of the pharmacy team had completed safeguarding training, and the pharmacist had completed level 2 safeguarding training. Contact details for the local safeguarding board were available. A trainee dispenser was able to describe potential signs of concern which she would initially report to the pharmacist on duty.

Principle 2 - Staffing ✔ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included a pharmacist – who was the SI, an accuracy checking technician (ACT), a provisionally registration pharmacist, a trainee pharmacy technician, three trainee dispensing assistants, and a driver. All members of the pharmacy team were appropriately trained or on accredited training programmes. The normal staffing level was a pharmacist, and three to four members of staff. The volume of work appeared to be managed. Staffing levels were maintained by a staggered holiday system. The ACT did not routinely work within the dispensary as she had a role elsewhere within the company, but she could be called upon if needed.

Members of the pharmacy team completed some additional training using training packages on the “Virtual Outcomes” website. The topics appeared appropriate for team member’s roles. Training records were kept showing what training had been completed. A risk assessment had been completed for the provisionally registered pharmacist. She said she had the contact details for the SI and she felt comfortable in her role, and was able to contact the SI with any queries she had.

A trainee dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines she felt were inappropriate, and refer people to the pharmacist if needed. The trainee dispenser said she felt a good level of support from the pharmacist and SI. She said staff were given appraisals, during which she felt able to discuss any concerns if she had any. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the SI. There were no professional based targets set by the company.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are suitable for the services provided and steps have been taken to make the premises COVID secure. A consultation room is available to enable private conversations.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. Customers were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled by the use of electric heaters. Lighting was sufficient. The staff had access to a kitchenette, and WC facilities. But these areas were cluttered with boxes and may present a tripping hazard for staff.

A Perspex screen had been installed at the medicines counter to help prevent the spread of infection, and only four people were permitted in the retail area at any one time. Markings were used on the floor to help encourage social distancing. Staff were wearing masks and most had their 2nd COVID vaccination. Hand sanitiser was available.

A consultation room was available with access restricted by use of a lock and was clean in appearance. The space was clutter free with a desk, seating, adequate lighting, and a wash basin.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition.

Inspector's evidence

Access to the pharmacy was level via a single door and was suitable for wheelchair users. Various posters and leaflets gave information about the services offered. Pharmacy staff were able to list and explain the services provided by the pharmacy. The pharmacy opening hours were displayed.

The pharmacy had a delivery service. This had been adapted in response to current COVID guidance. The delivery driver would leave the patient's bag of medicines at the door, knock, and stand back to allow social distancing whilst the patient picked up the bag. The driver would wait for the recipient to pick up the bag. If there was no answer the medicines would be returned to the pharmacy. A paper record was kept as an audit trail.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing.

Dispensed medicines awaiting collection were kept on a shelf using an alphabetical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out. Schedule 3 and 4 CDs were highlighted so that staff could check prescription validity at the time of supply. The pharmacist said she would use a "speak to pharmacist" sticker when she wanted to provide extra counselling to a patient. But there was no process to routinely highlight prescriptions containing high-risk medicines (such as warfarin, lithium and methotrexate) to provide additional counselling and ensure the supply was appropriate. The staff were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist said she would speak to patients to check the supply was suitable but that there were currently no patients meeting the risk criteria.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacy would refer them to their GP to complete an assessment about their suitability. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge information was sought, and previous records were retained for future reference. Disposable equipment was used to provide the service, and the compliance aids were labelled with medication descriptions and a dispensing check audit trail. But patient information leaflets (PILs) were not routinely supplied. So people may not always have up to date information about how to take their medicines safely.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from

a specials manufacturer. Stock was date checked on a monthly basis. A date checking record was used to show what had been checked, but it had not been completed for the past 3 months. Staff said they had completed the date checking process but had not recorded it. So there is a risk some medicines may be overlooked. Short dated stock was highlighted using a sticker and liquid medication had the date of opening written on.

Controlled drugs were stored appropriately in the CD cabinet, with segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There were two medicines fridges, each with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had remained in the required range for the last 3 months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the MHRA. Alerts were printed, action taken was written on, initialled and signed before being filed in a folder.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and Drug Tariff resources. There was a selection of liquid measures with British Standard and Crown marks. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the staff to move to a private area if the phone call warranted privacy. The consultation room was used appropriately; patients were offered its use when requesting advice or when counselling was required.

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.