General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: APA Ltd, 8 Alder Drive, Hoghton, PRESTON, Lancashire, PR5 0AD

Pharmacy reference: 1091671

Type of pharmacy: Community

Date of inspection: 21/11/2019

Pharmacy context

This is a community pharmacy containing a post-office counter. It is situated in the village of Gregson Lane, south east of Preston. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over the counter medicines. It also provides a minor ailment service. A number of people receive their medicines inside multicompartment compliance aids.

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	1.7	Good practice	Members of the team are given training so that they know how to keep private information safe.
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 met

Summary findings

The pharmacy team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. They record and discuss things that go wrong, to help identify learning and reduce the chances of similar mistakes happening again.

Inspector's evidence

There was a current set of Standard Operating Procedures (SOPs) which were reviewed in July 2019. Members of the pharmacy team had signed to say they had read and accepted the SOPs.

There were systems in place to record and review dispensing errors. The pharmacist said she was not aware of an error which had reached a patient. The pharmacy team were able to describe the process they would take in the event of an error. Near miss incidents were recorded on a paper log. The pharmacist explained that she would discuss the near miss records with the staff each month to identify actions which may prevent similar mistakes. But this was not documented, so some learning opportunities may be missed. She gave examples of action which had been taken to help prevent similar mistakes. For example, moving lorazepam and loprazolam away from each other.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A trainee dispenser was able to describe what their responsibilities were and was also clear about the tasks which could or could not be conducted during the absence of a pharmacist. The responsible pharmacist (RP) had their notice displayed prominently. The pharmacy had a complaints procedure. But details about it were not on display so people may not always know how they can raise concerns. Complaints were recorded to be followed up by the pharmacist or head office. A current certificate of professional indemnity insurance was on display.

Records for the RP, private prescriptions, emergency supplies and unlicensed specials appeared to be in order. Controlled Drugs (CDs) registers were maintained with running balances recorded and usually checked each month. Two random balances were checked, and both were found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. The pharmacy team had completed IG training and had signed confidentiality agreements. When questioned, the trainee dispenser was able to correctly explain how she would destroy confidential information using an on-site shredder. The company's privacy notice was displayed and described how patient data was handled.

Safeguarding procedures were included in the SOPs. The pharmacy team had completed in house training, and the pharmacist said she had completed level 2 safeguarding training. Contact details for the local safeguarding board were available. The trainee dispenser said she would initially 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 and they are appropriately trained for the jobs they do. Members of the pharmacy team complete some additional training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included a pharmacist manager, a pre-registration pharmacist (pre-reg), three trainee dispensers and a medicine counter assistant (MCA). The pharmacy team were adequately trained or in accredited training programmes. The post office services were provided by the pharmacy team. The normal staffing level was a pharmacist, pre-reg, and two other staff – one of whom would also cover the post office counter. On a Monday and Friday, there was an additional member of staff. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system. During busy periods of the year, the pharmacist said an extra member of staff was brought in to assist with the post-office services.

Members of the pharmacy team completed some additional training, for example they had recently completed a training pack about Children’s oral health. But further training was not provided in a structured or consistent manner. So learning needs may not always be fully addressed.

A trainee dispenser gave an example of how she would sell a Pharmacy Only medicine using the WWHAM questioning technique, refuse co-codamol sales she felt were inappropriate and refer to the pharmacist if needed. The pharmacist said she felt able to exercise her professional judgment and said this was respected by the pharmacy team and the company. A trainee dispenser commenced her job 6 months ago and was currently completing her dispensing course. She said she felt she received a good level of support from the pharmacy team. And she felt able to ask them for help if she had any questions.

Staff did not receive appraisals, so development needs may not always be identified. A trainee dispenser said she would feel comfortable raising any concerns she had with the pharmacist. A whistle blowing policy was in place and staff said that they would be comfortable to escalate any concerns to the head office. There were no targets set for the provision of services.

Principle 3 - Premises ✔ Standards met

Summary findings

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

Inspector's evidence

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

A consultation room was available. It contained a desk, computer and adequate lighting. A chaperone policy was on display.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. But members of the pharmacy team 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 via a single door and was suitable for wheelchair users. The consultation room was wheelchair friendly. There were no practice leaflets or information on display about the services provided by the pharmacy. So people may not always be aware about what services are available to them. The pharmacy opening hours were displayed at the entrance of the pharmacy 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 a delivery sheet was used to obtain patient signatures on receipt of the medication. 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 delivery sheet for individual patients and a signature was obtained to confirm receipt.

Dispensed by and checked by boxes were initialled on medication labels to provide an audit trail. Dispensing baskets were used for segregating individual patient prescriptions to avoid items being mixed up. 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 segregated away from the dispensing area on a collection shelf using an alphabetical retrieval system. Prescription forms were retained, and stickers were used to 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 stored on collection shelves were highlighted to indicate their presence so that staff could check prescription validity at the time of supply. But, schedule 4 CDs were not. So there is a risk that these medicines could be supplied after the prescription had expired. High-risk medicines (e.g. warfarin, lithium and methotrexate) were not routinely highlighted. So the pharmacy team may not be aware when they are being handed out in order to check that the supply is 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 she would speak to any patients who were at risk to make sure they were aware of the pregnancy prevention programme, which would be recorded on their PMR. The pharmacy team said they were not aware of any current patients who met the risk criteria.

Some medicines were dispensed in multi-compartment compliance aids. A verbal assessment was completed by the pharmacist to check a person’s suitability. But this was not recorded, which would be a useful reference in the event of a query or a concern. A record sheet was kept for each patient, containing details about 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. Patient information leaflets (PILs) were routinely supplied. But members of the pharmacy team did not initial the compliance aids. This meant, in the event of an error or concern, it may not always be possible to identify who was involved in the process.

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 checks of medicines. Stock was date checked on a 3-month rotating cycle. A date checking matrix was signed by staff as a record of what had been checked, and shelving was cleaned as part of the process. Short dated stock was highlighted using a sticker and liquid medication had the date of opening written on.
There was a clean medicines fridge with a thermometer. The minimum and maximum temperature was being recorded daily and records showed they had been within the required range for the last 3 months.

Controlled drugs were stored appropriately in the CD cabinet, with some segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. Patient returned medication was segregated from current stock. Drug alerts were received electronically on the 'PharmOutcomes' system. Alerts were printed, action taken was written on, initialled and signed before being filed in a folder.

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 medicine information on the BNF, BNFc and drug tariff resources. There was a selection of liquid measures with British Standard and Crown marks. 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 in the services provided by the pharmacy; patients were offered its use when requesting advice or when counselling was required.

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.