General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Astley Village Pharmacy, Unit 5, Hallgate, CHORLEY, Lancashire, PR7 1XA

Pharmacy reference: 1091617

Type of pharmacy: Community

Date of inspection: 18/11/2019

Pharmacy context

This is a community pharmacy situated on a parade of shops. It is located in Astley Village, near Chorley. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations and a minor ailment service. A number of people receive their medicines in multi-compartment compliance aids.

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	The pharmacy team do not follow their SOPs for recording and reporting errors. So they may not always identify and manage risks in orded to prevent the the same mistakes from happening again.
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 not all met

Summary findings

The pharmacy team have written procedures to help them to work effectively. The team generally keep the records that are needed by law. But they do not record things that go wrong, so they may not be able to learn from them. This means there may be more chance of similar mistakes being repeated.

Inspector's evidence

There was a set of standard operating procedures (SOPs) which had not been reviewed since June 2017. Members of the pharmacy team had signed to say they had read and accepted the SOPs.

There were historical records of dispensing errors or near miss incidents. But none had been completed in the last 12 months. The pharmacist admitted that during this time some errors had occurred that had not been recorded. This did not comply the procedure stated in the SOPs. He said when there was an error or a near miss the pharmacy team would discuss it to learn from the mistake. But he was not able to show any examples of learning or any action they had taken to manage risks they had identified. The pharmacy team said they often identified medicines with similar packaging and would routinely discuss this to make the team aware of the risks of picking errors.

Roles and responsibilities of the pharmacy team were described in individual SOPs. The trainee dispenser was able to explain what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. The pharmacy had a complaints procedure, but there was no information about it on display to inform people knowing how to make a complaint or give feedback. A current certificate of professional indemnity insurance was on display in the pharmacy.

The responsible pharmacist (RP) had their notice displayed prominently and was signed in to the RP register. The RP records did not include the end of their tenure. So the pharmacy may not be able to demonstrate who the RP was at a specific point in time. Controlled drugs (CDs) registers were maintained with running balances recorded. But the register was not up to date and there were outstanding records to be made since 12th November. Three random balances were checked and found to be accurate. Patient returned CDs were recorded in a separate register. Records for private prescriptions, emergency supplies and unlicensed specials appeared to be in order.

There were no written procedures available about information governance (IG). But, when questioned, members of the pharmacy team understood the need for confidentiality. And the trainee dispenser was able to describe how confidential waste was segregated to be destroyed using the on-site shredder. A privacy notice was on display and provided information about how the pharmacy handled people's data.

A notice in the dispensary provided information about the local safeguarding contact details. The pharmacist said he had completed level 2 safeguarding training. There was no written safeguarding policy in place, but members of the pharmacy team said they would report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✔ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload. Members of the team complete some additional training to help keep their knowledge up to date. But the pharmacy does not always identify the team's learning and development needs.

Inspector's evidence

The pharmacy team included a pharmacist manager, a pharmacy student and three dispensers. Members of the team had completed the necessary training for their roles. A new member of staff had started 3 weeks ago. The normal staffing level was a pharmacist and two other members of staff. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system.

Members of the pharmacy team completed some additional training using booklets received from a training company. But these were not routinely completed. A trainee dispenser had been enrolled onto her training course for more than two years. She said she struggled to find time to complete the workbooks. Staff did not receive appraisals, so development needs may not always be identified.

The trainee dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse co-codamol sales she felt were inappropriate and refer people to the pharmacist if needed. The pharmacist commenced his role as the pharmacy manager about 12 months ago. He said he has been able to make some changes to the running of the pharmacy and this was respected by the pharmacy team and the company. The trainee dispenser said she received a good level of support from the pharmacist and felt able to ask for further help if she needed it. Staff said that they would be comfortable reporting any concerns to the manager or superintendent. There were service based targets set by the pharmacy for MURs and NMS. The pharmacist said he did not feel under pressure to achieve these.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. A sink was available within the dispensary. Customers were not able to view any patient sensitive information due to the position of the dispensary and access was restricted by use of a gate. Central heating controlled the temperature. Lighting was sufficient. The staff had access to a kettle, microwave and WC facilities.

A consultation room was available. The space was clutter free with a desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. Members of the team carry out checks to make sure that stock medicines are in good condition. But they do not keep records, so they may not know when medicines were last checked and some may be overlooked. And they do not always know when they are handing out higher-risk medicines. So they might not always be able to check that the medicines are still suitable, or give people advice about taking them.

Inspector's evidence

Access to the pharmacy was level via a single door and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Various posters gave information about the services offered, but there was no practice leaflet. So people may not be aware of all the services provided by the pharmacy. The pharmacy opening hours were displayed and a range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and recorded on a delivery sheet. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. CDs were recorded on a separate sheet and a signature was obtained to confirm receipt.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up and the baskets were colour coded to help prioritise dispensing. Owing slips were in use to provide an audit trail if the full quantity could not be immediately supplied. Dispensed medicines awaiting collection were kept on a collection shelf using a numerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out.

Schedule 3 CDs were highlighted so that staff could check prescription validity at the time of supply. However; schedule 4 CDs were not. So there was a risk that these medicines could be supplied after the prescription had expired. High-risk medicines (such as warfarin, lithium and methotrexate) were not routinely highlighted. So the pharmacy team were not always aware when they were being handed out in order to check that the supply was suitable for the patient. The staff were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist said he would speak to any patients who were at risk to make them aware of the pregnancy prevention programme.

Some medicines were dispensed in multi-compartment compliance aids. People were referred to their GP for an assessment about whether they were suitable for their medicines to be dispensed into a compliance aid. A record sheet was kept for each patient, containing details of their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge sheets were sought, and previous records were retained for future reference. Disposable equipment was used to provide the service, and the compliance aids were labelled with medication descriptions and a dispensing check audit trail. Patient information leaflets (PILs) were routinely supplied.

The pharmacy had a flu vaccination service. The pharmacist had completed a declaration of competence to indicate he had the necessary training. A copy of the PGD was seen. A risk assessment was completed to check the patient was suitable to receive a flu vaccination. Records were maintained, and the GP was informed following vaccination.

Medicines were obtained from licensed wholesalers, with unlicensed medicines sourced from a specials manufacturer. The pharmacy was not yet meeting the safety features of the falsified medicine directive (FMD), which is now a legal requirement. Equipment was installed but the pharmacy team had yet to commence routine safety checks of medicines. The pharmacy team said stock was date checked every 3 months. But there were no records to show when this was done. So there is a risk some stock may be overlooked. A spot check of medicines did not find expired stock. There were a large number of medicines that were due to expire in the upcoming 6 months and these had not been highlighted. Liquid medication had the date of opening written on.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There was a clean medicines fridge with a minimum and maximum thermometer. The minimum and maximum temperature was generally being recorded each day, but there were some gaps in the records. So they may not promptly identify if the temperatures went out of the range of 2 to 8 Celsius. The records showed the temperature had been within the required range for the last 3 months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the MHRA. The pharmacy team said they would check for affected stock. But records were not always kept showing what action the pharmacy had taken.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy's team members have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and drug tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for methadone. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the staff to move to a private area if the phone call warranted privacy. The consultation room was used appropriately; patients were offered its use when requesting advice or when counselling was required. Substance misuse clients were directed to the use of the consultation room to provide privacy.

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.