General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Rosehill Pharmacy, 299 Normanton Road, DERBY, Derbyshire, DE23 6UU

Pharmacy reference: 1091033

Type of pharmacy: Community

Date of inspection: 21/05/2019

Pharmacy context

This is a busy community pharmacy in the Normanton area of Derby. The pharmacy is open extended hours over seven days. The pharmacy services an ethnically diverse population and around 80% of patients are of Pakistani, Bangladeshi or Eastern European backgrounds. The pharmacy dispenses NHS prescriptions and provides other NHS funded services. Substance misuse services are available. The pharmacy team dispenses medicines into weekly packs for people that can sometimes forget to take their medicines.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	2.2	Standard not met	Some members of the pharmacy team have not completed, or are working towards, an accredited training course.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.3	Standard not met	There are some issues with the use of the methadone device which mean that controlled drugs are not adequately managed.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

The pharmacy aims to identify and manage risks associated with its services. It responds well to people's feedback and tries to make improvements to the quality of its services. But pharmacy team members do not always follow company procedures. This may increase the likelihood of mistakes happening, or mean they miss learning opportunities.

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 had been reviewed in May 2018 but, it was not clear who had completed the review. Signature sheets were used to record staff training. Dispensary staff had signed SOPs relevant to their job role, but medicine counter assistant training was less consistent. Roles and responsibilities of staff were highlighted within the SOPs.

A current near miss log was available, and the dispenser involved was responsible for correcting their own error to ensure they learnt from the mistake. A pre-registration trainee explained that each near miss was discussed at the time to see if there were any reasons for the near miss, and it was used as a learning opportunity. The pre-registration trainee gave examples of near misses that she had previously made and how various products were separated and highlighted in the dispensary to reduce the risk of selecting the wrong product when dispensing. The number of near misses recorded on the log was low compared to the number of items dispensed and the number of trainees. This suggested that not all near misses were recorded which means patterns and trends may not be evident and so some learning opportunities may be missed. Previous dispensing incidents were documented using the pharmacy template form and a review of the error was normally completed as part of the process. Examples of actions and error reports were available.

A special device had been obtained to support methadone dispensing. This had been used for about four months and the Superintendent (SI) believed there were safety benefits and efficiency benefits from using the device. Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A trainee medicine counter assistant explained that she referred requests for pharmacy medicines to the pharmacist as she had not started her accredited training course yet.

The complaints, comments and feedback process was explained in the SOPs. People could give feedback to the pharmacy team in several different ways; verbal, written and the annual NHS CPPQ survey. The branch team tried to resolve issues that were within their control and explained that feedback from people using the pharmacy was generally positive. The team gave examples of when they had used feedback to improve their service.

The pharmacy had up to date professional indemnity insurance arrangements in place. The Responsible Pharmacist (RP) notice was prominently displayed and the RP record was seen to comply with requirements. Controlled drug (CD) registers were generally in order. But, CD balance checks did not take place at regular intervals. The register for methadone liquid was recorded electronically using the software provided with the dispensing device and backed up to an external server. The SI was unsure

how to use the software to check when the balance was previously checked and thought it was checked every two to three weeks. A patient returned CD register was in use. Private prescriptions were recorded in a record book. A sample of entries was seen to comply with legal requirements. Specials records were maintained with an audit trail from source to supply. NHS Medicine Use Review (MUR) consent forms were seen to have been signed by the person receiving the service.

Confidential waste was stored separately to normal waste and shredded for destruction. No confidential information could be seen from the customer area. One of the company directors had completed the 2019 NHS Data Security and Protection Toolkit. Pharmacy staff had their own NHS Smartcards and confirmed that passcodes were not shared. Verbal consent was gained for summary care record (SCR) access and this was recorded on the patient medication record (PMR) system.

The pharmacists had completed Centre for Pharmacy Postgraduate Training (CPPE) on safeguarding. Local safeguarding contacts were displayed in the dispensary. Staff answered hypothetical questions about safeguarding correctly and gave an example of making a safeguarding referral.

Principle 2 - Staffing **Standards not all met**

Summary findings

The pharmacy has enough team members to manage the current workload and the services that it provides. There are some staff members that do not have appropriate training for their role, so they may not always work effectively. The team members try to plan absences, so they always have enough cover to provide the services.

Inspector's evidence

The pharmacy team comprised of five part-time pharmacists, two pre-registration trainees, a pharmacy technician, six medicine counter assistants and a home delivery driver. Two of the medicine counter assistants had been working at the pharmacy for much longer than 12-weeks and had not been enrolled on an accredited training course. This did not meet the GPhC minimum training requirement guidance. The five part-time pharmacists were directors on the company and one was also the superintendent (SI).

The pre-registration trainees received regular training time and due to the working patterns of the pharmacists they worked with their tutor every few weeks. There were other members of staff still within their 12-week probation period who would need to be enrolled on an accredited course by week 12.

Staffing levels were reviewed by the pharmacists and the SI felt that the current staffing level met the workload. Pharmacy staff managed the workload well throughout the inspection and prioritised various tasks throughout the day. Two new pre-registration trainees had been recruited to replace the two current trainees. The SI also explained that the methadone dispensing device had dramatically reduced workload.

Annual leave was requested in advance and the pharmacists approved holiday requests to ensure that adequate cover was available. Staff covered for each other’s holiday and pharmacists swapped their shifts to reduce the need to book locum cover.

The team worked well together during the inspection and were observed helping each other and moving onto the healthcare counter when there was a queue. Pharmacy staff had regular discussions in the dispensary to communicate messages and updates. The pharmacy staff said that they could discuss any ideas, concerns or suggestions with the pharmacy manager and would speak to the pharmacists, pre-registration trainees, superintendent or GPhC if they had any concerns.

The SI 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 SI explained that he would use his professional judgment to offer services e.g. 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.

Inspector's evidence

The pharmacy was generally smart in appearance and appeared to be well maintained. Any maintenance issues were reported to local contractors.

The dispensary was compact and additional equipment and storage units had reduced the space available. An efficient workflow was seen to be in place which made the best use of the limited space available. Dispensing and checking activities took place on separate areas of the worktops. The checking area overlooked the counter so that trainees could be closely supervised. A small backroom was used to store excess stock and pharmacy consumables.

There was a private consultation room which was signposted to patients. The consultation room contained cardboard boxes of consumables for the needle exchange service which reduced the professional appearance of the room. The door to the consultation room remained closed when not in use. The consultation room did contain some confidential information and consumables which should have restricted access.

The pharmacy was cleaned by pharmacy staff and was generally clean and tidy with no slip or trip hazards evident. The sinks in the dispensary and staff areas had hot and cold running water, hand towels and hand soap available. At the time of the inspection the pharmacy felt at a comfortable temperature. It was heated and cooled by floor level heaters and air conditioning. Lighting was adequate for the services provided.

Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter. There was a pharmacy medicine on self-selection in the shop; this was an oversight by the staff member who put the delivery away, as they had forgotten the legal status of teething gels had changed, and the stock was removed from the shelves.

Principle 4 - Services **Standards not all met**

Summary findings

The pharmacy has systems in place to help make sure that medicines are supplied safely. The pharmacy does not always manage stocks of medicines effectively so there may be more risk of things going wrong.

Inspector's evidence

The pharmacy had a small step from the pavement and a push/pull front door. A member of staff was based in the shop and the pharmacist was positioned to clearly see the front door so that people could be assisted if required. A home delivery service was available for people that could not access the pharmacy. The pharmacy opened for longer hours than many other pharmacies which included late nights, Saturday and Sunday. Pharmacy staff could communicate with people in a range of languages including English, Punjabi and Urdu, Bengali, Mirpuri, Guajarati, Mandarin, Cantonese and Malay.

A range of pharmacy leaflets explaining each of the services was available for customer. The pharmacy staff used local knowledge and the internet to refer patients to other providers for services the pharmacy did not offer. The pharmacy did not have a practice leaflet containing information such as the complaints procedure, how the pharmacy stores confidential information or the services available.

Dispensing baskets were used to keep medication separate. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. Weekly compliance packs were dispensed for around 40 people. Prescriptions were ordered in advance to allow for any missing items to be queried with the surgery ahead of the intended date of collection or delivery. A sample of dispensed weekly packs were seen to have been labelled with descriptions of medication, and an audit trail for who had been involved in the dispensing and checking process. Patient information leaflets were supplied monthly.

A specialist device was used to dispense methadone when the person came in to collect it. There were some issues with the use of the device and the supervision process and steps are being taken to address these. A prescription collection service was in operation. The pharmacy had audit trails in place for the prescription collection service and prescriptions collected were routinely checked against requests and discrepancies followed up. The pharmacy offered different services dependent on what the persons preference and what the surgery allowed.

Notes were attached to prescription bags to assist counselling and hand-out messages i.e. eligibility for a service, specific counselling or fridge item. A purple folder containing stickers, leaflets and information for females prescribed sodium valproate was available and staff were aware of the additional counselling required.

There were no records kept for date checking of stock but a short-dated list was made, and stock was removed prior to expiry. Short dated products were marked. Medicines were obtained from a range of licenced wholesalers. Stock on the dispensary shelves was untidy, with similar named medicines and different strengths not always clearly separated. There were some boxes that contained mixed brands and batches. This meant there was more risk of error. Split liquid medicines with limited stability once opened were marked with a date of opening. The owners had made enquiries about IT solutions for

Falsified Medicines Directive (FMD) but the pharmacy was not yet compliant.

There was a fridge in place to hold stock medicines and assembled medicines. The medicines in the fridge were stored in an organised manner. Fridge temperature records were maintained and records showed that the pharmacy fridges were working within the required temperature range of 2 and 8 degrees Celsius.

The CD cabinet was secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. The CD keys were in the possession of the RP. Patient returned medicines were stored separately from stock medicines in designated bins. The pharmacy received MHRA drug alerts from gov.uk Each alert was printed and annotated to show it had been actioned and stored in a drug recall folder.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has most of the appropriate equipment and facilities it needs to provide the services it offers.

Inspector's evidence

The pharmacy had a range of up-to-date reference sources. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload undertaken. A range of clean measures were available. Separate measures were available for preparation of methadone. Measures were not all Crown/EU equivalent stamped. Counting triangles were available. There was a separate, marked triangle used for cytotoxic medicines.

The methadone device was re-calibrated every morning before it was used. Patient medication records were stored electronically and access was password protected. Screens were not visible to the public as members of the public 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.