General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Kelly Chemist, 32 Myton Park, Myton Road, Ingleby Barwick, STOCKTON-ON-TEES, Cleveland, TS17 0WG

Pharmacy reference: 1090848

Type of pharmacy: Community

Date of inspection: 03/12/2019

Pharmacy context

The pharmacy is adjacent to a health centre. It dispenses NHS and private prescriptions. And sells over-the-counter medicines. It provides advice on the management of minor illnesses and long-term conditions. And it offers a range of services including supervised methadone consumption and flu vaccinations. It supplies medicines in multi-compartment compliance packs. These help people remember to take their medicines. And it delivers medicines to people's homes.

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	1.1	Good practice	The pharmacy team members consistently record and learn from the mistakes they make whilst dispensing.
2. Staff	Standards met	2.2	Good practice	The pharmacy encourages and supports the pharmacy team to learn and develop. And it engages its team members in regular learning to develop their skills and knowledge to help improve services.
		2.4	Good practice	Pharmacy team members are committed to working in an environment of openness and transparency. And they work together to support learning and development. And share learning and best practice throughout other pharmacies in the group.
		2.5	Good practice	The pharmacy team members feel comfortable raising concerns and make suggestions to improve the running of the pharmacy. This helps support the safe and efficient delivery of the pharmacy services.
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 has written procedures that the team follows. The team members have a clear understanding of their roles and tasks. And they work in a safe way to provide services to people using the pharmacy. The team members responsibly discuss mistakes they make during dispensing. They consistently record and learn from these. The pharmacy keeps all the records as required, by law in compliance with standards and procedures. It provides people using the pharmacy with the opportunity to feedback on its services. The pharmacy team members look after people's private information. And they know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs). These provided the team with information to perform tasks supporting delivery of services. They covered areas such as dispensing of prescriptions, final accuracy check and controlled drug (CD) management. The superintendent (SI) had reviewed the majority of SOPs in December 2018. And he had reviewed others more recently due to changes in processes. The team had signed as read, all the SOPs to date. The team could advise of their roles and what tasks they could do. And advised of recent changes in SOPs.

The pharmacy had a front dispensing area. A member of the team sorted the prescriptions. The labeller prioritised prescriptions for waiters. And the other team members labelled the repeats at the rear bench. The pharmacy downloaded prescriptions from the NHS spine. And the dispenser sorted these into number of items on the forms. And placed into baskets for one, two, three or four or more items. The team dispensed the larger prescriptions first and then the single itemed prescriptions. They then downloaded more prescriptions and repeated the cycle. They advised if anyone came in for their repeat items then they could tell by their name and the number of items where they could locate it. On the front bench the pharmacist had a dedicated section to check prescriptions for people who were waiting for their medication. And had a separate checking area on a different bench for checking the repeat prescriptions. The accuracy checking technician (ACT) checked the repeat prescriptions which had been clinically checked by the pharmacist. A dispenser prepared the compliance packs and the pharmacist checked these in another location. The dispensers dispensed and assembled the prescriptions on a rear bench This kept the activities separate. The pharmacy team members used baskets throughout the process to keep prescriptions and medicines together. They used different colours of baskets for waiting and delivery to distinguish people's prescriptions by degree of urgency and this helped plan workload. They also used blue baskets for any prescriptions which were waiting stock from a wholesaler. And green baskets for any prescriptions with queries.

The pharmacy recorded near miss errors found and corrected during the dispensing process. The pharmacist and ACT recorded these. They discussed the near miss at the time or discussed with the individual as soon as possible. And got the person involved to complete any comments and actions. Examples included wrong strengths for sertraline. The pharmacist undertook reviews each month. Comments included 'similar box for GR form, yellow and white, and one person had mistaken a warning card as a patch and only given five patches when there should have been six given. The pharmacist completed a detailed report including any trends identified. And he spoke to each team member

individually about all the near misses, not just their own. The team members then signed the monthly review. The team advised the near misses were used as a learning tool for all to improve.

They added alert messages to patient medication records (PMRs) to raise awareness. And used shelf alerts in various locations to remind the team to take care at the picking stage. The alerts used had some general wordings such as 'Tabs versus caps', 'Take care', 'Check name' and 'Check dose'. They also had a list of Look-Alike Sound-Alike (LASA) drugs at each computer terminal and a stamp which the team stamped on prescriptions if it had one of these drugs. They also highlighted the prescriptions with orange. This highlighted to the picker to be vigilant. Examples included propanol and prednisone, and escitalopram, enalapril and esomeprazole.

The pharmacy had a practice leaflet which explained how to provide comments and about the complaints process. The pharmacy gathered feedback through the annual patient satisfaction survey. And had the results displayed with positive feedback. And no areas raised for improvement. The inspection was in combination with dealing with a concern raised to the General Pharmaceutical Council (GPhC). The pharmacist manager and SI were aware of the concern which had been a prescribing error which had resulted in a dispensing error. The pharmacist had logged the concern at the time the pharmacy became aware. And the, pharmacist, pharmacist manager and SI had reviewed the error. And made changes in the dispensing process to minimise any repetition. The error had involved a child under 12 years. And the pharmacy had ordered, received and was using a stamp to indicate prescriptions for children under 12 years. The SI had replaced the SOPs with the additional checks for children included. The SOP had been completed and all the team had discussed, read and signed the record sheets. In addition, the pharmacy had laminated notices at the various workstations to remind the team to stamp the prescriptions for children. This was to ensure that the pharmacists would be reminded to carry out suitable checks for children. The SI shared learning with the other pharmacies in the group. The pharmacy had current indemnity insurance in place with an expiry date of July 2020.

The pharmacy displayed the correct responsible pharmacist (RP) notice. And the pharmacist completed the responsible pharmacist records as required. A sample of CD registers looked at found that they met legal requirements. The pharmacist regularly checked CD stock against the balance in the register. This helped to spot errors such as missed entries. Physical stock of an item selected at random agreed with the recorded balance. The pharmacy kept a record of CDs which people had returned for disposal and it had a process in place to ensure the team destroyed these promptly. And did not allow a build-up in the CD cabinet. The pharmacy kept special records for unlicensed products with the certificates of conformity completed. It kept suitable records for private prescriptions in a book with about 12 a month.

The pharmacy displayed information on the confidential data kept and how it complied with legislation. It had a privacy notice and another notice explaining exactly how the pharmacy stored and used information. The pharmacy had a leaflet which people could take away. The team had read General Data Protection Regulation (GDPR) information. And completed a training module on this. The pharmacy kept guidance in the SOP folder and the Information Governance folder for the team to refer to if required. The IT system was password protected. The computer stored patient medication records (PMRs) electronically. And the team stored completed prescriptions safely. The pharmacy team stored confidential waste in separate containers. And shredded these during the day. Safeguarding information including contact numbers for local safeguarding were available for the team in a notice clearly displayed. The pharmacists had undertaken level 2 CPPE training. And the team had completed a module on training for this. The team had a policy for the protection of children, young people and vulnerable adults, kept with the SOPs.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has a team with the qualifications and skills to support the pharmacy's services. The pharmacy encourages the pharmacy team to learn and develop. And it provides access to ongoing training. The pharmacy provides feedback to team members on their performance. So, they can identify areas to develop their career. And the pharmacy offers team members opportunities to complete more training tailored to their needs. The team members share information and learning to improve their performance and skills. They support each other in their day-to-day work. And they feel comfortable raising any concerns they have and can make improvements.

Inspector's evidence

There was one pharmacist, one accuracy checking technician (ACT) technician, eight dispensers and three medicines counter assistants (MCAs) who worked in the pharmacy. In addition, there was a pharmacy student who was undertaking the dispensing NVQ2 course. The ACT worked 24 hours a week and spent some of this time checking. The dispensers worked a range of 34 to 45.5 hours a week. The MCAs worked between 17 and 32 hours a week. The pharmacist manager worked four days a week and some Saturdays. There was a regular locum who worked on the pharmacist's day off. And he provided second pharmacist cover every Friday. The superintendent(SI) came to the pharmacy every Thursday to do paperwork. And also assisted with prescriptions in the dispensary. The SI worked across other pharmacies owned by the group and had some flexibility to assist at any of the pharmacies if required. He came from another pharmacy to be present for the remainder of the inspection. Two other staff were off sick, one a dispenser and one who worked on the counter. The pharmacy had employed an additional dispenser. And it had reviewed the rotas to ensure there was adequate staff present. A dispenser explained that since September people had to reorder their own prescriptions. This had saved time on the counter, so the pharmacy had not needed to replace all the counter hours.

The team members had training records. And certificates and qualifications were available for the team. The team members undertook regular training with topics each month. The pharmacy gave team members time to complete training with priority for team members who were undergoing formal courses. The team members had completed training and they had signed their records as up-to-date. Recent training had included medicine protocols, over-the counter (OTC) items and abuse of certain products, the common cold and winter ailments. The superintendent advised that he tailored the training using a variety of resources from the National Pharmaceutical Association (NPA) and some of the wholesalers. The pharmacist undertook all the company training and also kept in their folder any other training undertaken through the organisations and other events. Two of the team had recently won awards at a national event. One had been for the data recording and keeping for the smoking cessation programme. And another had been for the healthy living pharmacy services, including mental health.

The team members received performance reviews quarterly. They completed a pre-appraisal form with points to discuss, including strengths, weaknesses and areas they wanted to become involved in. The pharmacist received double pharmacist cover for a day to undertake reviews. This allowed him time to spend with each team member without rushing and distractions. It enabled the team members to discuss and have time to speak freely. And raise any issues. One member had wanted to become more involved in the end of day cashing up process. As they could not assist in this at the moment and they

felt it would be good if they could share this workload. This was actioned with some training provided which included having someone to shadow and support them. The team felt they were supported well to develop and achieve their own goals. Another had wanted to improve on the healthy living pharmacy topics to assist people coming in to the pharmacy. Two of the dispensers were undertaking the technicians' course NVQ3. One had nearly completed. Both were going on to do the ACT course. They had both expressed an interest in progressing to the role of ACT.

The MCAs followed the sales of medicines protocol when making over-the-counter (OTC) recommendations and referred to the pharmacist when necessary. The team members carried out tasks and managed their workload in a competent manner discussing any issues which arose and dealing with any telephone queries. They all supported each other well. The team said they could raise concerns about any issues within the pharmacy by speaking to the pharmacist or the superintendent (SI). There was a formal whistleblowing policy and telephone numbers were available, so the team members could easily and confidentially raise any concerns outside the pharmacy if needed. The pharmacy did not focus on targets for services such as MURs. The team placed stickers on people's bags if any services were appropriate. The pharmacist undertook these when possible and when they met the patient's needs.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean and properly maintained. It provides a suitable space for the services provided. And, it has facilities where people can speak to pharmacy team members privately.

Inspector's evidence

The pharmacy was clean, tidy and hygienic. And fitted out to an acceptable standard with suitable space for dispensing, storing stock and medicines and devices waiting for collection. The sink in the dispensary for preparation of medicines was clean. Separate hand washing facilities were in place for the team. The benches, shelves and flooring were all clean and the team followed a cleaning rota to ensure they maintained this. The pharmacy team kept the floor spaces clear to reduce the risk of trip hazards. The room temperature was comfortable, and the pharmacy was well lit.

The pharmacy had a good sized, signposted, sound proofed consultation room. There was a notice on the consultation room door about the chaperone policy asking patients if they would like a family member or chaperone present. The pharmacy team kept the cupboards locked unless they were using some documents from these. The computer was screen locked when not in use. They kept the consultation room locked when not in use. The team directed people to the consultation room for use. It was well used for services and for conversations to provide privacy.

Members of the public could not access the dispensary. The pharmacy team covered the counter at all times. And it was clearly observed from the dispensary and the staff were aware of customers in the premises. The team acknowledged people to ensure they attended to them.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy is accessible to people. The pharmacy provides its services using a range of safe working practices. The pharmacy team takes steps to identify people taking some high-risk medicines. And they provide people with additional advice. They dispense medicines into compliance packs to help people remember to take them correctly. The pharmacy gets it medicines from reputable suppliers. It adheres to storage requirements during the dispensing process. It takes the right action if it receives any alerts that a medicine is no longer safe to use. And takes the correct action to return it to the supplier.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. The team observed people from the counter and assisted them if required. There was a touch pad at the entrance from outside, but this was no longer working. The pharmacy was adjacent to the health centre. And people could also access via an internal door. There was some customer seating. The pharmacy displayed its services in the window and within the pharmacy. The hours of opening were on the door. It had a practice leaflet with information relating to services and opening hours available for people to self-select. It had a range leaflets and posters on health-related matters. And a display for the current healthy living campaign. The pharmacy had a defined professional area. And items for sale were mostly healthcare related. The team assisted people if they wanted advice or to purchase any pharmacy medicines. It kept pharmacy medicines behind the counter. And the team signposted to other healthcare services when required.

The pharmacy undertook Medicine Use Reviews (MURs). The team highlighted bags with for people who were eligible for the service. And the pharmacist undertook these when appropriate. The pharmacist sometimes made appointments with people for the day when he had extra cover to provide time for the review. And for it to be uninterrupted. The pharmacy provided the New Medicines service (NMS), with follow-ups done by phone. The pharmacy provided the Community Pharmacy Consultation Service (CPCS). The CPCS service connected patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy as their first port of call. The referrals came from NHS 111. Since this had started in October the pharmacy had had about five to six consultations each Saturday.

The pharmacy provided flu vaccinations and had undertaken around 230 this season. About a quarter had been through the private Patient Group Direction (PGD). The pharmacist booked appointments spaced throughout the day. And also attended to people who walked in for the service. The team advised that the pharmacy did not offer the service between 12 and 2pm or the hour before shutting. A few people used the needle exchange service. The pharmacy provided a smoking cessation service with a few people using the service. This was undertaken by two of the dispensers. The team provided blood pressure checks and was going to be doing cholesterol test in the new year. The team had been looking at services for the community and felt this would suit their needs. The pharmacist and a dispenser had had some training. The pharmacist provided Emergency Hormonal Contraception (EHC) through the PGD.

The pharmacy supplied medicines to around 86 people in multi-compartment compliance packs to help them take their medicines. One dispenser generally prepared all the compliance packs. And the pharmacist checked these. The dispenser spent three days a week doing these. And was working ahead for Christmas. She worked in the dispensary the rest of the time so there was scope to spend more time

on packs during busy periods. Three other members of the team also assisted if necessary. The pharmacy kept a communications book and all the team wrote any messages regarding the packs for the dispenser when she was not present. The dispenser made up four weeks at a time. And most people received packs weekly. About eight people received packs monthly. The pharmacy kept patient profile sheets for each person. These were well written out and clear to read. The dispenser redid the sheets if there were some changes. And kept the old records in the person's folder. Each person had a communication sheet and the dispenser documented any changes with a clear message, who the pharmacy had spoken to, dated and signed. This provided a clear audit trail. The dispenser placed any discharge notes or letters in people's folders. All people had a box file with the packs kept in them. And there were labels on the outside of the box with additional information. This informed the team that the person may get additional items externally or that the team needed to add a controlled drug (CD) or fridge line at the time of supply. The dispenser placed patient information leaflets (PILs) into a white skillet. And supplied these to people with week one of each cycle.

The pharmacy offered a substance misuse service for methadone and buprenorphine. The pharmacist made up the supplies on the day ready for collection. Most people were supervised at the time of collection.

There was a clear audit trail of the dispensing process. The team completed the 'dispensed by' and 'checked by' boxes which showed who had performed these roles. And a sample of completed prescriptions looked at found compliance with this process. The team used stamp on the prescription to show that the pharmacist had completed a clinical checked. This allowed the accuracy checking technician to do their accuracy check. The team members used appropriate containers to supply medicines. And used clear bags for dispensed CDs and fridge lines so they could check the contents again, at the point of hand-out. There were some alerts stickers used to apply to prescriptions to raise awareness at the point of supply. These ensured patients received additional counselling. The team provided people with a reminder slip to people with their medication 'Can we have a chat?'. This was to advise people to have an annual health review. The team members used CD and fridge stickers on bags and prescriptions to prompt the person handing the medication over that they required to add some medication to complete the supply. The CD stickers recorded the last date for supply, to make sure it was within the 28-day legal limit. This prevented supplies when the prescription was no longer valid.

When the pharmacy could not provide the product or quantity prescribed in full, patients received an owing slip. And the pharmacy kept a copy with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy sometimes referred people back to the prescriber. Or contacted prescribers if items were unobtainable, to ask for an alternative. The pharmacy team members were aware of the valproate Pregnancy Prevention Programme. And had undertaken audits but were carrying out another. They had five people in the at-risk group. And the pharmacy had provided them with the appropriate advice relevant to them. The current audit consisted of a list of questions and the team were ensuring that they captured all the people receiving valproate. The pharmacy kept a delivery sheet as an audit trail for the delivery of medicines from the pharmacy to patients. This included a signature of receipt of the delivery. The driver used a separate delivery sheet for controlled drugs.

The pharmacy stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature. It kept the fast-moving lines in the front shelves in the dispensary. The pharmacy used recognised wholesalers such as AAH, Alliance, DE, Ethigen and Norchem. The team had an awareness of the Falsified Medicines Directive (FMD). The superintendent advised that he had trialled the use of scanners in some of the pharmacies in the group. And he had registered this pharmacy with SecurMed. But he had not implemented it in any of the pharmacies yet. The pharmacy team checked expiry dates on products and had a rota in place to ensure all sections were regularly

checked. The team members marked short-dated items and they took these off the shelf prior to the expiry date. The team members marked liquid medication with the date of opening which allowed them to check to ensure the liquid was still suitable for use. The pharmacy had four refrigerators from a recognised supplier. It used two for storing items completed and waiting for people to collect. The team members placed these items into baskets marked alphabetically. The had another fridge for items which the driver would deliver to people. And they used the largest fridge for stock. The team members recorded temperature readings daily and they checked these to ensure the refrigerators remained within the required temperature range.

The team used appropriate medicinal waste bins for patient returned medication. The contents of the bins were securely disposed of via the waste management contractor. The pharmacy had appropriate denaturing kits for the destruction of CDs. The pharmacy had a process to receive drug safety alerts and recalls. The team actioned these and kept records of the action taken. The team discussed these on the monthly patient safety review.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the necessary equipment available, which it properly maintains. And it manages and uses the equipment in ways to protect people’s confidentially.

Inspector's evidence

The pharmacy team members had access to a range of up-to-date reference sources, including the British National Formulary (BNF). They used the internet as an additional resource for information such as the Electronic Medicines Compendium (EMC) for patient information leaflets (PILs). The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. It had a separate range of measures for measuring methadone. It also had a range of equipment for counting loose tablets and capsules.

The equipment such as the carbon monoxide monitor, and blood pressure machine appeared in good working order. The smoking provider team checked the carbon monoxide monitor every six months. And it had a date showing the last check. The team replace it when required. The pharmacy replaced the blood pressure monitor when required.

The pharmacy stored medication waiting collection on shelves where no confidential details could be observed by people. The team filed prescriptions in boxes in a retrieval system out of view, keeping details private. The computer screens were out of view of the public. The team used the NHS smart card system to access to people's records. The team used cordless phones for private conversations.

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.