General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Cornwells Chemists Ltd, 126 Wardles Lane, Great

Wyrley, WALSALL, West Midlands, WS6 6DZ

Pharmacy reference: 1090294

Type of pharmacy: Community

Date of inspection: 03/12/2019

Pharmacy context

This is a community pharmacy located within a small shopping precinct with other local shops and services in Great Wyrley, South Staffordshire. People using the pharmacy are from the village and a limited home delivery service is available. The pharmacy dispenses NHS prescriptions and provides some other NHS funded services. The pharmacy team provides medicines in weekly packs for people that can sometimes forget to take their medicines.

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 effectively manages the risks associated with its services to make sure people receive appropriate care. It is responsive to feedback and uses this to make improvements. Members of the pharmacy team follow written procedures to make sure they work safely. They record their mistakes so that they can learn from them, and they make changes to stop the same sort of mistakes from happening again.

Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. SOPs were periodically reviewed, and they were marked with the date they were due for their next review. Pharmacy staff had read and signed the SOPs relevant to their job role. Roles and responsibilities of staff were highlighted within the SOPs.

A near miss log was used and team members were responsible for recording and correcting their own error to ensure they learnt from the mistake. The near miss log contained notes with each near miss to aid the monthly review process. The pharmacy manager completed a monthly near miss review and action planning document. The outcome of the review was shared with pharmacy team members during a monthly patient safety meeting. The latest review including an action plan was displayed in the dispensary for easy reference. 'Select with care' stickers were displayed next to LASA (look alike, sound alike) medicines and prevent picking errors in the dispensing process. In the event of a dispensing error, a member of staff completed an online incident review form and submitted the form to the superintendent.

The company operated a 'hub and spoke' model to dispense multi-compartment compliance packs. The packs were assembled using a 'robot' at the Newcastle-under-Lyme branch, which was the hub pharmacy. The hub and spoke branches carried out different parts of the dispensing process. If the branch team identified any issues with the assembled packs, they contacted the hub and completed an online incident form so that the superintendent was aware.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A medicine counter assistant explained the additional checks she made when a member of the public requested over-the-counter high-risk medicines such as co-codamol or sleeping aids. Pharmacy staff were wearing uniforms and name badges which stated their job role.

The complaints procedure was explained to people on a poster displayed in the shop. People could give feedback to the pharmacy team in several different ways; verbal, written, and via the annual NHS CPPQ survey. The pharmacy team tried to resolve issues that were within their control and would refer the person to the pharmacy manager or head office if required. An electronic customer service survey, called a Buzz Box, was positioned on the front counter so that people could give feedback on the service quickly and easily. The Buzz Box produced a weekly report which was emailed to the pharmacy manager so that patterns could be identified and addressed. The pharmacy manager had been working at the pharmacy for just under six-months and there had been various complaints made about the pharmacy before he had started. The pharmacy manager had worked to improve the customer service and operational processes in the pharmacy. A surgery practice manager had recently complimented

him on the improvements and the improvements in the service were evident throughout the inspection.

The pharmacy had professional indemnity insurance in place. The responsible pharmacist (RP) notice was clearly displayed, and the RP log was seen to be compliant with requirements. The entries in the controlled drug (CD) registers were in order. A random balance check matched the balance recorded in the register. The patient returned CD register was used. When a balance check for methadone was undertaken the manufacturer's overage was added into the running balance. A sample of private prescription and emergency supply records were seen to comply with the requirements. NHS Medicines Use Review (MUR) consent forms were seen to have been signed by the person receiving the service. Prescription deliveries were made by the delivery driver and signatures were obtained as proof of delivery.

The pharmacy had professional indemnity insurance in place. The RP notice was clearly displayed, and the RP log was seen to be generally compliant with requirements. There was a minor issue where the RP had not signed out and there was a different RP the following day. The entries in the controlled drug (CD) registers were in order. A random balance check matched the balance recorded in the register. The patient returned CD register was used. The balance check for methadone was done regularly and the manufacturer's overage was added to the running balance. A sample of private prescriptions records were seen to comply with the requirements. Consent forms for NHS services were seen to have been signed by the person receiving the service. Prescription deliveries were made by the delivery driver and signatures were obtained as proof of delivery.

Completed prescriptions were stored out of public view. Confidential waste was stored separately and sent offsite for destruction in special bags. Confidential information i.e. documents for pharmacy services were stored in areas which had restricted access. The RP and pharmacy technicians had completed safeguarding training. Details of local safeguarding contacts were available in the dispensary.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. The team members plan absences in advance, so they always have enough cover to provide the services. They work well together in a supportive environment and can raise concerns and make suggestions.

Inspector's evidence

The pharmacy team comprised of the pharmacy manager (RP at the time of inspection) three accuracy checking pharmacy technicians (ACT), a supervisor (medicines counter assistant), a dispensing assistant, a trainee dispensing assistant, two apprentices, a medicine counter assistant, a trainee medicine counter assistant and a delivery driver.

Pharmacy staff managed the workload well throughout the inspection and prioritised various tasks throughout the day and week. Holidays were booked in advance to ensure there was enough cover available. The pharmacy manager co-ordinated the holiday requests and changed the rotas in advance, and asked staff to change their shifts or work overtime to manage any gaps in the schedule.

Staff had access to ongoing training using a e-Learning system (Mediapharm) and this covered a number of topics. Medicines counter assistants aimed to complete training every week. Dispensary staff had training time less frequently. Staff explained that the new pharmacy manager was due to carry out appraisals after he'd had his own appraisal with the superintendent. This had already been arranged and took place immediately after the inspection. The pharmacy manager had carried out one-to-one's with staff members returning from maternity leave to explain what changes had occurred whilst they had been away.

The team worked well together during the inspection and were observed helping each other and moving onto different tasks to help manage the work flow. Pharmacy staff had regular discussions in the dispensary to communicate messages and updates and a monthly patient safety meeting. A communication diary was used to leave messages for the following day and the team had a WhatsApp group. The pharmacy staff said that they could discuss any ideas, concerns or suggestions with the pharmacy manager and reported that he was very open to suggestions or discussion. Staff said they would speak to the ACT's or pharmacy manager if they had any concerns and the contact details for the superintendent and owners were available if required.

The RP was observed making himself available to discuss queries with people and giving advice when he handed out prescriptions. Targets were in place for services; the RP explained that he would use his professional judgment to offer services. For example, MURs when he felt that they were appropriate.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy team has access to a consultation room for services and if people want to have a conversation in private.

Inspector's evidence

The pharmacy was smart in appearance and appeared to be well maintained. Any maintenance issues were reported to head office. The dispensary was an adequate size for the services provided and an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops. Prepared medicines were held securely within the dispensary and pharmacy medicines were stored behind the medicines counter.

There was a private soundproof consultation room which was used by the pharmacist during the inspection. The consultation room was professional in appearance. The door to the consultation room remained locked when not in use to prevent unauthorised access.

The dispensary was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned by pharmacy staff. The sink in the dispensary had hot and cold running water, hand towels and hand soap available. The pharmacy had air conditioning and the temperature in the dispensary felt comfortable during the inspection. Lighting was adequate for the services provided.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages its services and supplies medicines safely. It gets its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use. People receive advice about their medicines when collecting their prescriptions. And the pharmacy team supports members of the public that may forget to take their medicines by placing them into weekly multi-compartment compliance packs.

Inspector's evidence

The pharmacy was situated within a small shopping precinct with a large, free car park for customers. There was a touch-pad assisted front door and step-free access. A home delivery service was available for people that could not easily access the pharmacy. A range of health promotion leaflets and posters were available and pharmacy staff used local knowledge and the internet to support signposting. A text messaging service was used to inform people that their prescription was ready to collect.

Seasonal 'flu vaccinations were available under Patient Group Directions (PGD's). The PGD documents naming the authorised pharmacists were kept in the pharmacy.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Different coloured baskets were used to prioritise the workload. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. Stickers or notes were attached to completed prescriptions to assist counselling and hand-out messages, such as eligibility for a service, specific counselling or fridge item. The original prescription for any items owing and an owing docket was kept until hand out to allow for any counselling to be given. The RP was aware of the MHRA and GPhC alerts about valproate and had counselling information available.

A '4-way stamp' was used on prescriptions to identify which members of the team had been involved in different areas of the dispensing process. Any prescriptions that were for the ACTs to check were clinically checked by a pharmacist and the pharmacist initialled the 'cc' quadrant of the '4-way stamp' once the clinical check had been completed. The ACTs reported that they could not perform an accuracy check of the prescription if they had been involved in the dispensing process or if the prescription had not been clinically checked by a pharmacist. The pharmacist also highlighted LASA medicines and messages when clinically checking prescriptions.

Multi-compartment compliance packs were supplied to a large number of people and the company process had been reviewed and updated over the past six-months. Every person had their own file which contained a list of the medicines to be packed into the tray, details of which slot they should be packed into and what external items the person required. Prescriptions were ordered in advance to allow for any missing items or changes to be queried with the surgery ahead of time. All compliance prescriptions were assembled at the hub. Once the prescription had been received back from the surgery it was put onto the computer, clinically checked by the pharmacist and then transmitted electronically to the hub for assembly. They were then assembled, and accuracy checked at the hub before being returned to the branch. External items were dispensed in branch. The pharmacy was given a cut-off time to transmit their prescriptions to the hub by. This helped the hub manage their workload and ensure prescriptions were returned to the branch in time for onward supply. Descriptions of

medication were written onto the tray inserts so that people could identify and differentiate between the medicines in the packs. Patient information leaflets were not routinely supplied with any trays. This is a legal requirement and without the leaflets patients and carers may not have all of the information they need to use the medicines safely.

A prescription collection service was offered, and various options were available dependent on what the person preferred. The pharmacy kept a list containing the items that the patient had requested and chased any outstanding items ahead of the person returning to pick up their prescription.

Medicines were stored in an organised manner on the dispensary shelves. All medicines were stored in their original packaging. A range of licenced wholesalers was used. Split liquid medicines were marked with a date of opening. A section of the dispensary was date checked weekly on a rotational basis and records were kept for date checking. Patient returned medicines were stored separately from stock medicines in designated bins. The pharmacy team were aware of Falsified Medicines Directive (FMD) requirement, but the pharmacy was not yet compliant. The pharmacy received MHRA drug alerts by email from gov.uk and head office and these were actioned and stored in a folder.

The CD cabinet was secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Substance misuse prescriptions were dispensed in advance of the person coming to collect them. This reduced workload pressure and the risk of dispensing incorrect doses when the patient came to collect their prescription. There were three fridges to hold stock medicines and assembled medicines. The medicines in the fridges were stored in an organised manner. Fridge temperature records were maintained. Records showed that the pharmacy fridges were working within the required temperature range of 2°C and 8°Celsius.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. The pharmacy team uses the equipment in a way that keeps people's information safe.

Inspector's evidence

The pharmacy had a range of up to date reference sources, including the BNF and the children's BNF. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean, crown stamped measures were available. Separate measures were used for preparation of methadone. Counting triangles were available and there was a separate, marked triangle used for cytotoxic medicines. Screens were not visible to the public as they were excluded from the dispensary. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

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.	