General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Care Pharmacy, 68A-70A Sugar Lane, Knowsley, PRESCOT, Merseyside, L34 0ER

Pharmacy reference: 1088816

Type of pharmacy: Community

Date of inspection: 20/02/2023

Pharmacy context

This is a community pharmacy located on a small parade of shops. It is situated in the village of Knowsley, in Merseyside. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a minor ailment service. 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 that are needed by law. And members of the team are given training so that they know how to keep private information safe. They record things that go wrong, but they do not review the records. So they may miss some learning opportunities which could help to reduce the risk of similar mistakes happening again.

Inspector's evidence

There was an electronic set of standard operating procedures (SOPs). Training records were kept showing when members of the pharmacy team had read and accepted the SOPs.

Near miss incidents were electronically recorded. The pharmacist said he discussed the error and any learning with the relevant member of the team. But he did not review the records to help identify any underlying factors. He gave examples of action which had been taken to help prevent similar mistakes. Such as separating the ramipril capsules and ramipril tablets away from one another to help prevent a picking error.

Roles and responsibilities of the pharmacy team were described in individual SOPs. The counter assistant 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 and had badges identifying their names and roles. The responsible pharmacist (RP) had their notice displayed prominently. The pharmacy had a complaints procedure. Any complaints would be recorded and followed up by the pharmacist. A current certificate of professional indemnity insurance was on display.

Records for the RP, private prescriptions and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were electronically maintained with running balances recorded. Two random balances were checked, and both were found to be accurate.

An information governance (IG) policy was available and had been read by members of the team. When questioned, the counter assistant was able to describe how confidential information was destroyed using the on-site shredder. A notice in the retail area described how patient data was handled by the pharmacy. Safeguarding procedures were included in the SOPs. The pharmacist said he had completed level 2 safeguarding training. Contact details for the local safeguarding board were available in a folder. The counter assistant 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 appropriately trained for the jobs they do. Members of the pharmacy team complete additional training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included a pharmacist manager, three dispensers, and a medicine counter assistant (MCA). All members of the pharmacy team were appropriately trained. There was usually a pharmacist supported by two other members of the team. The volume of work appeared to be managed. Team members worked part-time and staggered their holidays to help maintain a standard level of service.

Members of the pharmacy team completed some additional training, for example they had recently completed a training pack about the warning signs of cancer. Training records were kept showing that ongoing training was up to date. But further training was not provided in a structured or consistent manner. So learning needs may not always be fully addressed. The counter assistant 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.

Team members reported a good level of rapport between one another and felt able to ask for further help from the pharmacist manager or superintendent. But there was no appraisal programme. So learning and development opportunities may be limited. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the pharmacist manager or SI. There were no targets for professional based services.

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. Customers were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled using an air conditioning unit. Lighting was sufficient. The staff had access to a kettle, microwave, separate staff fridge, and WC facilities.

A consultation room was available. The patient entrance to the consultation room was clearly signposted and it appeared clean.

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 checks to help make sure that they are in good condition. But members of the pharmacy team do not always know when they are handing out higher-risk medicines. So they might not always be able to check that the medicines are still suitable, or give people advice about taking them.

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. Information about the services offered was on display. The pharmacy opening hours were displayed and a range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service. A delivery record sheet was kept showing whether the delivery had been made. Unsuccessful deliveries were returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

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 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. But there was no process to highlight schedule 3 or 4 CDs. So there was a risk these could be handed out after the prescriptions had expired. The pharmacist said he would counsel people who were starting treatment with a new medicine, but there was no process to routinely counsel people taking high-risk medicines (such as warfarin, lithium and methotrexate). This meant the pharmacy may not always have assurance that people understood how to take these medicines and that they remained appropriate. The pharmacy team 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 he had completed an audit and spoken to all patients who were at risk to make sure they were aware of the pregnancy prevention programme. And this had been recorded on the PMR.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacist would complete an assessment to make sure it would be suitable. But this was not recorded, so the pharmacy was not able to show whether the assessments were appropriate. 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 patient information leaflets (PILs) were routinely supplied. But compliance aids did not always have medication descriptions. So people may not always be able to identify the individual medicines in order to make decisions about

their care.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Stock was date checked on a 3-month rotating cycle. A diary was used as a record of what had been checked and by whom. Short-dated stock was also recorded in the diary for it to be removed at the start of the month of expiry. Liquid medication had the date of opening written on. 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 equipped with a thermometer. The minimum and maximum temperature was being recorded, but there were gaps in the records. So the pharmacy may not always promptly identify any malfunction.

Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received through electronic software. A record was kept of who had read and actioned each alert.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

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

Inspector's evidence

Team members 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. 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. 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 team members 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.