General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: St Albans Pharmacy, St Albans Medical Centre, Hucknall Lane, NOTTINGHAM, Nottinghamshire, NG6 8AQ

Pharmacy reference: 1089523

Type of pharmacy: Community

Date of inspection: 12/03/2024

Pharmacy context

This is a community pharmacy next to a medical centre. It is situated in a residential area north of Nottingham. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including the NHS Pharmacy First scheme, seasonal flu vaccinations and NHS oral contraception supplies. The pharmacy supplies medicines in multi-compartment compliance packs to some people to help them take their medicines at the right time.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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 record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again.

Inspector's evidence

The pharmacy's processes were defined in written standard operating procedures (SOPs). These had a stated date of review of 1st January 2024, but the review had yet to be completed. So it was not known if they continued to reflect the current practice. Members of the pharmacy team had signed to say they had read and accepted the SOPs.

The pharmacy used a standardised form to record any reported dispensing errors. Near miss incidents were recorded on a paper log. The pharmacist discussed any mistakes with individual team members so they could learn from them. Near miss records were reviewed each month to look for underlying themes, and this was recorded. To help prevent errors with look-alike and sound-alike medicines, the team had separated the different strengths of amlodipine tablets from each other to reduce the likelihood of a picking error.

The roles and responsibilities for members of the team were described within each individual SOP. A dispenser was able to explain what their responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. The correct responsible pharmacist (RP) notice was on display. The pharmacy had a complaints procedure. Any complaints were recorded and followed up by the pharmacist. 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 frequently. But the CD registers did not always have the required details recorded at the top of each page. This meant that the register may not correspond to the correct CD if it were to become unbound. Two random balances were checked against the stock in the CD cupboard, and one of these recorded balances did not match the physical stock. This was investigated following the inspection and was found to be a calculation error, which was corrected by the pharmacist. Patient-returned CDs were recorded in a separate register.

An information governance (IG) policy was available. Members of the pharmacy team had each signed a confidentiality agreement and had completed IG training. When questioned, a dispenser was able to describe how confidential information was separated and removed by an authorised waste carrier. A notice in the retail area provided information about how the pharmacy handled and stored people's information. A folder contained safeguarding procedures, and these had been read by members of the team. The pharmacist had completed level 2 safeguarding training. Contact details for the local safeguarding board were kept in the safeguarding folder. A dispenser said they would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members to manage its workload. Members of the team are appropriately trained for the jobs they do. And they complete some additional training to help them keep their knowledge up to date. They get regular feedback from their manager to help them improve.

Inspector's evidence

The pharmacy team included a pharmacist manager, a pharmacy technician, and four dispensers, one of whom was in training. All members of the pharmacy team were appropriately trained or on accredited training programmes. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system.

Members of the pharmacy team completed some additional training, for example they had recently completed a training pack about infection control for the NHS pharmacy quality scheme. Training records were kept showing what training had been completed. But ongoing training was not provided in a consistent manner. So learning needs may not always be fully addressed. A trainee dispenser gave examples of how they would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines they felt were inappropriate, and refer people to the pharmacist if needed.

The pharmacist felt able to exercise his professional judgement and this was respected by members of the team and the head office. The trainee dispenser felt a good level of support from the pharmacist and pharmacy team members and felt able to ask for help if they needed it. Appraisals were conducted every few months by the pharmacist. And the team held monthly meetings to discuss their work. Records of team meetings were kept showing what actions had been taken. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to their line manager. There were no targets in place 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 for people to have a private conversation with a member of the team.

Inspector's evidence

The pharmacy was located in a unit adjoining a GP surgery. This provided an ease of access to medicines for people who visited the GP surgery. But it had limited storage, and the retail area was cluttered with boxes of pharmacy consumables. The floor of the dispensary contained a number of boxes which decreased the space for the team to move about in. A plan was in place to increase the available space by using a room in the GP surgery for storing non-medical stock and items. Seating was available in the retail area for those who were waiting. The temperature was controlled using electric heaters, and the pharmacy was well-lit. The pharmacy team had access to a kettle, microwave, and WC facilities.

A consultation room was available. But it was used to store some boxes, and a microwave. This detracted from the professional appearance expected of a clinical room. There was a desk, seating, adequate lighting, and a wash basin. The entrance to the consultation room was clearly signposted and indicated if the room was engaged or available.

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. Additional checks are carried out when higher-risk medicines are supplied to ensure they are being used appropriately.

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 provided information about the services offered. Pharmacy team members 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 elsewhere using a signposting folder. A range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service and a record of successful deliveries was kept. Unsuccessful deliveries were returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. CDs were recorded on a separate delivery sheet for individual patients and a signature was obtained to confirm receipt.

'Dispensed-by' and 'checked-by' boxes on dispensing labels were signed by team members. 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 alphanumerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Team members 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 the validity of the prescription at the time of supply. High-risk medicines (such as warfarin, lithium, and methotrexate) were also highlighted, to refer people to the pharmacist who would counsel people on their latest results. Details of counselling were recorded on their patient medication record (PMR). The team members were aware of the risks associated with the use of valproate-containing medicines during pregnancy, and the need to supply these medicines in their original packaging. Educational materials were provided when the medicines were supplied. The pharmacist said they would speak to people 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 packs. Before a person was started on a compliance pack the pharmacy would complete an assessment to check that these packs would be suitable, and this was recorded on their PMR. A record sheet was kept for each patient, containing details about their current medicines. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge information was obtained and kept for future reference. Compliance packs were labelled, with a description of each medicine added to aid their use, and a copy of the medicine's patient information leaflet was provided.

Medicines were obtained from licensed wholesalers. Medicines were date checked on a 3-month

rotating cycle. A date checking matrix was signed by staff as a record of what had been checked, and shelving was cleaned as part of the process. Short-dated stock was highlighted with a pen and recorded in a 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 separation between current stock, patient returns and out-of-date stock. There were four clean medicines fridges, each equipped 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 three months. 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 the action taken, when and by whom.

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

Team members had access to the internet for general information. This included access to the British National Formulary (BNF), BNFc and Drug Tariff resources. All electrical equipment appeared to be in working order. According to the stickers attached, electrical equipment had last been PAT tested in April 2023. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were used for methadone to prevent cross contamination. 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. People 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.