General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Cameolord Ltd, Oxford House, 16 Oxford Street, MANCHESTER, Lancashire, M1 5AE

Pharmacy reference: 1091123

Type of pharmacy: Community

Date of inspection: 19/09/2019

Pharmacy context

This is a conventional community pharmacy located on a busy main road in Manchester city centre. It is located close to a mainline railway station in an area where there are numerous shops, theatres, bars and restaurants. The pharmacy opens extended hours until late into the evening, seven days a week. The main activity is NHS dispensing and the pharmacy also dispenses a number of private prescriptions and sells a range of over-the-counter medicines and other products. There is a busy substance misuse service with a separate entrance available for the clients.

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 not all met	1.2	Standard not met	There are no reliable audit trails to show who was responsible for dispensing a medicine. Running balances of medicines are not effectively monitored. There are no reliable procedures in place to record or review mistakes.
		1.6	Standard not met	The pharmacy does not adequately maintain all of the records that are needed by law. Controlled drugs records are incomplete and unreliable. Responsible pharmacist records are incomplete. The pharmacy is not able to produce its records of private prescriptions or emergency supplies.
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 not all met	4.3	Standard not met	Medicines are not always stored in accordance with safe custody regulations. Prescription forms are not always retained with dispensed medicines awaiting collection.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance **Standards not all met**

Summary findings

The pharmacy does not keep all of the records that are needed by law. And it is not always able to show that it has done things in the right way or that medicines have been managed properly. Members of the pharmacy team have written instructions to help them work safely and effectively. But they do not have a reliable way to record or review things that go wrong. So they may not always learn from them.

Inspector's evidence

The pharmacy had a full set of written standard operating procedures (SOPs) in place that were dated to show they had been introduced in April 2018. Each SOP included a declaration that had been signed by both the regular pharmacists, to confirm acceptance. Other members of staff had signed various SOPs that were considered relevant to their roles, but some SOPs that appeared relevant had not been signed. For example, the medicines counter staff had not signed the SOP about dealing with the absence of a responsible pharmacist.

The pharmacist explained that any dispensing errors would be recorded in a book; but was unable to locate it. She said she normally worked alone in the dispensary and could not remember making an error. There were no records of near miss incidents kept, but the pharmacist was able to give examples of action she had taken to manage risks that she had identified. This included the use of warning stickers on shelves adjacent to several ‘look alike sound alike’ medicines, such as amlodipine and amitriptyline.

A responsible pharmacist (RP) notice was displayed behind the medicines counter but was partly obscured by merchandise. This meant people using the pharmacy may not be able to easily identify the RP. Staff roles and responsibilities were described in the SOPs. The pharmacy had a complaints procedure in place. Practice leaflets explained how people could make complaints or provide feedback. A current certificate of professional indemnity insurance was displayed in the dispensary.

Controlled drugs (CD) registers were in use. Running balances were recorded for most drugs but balance checks were infrequent. The most recent had been completed in August 2019. Headings were missing from a number of pages of the CD registers, which does not meet the requirements of the law and may increase the likelihood of a recording error. Patient returned CDs were recorded separately and expired medicines had recently been destroyed by the local police CD officer. Records of RP were kept in a paper register. Mostly the records had been completed appropriately but there were a few blank lines where the identity of the RP had not been recorded. Private prescription forms were kept in a file, separated by month of dispensing. The pharmacist said that the required records of supply were kept on the pharmacy computer, but she was unable to produce them. Similarly, she was unable to produce records of emergency supplies. Records of unlicensed specials appeared to be in order, but the most recent record was dated 2017. The pharmacist was not aware of any being obtained since then.

Leaflets in the retail area gave details about how the pharmacy handled confidential information. And when questioned, members of the team could give examples of information that would be confidential and understood how it should be protected. The pharmacist remembered reading an information governance (IG) policy but was unable to locate it. This means staff may not be able to refer to it, so

they may not always fully understand their responsibilities. The pharmacist demonstrated that a shredder was available and was used to destroy confidential waste. However, an unused dispensing label that contained a patient name and details of their medicine was found to have been discarded in the general waste bin. The pharmacist said this must have been an oversight and gave an assurance that any such information would normally be shredded.

A safeguarding policy was in place and the pharmacist confirmed she had completed level 2 training. Other staff said they had also done training, but this had not been recorded. The pharmacist said that if there were any concerns she would speak to the superintendent pharmacist in the first instance.

Principle 2 - Staffing ✔ Standards met

Summary findings

There are normally enough people working in the pharmacy to safely manage the workload. But the pharmacist usually works alone in the dispensary. Which means they may provide services less effectively at busy times. Members of the team receive the training they need for the jobs they do. And they work well together and ask for help if they need it.

Inspector's evidence

The pharmacist normally worked alone in the dispensary and other staff were employed to cover the medicines counter. There were two regular pharmacists employed and the superintendent pharmacist also worked at the pharmacy. The pharmacy opened for 16 hours every day, so the pharmacists worked in shifts. Typically, the SI would work from 8am to 9am, the first regular pharmacist would work 9am to 4pm, the second regular pharmacist would work 4pm to 10.30pm and the SI would then work 10.30pm until midnight. Locum pharmacists were used to provide cover and at weekends. Six medicines counter assistants (MCA) were employed, with three normally working during the main daytime hours and just one in the evening. The pharmacist said all staff were appropriately trained, and training certificates were on display for the daytime staff who were present.

The pharmacist was kept busy during the inspection but was able to comfortably manage the workload. She said working alone could sometimes be difficult when the pharmacy was busy or when providing other services. She was aware of the risks associated with dispensing on her own and said she tried to take a mental break between dispensing and checking.

An MCA explained that she had completed various training courses including dementia friends, safeguarding and leadership skills. She said she had been given certificates of completion, which she kept at home. She gave examples of questions she would ask when selling medicines, based on the WWHAM sales protocol and said she would refer to the pharmacist if unsure, for example if the customer was taking other medicines. She was aware that codeine products were liable to abuse and said she would refer to the pharmacist if unsure.

Members of the pharmacy team appeared to work well together and had good rapport with customers. A whistleblowing policy was in place and staff knew they could raise concerns with the pharmacists or the SI.

No specific performance targets were set. The pharmacist said she was encouraged to do more MURs but was not put under undue pressure.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is generally clean and tidy, and it provides a suitable environment for healthcare. But the lack of a hot water supply to the sinks may make cleaning and handwashing less effective. A separate area is used for the substance misuse service, which provides privacy for clients.

Inspector's evidence

The pharmacy had a large retail area but a relatively small dispensary. All areas were generally clean and tidy and there was enough clear bench space to allow safe working. Some of the fixtures and fittings were showing signs of age. For example, some of the dispensary drawer fronts were missing and there were areas of staining on the lino floor covering.

A consultation room was available for privacy. It was clean and tidy and suitably equipped. There was also a separate room used for substance misuse clients. This room had an independent entrance from outside the pharmacy and there was also a door between the room and the retail area. The internal door was normally kept locked, but the pharmacist opened it occasionally to speak to clients. Clients were normally served via a small hatch that opened directly into the dispensary and they attracted attention by knocking on the window so that the hatch would be opened.

There was a dispensary sink and separate sinks in the toilet and the staffroom area. All sinks had mains water supplies but none were fitted with a functional hot water supply. This could make hand washing less effective, which could compromise hygiene. A kettle was available in the staffroom.

All parts of the pharmacy were adequately lit. Fan heaters were fitted in the retail area but not in the dispensary, which could get unpleasantly cold. The room temperature was not monitored.

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

Summary findings

The pharmacy provides a range of services and they are easy to access. It manages most of its services effectively. But it does not always keep enough information with prescription medicines that are waiting to be collected. So the pharmacist may not know if extra checks are required. And people may not always get the advice they need. It obtains its medicines from licensed suppliers and carries out some checks to make sure that they are in good condition. But the checks are not always recorded so may not be effective. And medicines are not always stored securely.

Inspector's evidence

The pharmacy entrance was level with double doors and was suitable for wheelchairs. There was a separate entrance for use by substance misuse clients. This entrance had a step, but the substance misuse room could also be entered via the retail area if necessary. Practice leaflets were available in the retail area, giving information about the pharmacy's services. Other leaflets were available that provided information about various healthcare topics.

The pharmacy operated a repeat prescription collection service. People using this service were asked to sign consent forms, which were retained at the pharmacy. The pharmacist provided an example of a copy of a faxed request she had retained with a note written on to check the prescription was received. But she did not always keep copies of requests for prescriptions, so if any prescriptions were delayed it may not be apparent until the patient returned to collect the medicines.

Dispensing baskets were used to keep individual prescriptions separate and avoid medicines being mixed up during dispensing. Some baskets containing part-dispensed prescriptions were being stored on the dispensary floor. They were directly below stock shelves where there was a risk that stock medicines could fall into the baskets.

Dispensed medicines awaiting collection were bagged and kept on dedicated shelves. Prescription forms were not normally retained so may not be available for reference at the point of handout. The pharmacist said prescription forms would normally be retained if schedule 2, 3 or 4 CDs were prescribed, but accepted that there was a possibility this might not happen for CDs that did not require safe custody, in which case she would have no way of knowing if a prescription had expired. She said the pharmacy only had one patient who was prescribed warfarin, and that she would normally counsel him when they were dispensed but did not check the INR. The pharmacist was aware of the risks associated with the use of valproate during pregnancy. She said the pharmacy did not currently have any patients who met the risk criteria, but she knew that such patients should be counselled. There was no educational material available to supply should the need arise.

The pharmacist was heard asking a person to confirm their name and address before medicines were handed out, but she did not do this on all occasions. When she served substance misuse clients she was heard addressing them by name but did not ask them to produce identification or confirm their details. She said most patients were regulars and were known to her. Reliance on memory may increase the possibility of mistaken identities.

The pharmacy supplied medicines in multi-compartment compliance trays (MDS) for a few people. A

master sheet was kept containing record for each of these patients, showing their current medication and dosage times. This information was checked against repeat prescriptions. The MDS trays were not labelled with descriptions so patients and carers may not be able to identify individual medicines. Patient information leaflets were not routinely supplied. This means patients and carers may not have access to all of the information about their medicines that they need.

The pharmacy obtained its medicines from licensed wholesalers and unlicensed specials were ordered from a specials manufacturer. No extemporaneous dispensing was carried out. The pharmacy did not have the equipment needed to meet the safety requirements of the Falsified Medicines Directive, so could not comply with legal requirements.

Stock medicines were stored in orderly fashion in the original manufacturer's containers. The pharmacist said she carried out regular expiry date checks, but these were not recorded. A random sample of stock was checked and no expired medicines were found. Some stock items had stickers attached to highlight they were short dated. There was a medicines fridge in use, but it was not equipped with a thermometer. Staff said the thermometer had recently broken and a new one had been ordered. There were records held on the computer indicating that previous maximum and minimum temperatures had been measured and were within the required range. But records could only be produced for three days, most recent being 15 September.

Waste medicines were disposed of in dedicated bins that were kept in the dispensary. The bins were collected periodically by a specialist waste contractor. Drug alerts were received from the NHS and as messages on wholesaler invoices. The pharmacist dealt with alerts and provided an example of an invoice she had kept aside pending a check but did not keep any records to show what action had been taken. During the inspection the pharmacy completed registration to receive alerts from MHRA.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. Equipment is appropriately maintained so that it is safe to use, and it is used in a way that protects privacy.

Inspector's evidence

The pharmacy had various reference books, including recent editions of BNF, and there was access to the internet for general information. A range of crown stamped measures were available to measure liquids. A separate measuring cylinder was used for methadone to avoid contamination. Electrical equipment appeared to be in good working order but there was no evidence of PAT testing being carried out.

The dispensary was screened to provide privacy for the dispensing operation. The consultation room was used for services that required privacy and for confidential conversations and counselling. A separate room was used for the substance misuse service A cordless phone was available so that phone calls could be made without being overheard. Pharmacy computers were password protected and screens were positioned so that they were not visible to the public.

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.