General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Whitworth Chemists Ltd., 80B Charles Street, BLACKPOOL, Lancashire, FY1 3JJ

Pharmacy reference: 1088326

Type of pharmacy: Community

Date of inspection: 14/08/2019

Pharmacy context

This is a community pharmacy opposite a GP surgery. It is situated in a residential area near the town centre of Blackpool. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services, such as seasonal flu vaccinations. A number of people receive their medicines in multi-compartment compliance aids.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	4.2	Standard not met	The pharmacy team do not follow the SOP for bagging up dispensed medicines and there is evidence of errors related to this activity.
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. They are given training so that they know how to keep private information safe. The pharmacy keeps the records it needs to by law. Members of the team record things that go wrong, but they do not review the records, so they may miss some learning opportunities. And there may be a risk of similar mistakes happening again.

Inspector's evidence

There was a set of standard operating procedures (SOPs). Some were issued in October 2015 and had not been reviewed since, so may not be in line with current practice. The pharmacy team had signed to say they had read and accepted the SOPs.

Dispensing errors were recorded electronically and submitted to the superintendent (SI). A recent error involved the supply of an incorrect quantity of co-beneldopa dispersible tablets. The pharmacist had identified that split packets of medicines were kept in a basket specifically for this patient, which had contributed to the error. The pharmacy team had therefore changed their process so that the medicines were now put back in stock once they had been checked by the pharmacist. Near miss errors had been routinely recorded since July. Prior to July, not all incidents had been recorded. The pharmacist said she would highlight mistakes to staff at the point of accuracy check and asked them to rectify their own errors. There were no records of specific risks being identified or action being taken to manage them. The pharmacist said she would speak to staff about individual incidents and ask them to take extra care.

Roles and responsibilities of the pharmacy team were described in individual SOPs. The trainee dispenser was able to describe 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 and had badges identifying their names and roles. The responsible pharmacist (RP) had their notice displayed prominently. 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. Complaints would be recorded and sent to the head office to be followed up.

A current certificate of professional indemnity insurance was on display in the pharmacy. Controlled drugs (CDs) registers were maintained. Running balances were recorded and weekly audits of running balances had commenced within the last few weeks. The balance of Zomorph 10mg MR capsules and Longtec 10mg MR tablets were checked and both found to be accurate. Patient returned CDs were recorded appropriately. Records for the RP, private prescriptions and emergency supplies appeared to be in order.

An information governance (IG) policy was available. The pharmacy team said they had read the policy and signed a confidentiality agreement. When questioned, the trainee dispenser explained that confidential waste would be destroyed using the on-site shredder. A privacy notice which described how the company handled people's information was on display in the retail area.

Safeguarding procedures were available in a folder. Members of the pharmacy team said they had read

the procedures, and the pharmacist said she had completed level 2 safeguarding training. Contact details of the local safeguarding board were in the safeguarding folder. The trainee dispenser said she would initially report any concerns 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 properly trained for the jobs they do. Members of the pharmacy team complete some additional training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included six dispensers – one of whom was in training. All members of the team were appropriately trained or on accredited training programmes. The normal staffing level was a pharmacist and three or four dispensers. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system. The pharmacy had been without a pharmacy manager since last year. The company were actively recruiting for this role.

Members of the pharmacy team completed some additional training, for example a recent training pack about Children's oral health. Training records were kept showing that ongoing training was up to date. But the training was not provided in a structured or consistent manner. So learning needs may not always be fully addressed.

The trainee dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales she felt were inappropriate and refer people to the pharmacist if needed. The locum pharmacist said she felt able to exercise her professional judgement and this was respected by the pharmacy team and the company. A number of the staff had commenced their employment within the last 12 months. Staff said they felt well supported and they worked well together. The area manager provided support when it was requested. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the head office. The locum pharmacist said she was not set any targets by the company.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. 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. A sink was available within the dispensary. Customers were not able to view any patient sensitive information due to the position of the dispensary and access was restricted by use of a gate. The temperature was controlled by the use of electric heaters and fans. Lighting was sufficient. The staff had access to a kettle, microwave, separate staff fridge, and WC facilities.

A consultation room was available with access restricted by use of a lock. The space was clutter free with a computer, desk, seating, and adequate lighting. The patient entrance to the consultation room was clearly signposted.

Principle 4 - Services **Standards not all met**

Summary findings

The pharmacy's services are easy to access, and it generally manages them safely. But the pharmacy team does not follow the SOP for bagging up dispensed medicines. And there is evidence that this failure has led to errors. The pharmacy team does not always identify people who receive higher risk medicines. So it might not always check that the medicines are still suitable, or give people advice about taking them. The pharmacy gets its medicines from appropriate 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. There was also wheelchair access to the consultation room. Various posters gave information about the services offered and there was also information on the company's website. Pharmacy staff were able to list and explain the services provided by the pharmacy. If the pharmacy did not provide a particular service staff were able to refer patients using a signposting folder. The pharmacy opening hours were displayed at the entrance of the pharmacy and a range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and logged onto an electronic delivery system. Electronic devices were used to obtain signatures from the recipient to confirm delivery. The devices belonged to the company and were left in the pharmacy overnight. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

Dispensed by and checked by boxes were initialled on dispensing labels to provide an audit trail. Dispensing baskets were used for segregating individual patients' prescriptions to avoid items being mixed up and the baskets were colour coded to help prioritise dispensing. Owing slips were in use to provide an audit trail if the full quantity could not be immediately supplied.

Members of the pharmacy team explained that they bagged up medicines when they had been checked by the pharmacist. They said this had been a historical ongoing practice. But it was not in line with the company's SOPs, which stated that the person who carried out the final accuracy check was responsible for bagging up the medicines. The GPhC had recently received a report about an incident when the wrong person's medicines had been given out in a bag labelled for a different patient. And, when questioned, the pharmacy team remembered another similar incident that had occurred.

Dispensed medicines awaiting collection were segregated away from the dispensing area on a collection shelf using a numerical 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 CDs were highlighted so that staff could check prescription validity at the time of supply. However; schedule 4 CDs were not. So there is a risk that these medicines could be supplied after the prescription had expired. Warfarin was highlighted for staff to check the patient's latest results and the pharmacist said this was recorded on the patient's PMR. But other high-risk medicines (such as lithium and methotrexate) were not. So the pharmacy team may not be aware when they are being handed out

in order to check that the supply is suitable for the patient. Some of the pharmacy team did not appear to be aware of the risks associated with the use of valproate during pregnancy. And the educational material to hand out when the medicines were supplied was not available. The locum pharmacist said she knew about the risks and would speak to any patients who may be affected. But she did not know whether the pharmacy currently had any patients who met the risk criteria.

Some medicines were dispensed in multi-compartment compliance aids. A record sheet was kept for each patient, containing details of their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge sheets were sought, and previous records were retained for future reference. Disposable equipment was used to provide the service, and the compliance aids were labelled with medicine descriptions and a dispensing audit trail. Patient information leaflets (PILs) were routinely provided.

Medicines were obtained from licensed wholesalers, with unlicensed medicines sourced from a specials manufacturer. The pharmacy was generally complying with the safety features of the falsified medicine directive (FMD). Equipment was installed, and the pharmacy team were performing the routine safety checks of medicines. But the SOPs had not been updated to reflect the process – so members of the pharmacy team may not be fully aware about where responsibility lies in the process. Stock was date checked on a monthly cycle. A dispenser was responsible for completing the date checking and said she would check the full stock in the dispensary each month. But records of this were not kept. So there is a risk some stock may be overlooked. Short dated stock was highlighted using a sticker and liquid medication had the date of opening written on. A spot check of medicines did not find any out of date stock.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There was a clean medicines fridge with a minimum and maximum thermometer. The minimum and maximum temperature was being recorded daily and records showed they had been within 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. 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

The pharmacy's team members have access to the equipment they need for the services they provide.

Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and drug tariff resources.

All electrical equipment appeared to be in working order. According to the stickers attached, all electrical equipment had been PAT tested in September 2018. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for methadone. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication.

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. Substance misuse clients were directed to the use of the consultation room to provide privacy.

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.