General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Mossley Pharmacy, 18 Biddulph Road, Mossley, CONGLETON, CW12 3LG

Pharmacy reference: 1090362

Type of pharmacy: Community

Date of inspection: 05/08/2020

Pharmacy context

This is a community pharmacy on the outskirts of town. Due to the COVID19 pandemic the pharmacy's main focus is to dispense NHS prescriptions. And it has increased the number of deliveries of medicines to people's homes. It supplies medicines in multi-compartment compliance packs to people living at home and in care homes. The pharmacy sells over-the-counter medicines and provides advice to people about minor ailments.

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 generally identifies and manages the risks associated with its services appropriately and it keeps most of the records it must by law. The pharmacy has adapted its ways of working during the pandemic to ensure it delivers its services safely and effectively. It has up-to-date written procedures for team members to follow for most of its services. The team members know the importance of their role in protecting vulnerable people. They record and discuss any mistakes they make as part of the dispensing process to help reduce the risk of similar mistakes happening in the future. They generally protect people's private information. But they don't always separate confidential waste completely. So, this may result in some confidential information being found in the general waste.

Inspector's evidence

The pharmacy was inspected during the COVID19 pandemic. It had identified and managed many risks associated with continuing to provide services during this time. It had restricted access to two people entering the retail area at any one time and this was appropriate for the space available. There was a clear sign on the door. It had a floor to ceiling plastic barrier at the counter to separate people using the pharmacy from pharmacy team members. It was a series of plastic sheets so the team members could access the retail area easily and pass prescriptions through to people. Members of the team described how they felt safer with this in place. The pharmacy hadn't completed any formal documented risk assessments for individual members of the team or for changes in service provision, so it was difficult to know if any key risks had been missed. The pharmacist had discussed the risks with the members of the team and made changes to the ways of working. The pharmacy had an updated standard operating procedure (SOP) for the delivery of medicines which the driver had read and signed a training record. The driver was no longer required to obtain signatures from people on receipt. The sample of SOPs checked were up to date having been written or reviewed in 2019. The pharmacy had SOPs for controlled drugs (CDs), Responsible Pharmacist (RP) Regulations and the services provided. The update to the SOP for dispensing of multicompartment compliance packs was still outstanding from the last inspector's visit. The pharmacist had reviewed the end-to-end process for dispensing the packs after the last visit and implemented changes to make the process robust. Without the procedure written down any new team members, such as the new pre-registration pharmacist, would have to rely on word of mouth. The pharmacist spoke of how this was a priority now workload had stabilised following the pressures at the start of the pandemic. Team members had signed a training record to confirm they had read the SOPs in 2019.

The pharmacy had continued through the pandemic to record some near miss errors each month on a paper log. Both pharmacists and members of the team recorded these errors and the reason for the error was annotated on the log. The entries contained more detail about the reasons for the error than at the previous inspection in 2019. The team members cited look-alike and sound-alike (LASA) medicines as a potential reason for some errors. A member of the team then described the potential risk of error with amitriptyline and amlodipine. These medicines were separated on the shelves. The SOP for the management of near miss errors described a regular review of these near miss errors using a template. A completed review of near miss errors was not seen during the inspection.

The pharmacist and team members were clear about their roles and responsibilities. The pharmacist displayed her RP notice. The pharmacy had a task matrix to determine team members' roles and the

tasks they were competent to complete. This had been completed for the pharmacist, pre-registration pharmacist and the driver only. During the inspection the team members completed tasks within their role and capability. The pre-registration pharmacist had only started that week. Both the pharmacist, and an experienced team member supported her to resolve queries and showed her how to complete tasks. The pre-registration pharmacist understood the importance of asking questions and working within her competence.

The pharmacy asked for people's views of how it provided services through an annual community pharmacy patient questionnaire (CPPQ). The results had been updated on NHS.uk website since the last inspection in 2019, showing the results from 2018-2019. A poster of the results was displayed on the consultation room door. This was difficult for people to see from the retail area. The results were positive. The pharmacist described how people had been supportive through the pandemic and she had not received any complaints. She felt by increasing her deliveries and clearly explaining the changes to pharmacy services people had accepted the changes made.

The pharmacy had up-to-date professional indemnity insurance. But an out-of-date certificate was on display. Entries in the RP record were kept electronically and complied with requirements except the RP didn't sign out of the record at night when the RP's duties ceased. This had been highlighted in the previous inspection and had not improved. The sample of the CD register examined was mostly compliant with legal requirements. As highlighted in the previous inspection the team still didn't enter the wholesaler's address only the name and invoice number. The pharmacy maintained running balances for CDs and regularly checked these balances, several times a month, to confirm accuracy. These checks had continued throughout the pandemic. A physical balance check of a random controlled drug matched the register entry. The pharmacy maintained a destruction record for CDs returned by people. The pharmacy kept complete records of private prescriptions electronically. It mostly held complete certificates of conformity for unlicensed specials. Several of the records had not been completed with patient and doctor's details or details of dispensing. This was similar to what had been seen in the last inspection.

The pharmacy had an information governance SOP. The pharmacist and pharmacy team were aware of the need to keep confidential waste separate. There was a bin clearly labelled for non-confidential waste, but two prescription repeat slips containing people's name and address details were found in this bin. The changes made after the last inspector's visit were therefore not completely robust. Other confidential waste was kept separately, and the pharmacist described how she shredded the confidential waste approximately every two weeks. The pharmacy had a new shredder, at the last visit the existing one had not been working. Some completed consent forms were found on the desk in the consultation room. The pharmacist had stated that due to the pandemic she wasn't providing services from the room.

The pharmacy displayed local safeguarding contact details, these were dated 2018 and so may not be up to date. The pharmacist had completed level two safeguarding training. The team members had not received any formal training. One member of the team stated she would discuss any safeguarding concerns she had with the RP.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough, suitably qualified team members to provide its services safely. They keep their knowledge and skills up to date by reading and discussing their learning with each other. They feel supported by the pharmacy during the pandemic. But they don't have formal appraisals to discuss their performance or identify any learning needs.

Inspector's evidence

The superintendent pharmacist (SI) was working as the RP on the day of the inspection. And supporting her were two full-time dispensers, one in training. There was a full-time pre-registration pharmacist working, who had started that week. There was also a part-time medicines counter assistant and a full-time driver who were not present during the inspection. Due to the pandemic, the pharmacy had increased the numbers of deliveries it made to people at home. The pharmacist had reviewed the figures and ongoing need and was in the process of advertising to employ another driver. The pharmacist organised the staffing rota each week and held the details electronically. Team members covered each other's holidays and absence. The pharmacy used regular locums to cover the RP role, and this helped with continuity. No team members had self-isolated during the pandemic. The pharmacy team was observed managing the workload and answering queries from people on the telephone and in the shop. There was some over-the-counter stock waiting to be put on the shelves, but the counter assistant was not working. Tasks associated with the retail area were often left until she was working which could put additional pressure on one team member. It was discussed about reviewing the allocation of tasks between all team members to relieve the pressure.

The team member in training was completing her NVQ2 dispensing course. The pharmacist had planned one-to-one time with the pre-registration pharmacist. A member of the team described how all the team had kept up to date with the changes during the pandemic, learning from different sources but discussing this all together to make sure risks were managed. The pharmacist had used resources throughout the pandemic from the local pharmaceutical committee (LPC) and Pharmaceutical Services Negotiating Committee (PSNC) to keep her knowledge of the changing situation up to date. Members of the team didn't have formal appraisals. One team member described how she could raise ideas and concerns informally with the SI. During the pandemic additional overalls, visors and goggles had been purchased after feedback. The pharmacist described a team meeting held after the surgeries had changed their prescription repeat ordering processes. This ensured team members kept up to date with changes.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are suitable for the pharmacy's services. The pharmacy is secure and sufficiently tidy. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was relatively tidy and professional in appearance. The team had been cleaning the pharmacy more frequently during the pandemic using disinfectant on the benches and surfaces most often touched. The pharmacy had hand sanitiser to use in every room. There was a toilet for staff use and handwashing facilities with hot and cold running water. The pharmacy had adequate heating and lighting arrangements. The layout of the premises and the bench space was adequate for the services provided. As the daily dispensing workload was completed the back bench area became full of baskets awaiting checking but there was no immediate risk of errors.

The pharmacy had a consultation room situated behind the pharmacy counter. The door wasn't locked but due to its positioning there was no risk of unauthorised access. The room could have portrayed a more professional image. There was some paperwork slightly cluttering the room. The pharmacist wasn't offering services from the room due to social distancing.

Principle 4 - Services ✔ Standards met

Summary findings

People with a range of needs can access the pharmacy's services. The pharmacy has effective procedures to manage its services safely. It gets its stock from reputable sources and mostly stores it properly. But it doesn't reset the temperature record on the fridge and the records the pharmacy keeps are not always correct. It takes the right action in response to safety alerts to make sure that people get medicines and medical devices that are safe to use.

Inspector's evidence

There was a slight step up into the pharmacy and people accessed it through a power-assisted door. The pharmacy displayed its opening hours and the services it provided in the window. The opening hours had changed during the pandemic and the details on the pharmacy's website were not clear. The nhs.uk website had been updated correctly. It displayed posters in the window with government health messages relating to the pandemic. And it advertised access to local services.

The pharmacy had separate allocated areas in the dispensary for labelling, assembly and checking. The team did not have allocated workstations. There were times when team members could not social distance from each other as they completed their dispensing tasks. They all wore appropriate masks as personal protective equipment (PPE) throughout the inspection. The pharmacy had dispensed by and checked by boxes on the dispensing labels. The team members initialled the boxes as part of the dispensing process. And evidence of this was seen on prescriptions awaiting checking. The pharmacy delivered medicines to people's homes. The number of deliveries had increased during the pandemic and the pharmacy had introduced an updated SOP in April. The driver no longer obtained signatures from people or from care home staff. He placed the medicine bag down and stepped back or retreated to the gate. He waited until the person collected their medicines before leaving. The pharmacy kept a record of the medicines it delivered.

The pharmacy had reviewed its repeat prescription ordering and dispensing service and introduced a more robust audit trail since the inspector's last visit. The end-to-end process was now documented electronically whether the person ordered their prescription over the phone or by handing their repeat slip in at the pharmacy. The team member generated the request on the patient medication record (PMR) system and then emailed the request to the surgery. When the prescription was received the items could then be checked against the request before dispensing. The pharmacist showed evidence of owing slips in use. These were labels generated by the PMR system when all of people's medicines couldn't be dispensed. This hadn't been completed regularly at the last visit and had meant it was difficult to track the dispensing and claiming for prescriptions on the system. The pharmacy produced owing slips from the PMR but didn't use an owing slip book. This would allow the reference numbers to match up when the person returned for the medication they were owed. The pharmacist went through a request that had been made, from prescription ordering to claiming, to demonstrate the full audit trail.

The team had an awareness of the specific requirements of the valproate pregnancy prevention programme (PPP). The team couldn't find a stock of the cards and stickers associated with the programme. The pharmacist had confirmed at the last inspection that she would order a replacement pack. This was confirmed again. The team had signed a training record to confirm reading of the SOP

relating to the dispensing and supply of valproate.

The pharmacy dispensed medicines into multi-compartment compliance packs for people living in the community and in some care homes. A member of the team described how the dispensing and supply of the packs was split into weeks one to four. A notice on the wall clearly displayed when people's packs were due for delivery. Each person had an up-to-date record card of the medicines dispensed into the pack and at which times. Descriptions of what the medicines looked like were added on to the pack, so people could identify their medicines. And the team sent patient information leaflets (PILs) with the packs once a month. This was observed on a compliance pack awaiting checking. The pharmacist had reviewed the end-to-end process after the inspector's last visit to make the process robust. The ordering and receipt of the prescriptions was monitored and documented. Prescriptions were used for dispensing and checking. A team member confirmed that no packs were dispensed without a valid prescription. The changes had been implemented but not yet documented in a SOP.

The pharmacy stored its Pharmacy (P) medicines behind the pharmacy counter to prevent self-selection and allow intervention by the pharmacist if needed. It stored cold chain medicines in a medical fridge in a fairly organised manner. The fridge was of an appropriate size. Of the sample checked, the pharmacy had recorded the fridge temperatures electronically as between two and eight degrees Celsius. But the maximum temperature reading on the fridge thermometer stated ten degrees Celsius. The temperature was in range during the inspection. Team members confirmed they didn't know how to reset the thermometer. This was identified at the last inspection but had not been rectified. This was seen as a priority now for the pharmacist.

The pharmacy purchased its medicines from licensed wholesalers. A pharmacy team member described how they checked the expiry dates of its medicines regularly, and after the last inspection they had started to record the checks on a sheet. This had stopped during the pandemic. The last date of completion on the sheet was April 2020. No out-of-date medicines were found. The team had short-dated stickers to use when completing the date checking process. The pharmacy had scanners to comply with the falsified medicines directive (FMD) but was awaiting the software needed to commence using the system. The pharmacy had medical waste bins available to support managing pharmaceutical waste. The pharmacy had a SOP to manage recalls and safety alerts and received the alerts by email from the Medicines and Healthcare products Regulatory Agency (MHRA).

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs for its services. It uses its equipment to help protect people's personal information.

Inspector's evidence

The pharmacy had up-to-date reference resources such as the BNF and the team could access the internet to resolve queries and obtain up-to-date clinical information. It had equipment available for the services it provided, including single-use consumables for compliance pack dispensing.

The pharmacy stored people's prescriptions awaiting collection in crates behind the pharmacy counter. People's names and addresses on the pharmacy bag labels couldn't be seen by people at the pharmacy counter. The pharmacy had cordless telephones, which allowed the team to have conversations with people in private.

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.