General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Click Trading Limited, Unit 3 Osbourne Court, Thelwall New Road, Grappenhall, WARRINGTON, Cheshire, WA4 2LS

Pharmacy reference: 1091303

Type of pharmacy: Internet / distance selling

Date of inspection: 14/09/2021

Pharmacy context

This pharmacy is on a small industrial estate in a village close to Warrington. The pharmacy holds an NHS distance selling contract and people do not access the pharmacy premises directly. The pharmacy's main focus is to dispense NHS prescriptions, including some medicines in multi-compartment compliance packs. It delivers all of people's medicines to their homes. The inspection was completed during the COVID-19 pandemic.

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	1.6	Standard not met	The pharmacy does not always accurately complete all the records it must by law consistently. And the pharmacy cannot show accurately who the responsible pharmacist is due to regular incomplete records when two pharmacists are working.
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	The pharmacy does not always adequately store all its medicines with the proper safeguards in place. It routinely transfers medicines from manufacturer's original packaging and on some occasions it does not have adequate labelling and checks in place. This was identified at the previous inspection.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

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

Summary findings

The pharmacy identifies and manages some of the risks with its services. But it doesn't keep all the records it should up to date, including those required by law. And it doesn't have up-to-date and complete written procedures available for team members to refer to and use as part of their induction. Team members keep people's private information secure, and they have the relevant skills to refer a concern about a vulnerable person to the pharmacist. They record and briefly discuss mistakes they make. But they don't regularly review these mistakes together and so they may miss opportunities to learn and make services safer.

Inspector's evidence

The pharmacy had acted at the start of the COVID-19 pandemic to identify the associated risks. People did not access the pharmacy premises directly, so the infection control measures protected team members. The pharmacy had hand sanitiser at various places in the pharmacy, including at the entrance. It had stickers on the floor and personal protective equipment (PPE) available for team members. Team members donned face masks once the inspector accessed the dispensing area.

The pharmacy had standard operating procedures (SOPs) relevant to most of the pharmacy's services, but the pharmacy didn't have the SOP for the management of multi-compartment compliance packs available during the inspection. The pharmacy dispensed a large number of compliance packs per week and a newly employed dispenser was working in this area during the inspection. Previous reviews of the SOPs had taken place, but not for some years. Dates of reviews seen during the inspection were 2016 and 2017. The delivery driver's SOP had not been updated to account for the changes during the pandemic. And some current team members had not read the SOPs. Training records showed the last team members reading the SOPs in 2017. The pharmacy had recently employed three team members and the SOPs had not been used to support their training during their induction. Team members were seen working safely and following aspects of the SOPs that had been checked by the inspector. The pharmacy had a SOP relating to roles and responsibilities of team members and this had been completed historically with team members' names. But it had not been updated since 2017 and so was not an accurate reflection of the current team. Therefore, this SOP was out of date. Pharmacy team members were seen completing appropriate tasks for their roles and appropriately referring queries to the pharmacist when needed.

The pharmacy employed two accuracy checking technicians (ACTs) and often two pharmacists worked together. The pharmacy had paper near miss error logs. One of the ACTs demonstrated the near miss log she used when checking and described how she spoke with the dispenser about the error and asked them to rectify it. There were several entries but not much detail regarding why the error happened or the actions taken to prevent a similar error. The pharmacy didn't formally review the near miss logs and only informally discussed near miss errors together. A team member was seen tidying the shelves as the team recognised the risk of selection errors when the medicines were not adequately separated. The responsible pharmacist (RP), who was one of the directors described how dispensing errors were recorded. He described an example of the steps taken to discuss and review with the relevant team member following a delivery incident. The pharmacy had no records of the team completing specific training such as errors with look-alike and sound-alike (LASA) medicines. The pharmacy had a SOP relating to incidents and errors but not all the current team had read the SOP. A recent dispensing error

involving a controlled drug had not been recorded or reported to the controlled drug accountable officer (CDAO). It was being investigated.

The pharmacy did not display an RP notice. The RP printed his notice during the inspection to comply with requirements. The pharmacy had a written procedure to manage complaints and team members described how they escalated any concerns to one of the pharmacist directors. People had the opportunity to feedback via telephone and email, and the pharmacy provided these details on the website. But it didn't have specific details of how to raise a concern or the complaint management process. The pharmacist and team members spoke at length with people on the telephone to resolve queries about prescriptions and to answer their questions.

The pharmacy had up-to-date professional indemnity insurance. It kept up-to-date CD registers in several files for ease of use. The pharmacy completed checks of the physical quantity against the register on each entry. The inspector did not see evidence of a full balance check on medicines not often dispensed. The team had not completed all the headers on the CD registers as required and the address of the wholesaler was not completed on the entries seen. Of the physical balances checked, one matched the CD register balance, but another did not. The RP was aware of the discrepancy due to a dispensing incident but until the inspection had been unsure how to accurately amend the register. The pharmacy kept a record of the destruction of patient-returned CDs, although there were some patient-returned CDs awaiting destruction that had not been entered into the register. The pharmacy held electronic private prescription records which were seen to be up to date. The pharmacy held records of emergency supplies on the patient medication records (PMR) but these did not record the reason for the emergency supply as required. The pharmacy held an electronic RP record, but the entries were not complete and not in line with RP regulations. There were missing entries each week in all the entries checked. And although the RP had signed in on some occasions there were no records of signing out or any absences. This means there was not an accurate record as required by law of who had been the RP, as often both pharmacist directors worked in the pharmacy.

The pharmacy didn't have any written information for team members to refer to relating to the General Data Protection Regulation (GDPR) and they had not received formal training. Team members knew the importance of keeping people's private information secure and demonstrated this during the inspection. The pharmacy separated confidential waste from general waste, and this was removed by a third-party contractor. The RP and ACTs had completed CPPE level 2 safeguarding and were aware of their responsibilities to protect vulnerable people. The pharmacy had a SOP regarding safeguarding vulnerable adults and children. Not all current team members had read the SOP, including the newer team members. One of the newer team members had received safeguarding training in another role. The pharmacy had contact details of the local safeguarding team displayed in the office but not all team members were aware of this. Team members described conversations with vulnerable people that would alert them to refer to the RP.

Principle 2 - Staffing ✔ Standards met

Summary findings

Pharmacy team members with appropriate skills and knowledge manage the workload in the pharmacy effectively. They feel well supported in their roles and feel comfortable to raise concerns. They complete individual ongoing learning relevant to their roles. But the pharmacy doesn't provide any training materials to support team members with their ongoing learning.

Inspector's evidence

The RP was one of the directors of the pharmacy and regularly worked in the pharmacy. The pharmacy often had two pharmacists working, this was usually the other director who was also the superintendent pharmacist (SI). The SI was on leave on the day of the inspection. Two accuracy checking technicians (ACTs) supported the RP. There were also six dispensers and two team members without formal qualifications. One of these team members was seen tidying the stock room and was not seen completing any dispensing tasks. The pharmacy had recently employed three qualified dispensers to replace the unqualified team members who were leaving. The increase in staffing was a result of the pharmacy reviewing its staffing numbers and skill mix following an increase in prescriptions dispensed since the start of the pandemic. The new team members were completing their induction and three-month probationary period. One of the new dispensers felt well supported by her colleagues and pharmacists and felt confident completing the tasks assigned. She hadn't read the SOPs and could not recall any formal training on confidentiality as yet. The RP confirmed that there was a confidentiality clause in individual contracts. The pharmacy employed delivery drivers to deliver people's medicines to their homes and reported no concerns with changes to deliveries during the pandemic. The RP was not aware of the updated training requirements for delivery drivers, but this had not been an issue to date. Team members worked in specific areas of the pharmacy to improve workflow and efficiency. One ACT worked with the team dispensing multi-compartment compliance packs and the other checked medicines on repeat prescriptions in the main dispensary. Team members were seen working well together and managing the workload. The directors organised the holiday rota cover to ensure the pharmacy had enough people working.

Team members described how they individually kept up to date with their learning, this included the ACTs continuous professional development (CPD). The pharmacy enrolled team members on qualification training and supported them to complete this. They were comfortable asking the directors any questions to improve their knowledge, but they didn't provide any ongoing training material or structured training modules to help keep the team's knowledge up to date. The pharmacy didn't have regular team meetings to discuss concerns, near miss errors and ideas for service improvement and instead had informal discussions as they worked. Team members described how approachable both directors were and how they felt they would listen and act on any concerns raised. The pharmacy didn't set any targets for services. Several team members described how good both pharmacists' customer care was and how they would go above and beyond to help people. This influenced team members to act in the same way. The inspector observed the RP spending quality time on the telephone with a person explaining about their medicines and the service the pharmacy provided.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are of a suitable size and layout to provide the pharmacy's services safely. The pharmacy is adequately clean and hygienic. But the lighting is dim in some areas.

Inspector's evidence

People did not access the pharmacy premises physically due to its distance selling NHS contract. The pharmacy had a clear notice on the entrance door, signposted for 'employees only'. It had a separate goods-in area that was secured when not in use. The pharmacy was generally clean and adequately maintained. The lighting was generally appropriate, but there were a couple of areas in the main dispensary where there was less lighting, and this resulted in the inspector struggling to read the expiry dates on medicines. The temperature throughout the premises was suitable.

The pharmacy had enough bench and storage space for the workload. It had increased its storage and dispensing space using a separate room as workload increased. It stored additional stock in this room and processed prescriptions received from district nurses. This area was kept tidy. The main dispensary shelves had an overall untidy appearance and not all medicines were clearly separated. The team kept benches mainly clear from clutter. And it kept floors and aisle ways clear to avoid slips and trip hazards. The upstairs stock area, used mainly to store paperwork, was cluttered. The pharmacy had toilet facilities with hot and cold running water and separate staff facilities separate. It had a separate sink in the dispensing area for medicines preparation.

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

Summary findings

The pharmacy appropriately sources its medicines. But it doesn't always store all its medicines as it should. It transfers some of its medicines from the manufacturer's packs. And it doesn't always suitably label medicines it stores in this way. People access the pharmacy's services easily. And the pharmacy properly manages its services with some good safeguards in place to make sure people receive their medicines when they need them.

Inspector's evidence

People accessed pharmacy services using details from its website, by email and telephone. District nurses contacted the pharmacy directly. It delivered dressings and medicines to people's homes using several delivery drivers. The pharmacy stored medicines awaiting delivery in a separate area and according to the person's geographical location. This allowed the drivers to effectively plan their workload delivering prescriptions further away from the pharmacy first. The drivers annotated a white board to inform the team which delivery area they were delivering in. The pharmacy kept urgent, same day delivery medicines separate and used an urgent sticker on the bag. This helped the delivery drivers plan their route. And helped the RP check for outstanding urgent deliveries. The pharmacy used fridge stickers and in hot weather transported fridge lines in cool bags. The team used name and address labels on delivery sheets to inform the route and to keep a record of who they delivered to. During the pandemic the drivers didn't ask for signatures, but instead annotated the time of delivery on the sheet. The pharmacy had not updated the SOP with this change in process. The pharmacy didn't keep a reference copy of the delivery sheet in the pharmacy in case of queries, so could not easily check the deliveries if the driver's copy was lost in transit.

The pharmacy had separate areas for labelling, dispensing and checking prescriptions. It had a separate dispensing area to the back of the premises for dispensing multi-compartment compliance packs. And used another room to dispense prescriptions from district nurses, which often included bulky items. This prevented the main dispensing area from getting too cluttered. The pharmacy stocked end-of-life medicines and the district nurses knew the medicines the pharmacy stocked. The pharmacist prioritised these urgent medicines to make sure people received these medicines as soon as possible. Pharmacy team members used baskets during the dispensing process, to help reduce the risk of error. The pharmacist was aware of the additional care needed when dispensing valproate to some people and that important details were printed on the manufacturer's packs. The shelves had several split packs of valproate on them. The RP demonstrated from the PMR how the pharmacy received quantities for greater than one original pack meaning people received one manufacturer's patient card on each dispensing. The pharmacy had not completed an audit of people taking valproate and had not identified if any people in the at-risk group were on a pregnancy prevention programme.

The pharmacy dispensed medicines into multi-compartment compliance packs to help people take their medicines correctly. A team member contacted each person every month to discuss their medicines before ordering the prescription. People had an electronic medication record indicating which medicines were to be dispensed into the packs and at what times. An ACT demonstrated how this was kept up to date and the checks she made on receipt of prescriptions. She escalated queries to the pharmacist. Team members supplied patient information leaflets (PILs) with the packs. They kept a full audit trail of when people's prescriptions were due to be ordered and when the compliance packs were

delivered. This was a colour-coded paper audit trail according to when different week's medicines were due. The information was printed and kept in full view, so it was easy to recognise if prescriptions were outstanding. This allowed team members to contact the GP surgery to query in good time.

The pharmacy obtained its medicines from licensed wholesalers. It stored medicines requiring cold storage in a medical fridge and kept an electronic daily record of fridge temperatures. The temperature in the fridge was seen to be within the correct range. The pharmacy had a second fridge in the delivery area, but this did not have a thermometer to monitor the temperature. So, the team did not know if the fridge was working correctly and storing the medicines at the correct temperature. The pharmacy only kept medicines awaiting delivery in this fridge and only for a short time. The pharmacy had a date checking record, but the team had not kept this up to date. It had a SOP, but this had not been read by all current team members and the process was not being followed. The RP described how the dispenser's and accuracy check included a check of the expiry date. A few short-dated medicines and an out-of-date medicine were found from a sample checked. Not all short-dated stock was highlighted as such. The pharmacy marked the date of opening on liquid medicines. The pharmacy kept some of its medicines in the compliance pack dispensing areas in amber bottles, most with batch number and expiry. These had been removed from the original manufacturer's packaging. The one's without details were removed. There was no indication, such as a signature on the label, that the transfer of medicines had been checked for accuracy. On one occasion a different manufacturer's pack had been over labelled and used instead of an amber bottle. The pharmacy also kept some other medicines in amber bottles with no labels attached and stored inside original manufacturer's packs. This was a particular issue in the area where weekly compliance packs were dispensed. This had been an issue at the previous inspection. The pharmacy had medicinal waste bins available for returned medication and denaturing kits for CDs. The pharmacy had appropriate processes to action medicine recalls and safety alerts. The team signed and dated printed copies of the alerts as an audit trail of their actions.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has suitable equipment for the services it provides. And the pharmacy uses its equipment in ways that protect people's private information.

Inspector's evidence

The pharmacy had reference resources and access to the internet for up-to-date information. The pharmacy had password-protected computers. And people couldn't view confidential information on the screens as the pharmacy had no windows in the dispensing areas. The pharmacy stored the consumables for the compliance packs appropriately. The pharmacy stored people's medicines awaiting delivery securely.

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.