General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Mayday Community Pharmacy, 512 / 514 London Road, THORNTON HEATH, Surrey, CR7 7HQ

Pharmacy reference: 1092192

Type of pharmacy: Community

Date of inspection: 09/05/2019

Pharmacy context

This is a busy community pharmacy set in a row of shops on a main road in Thornton Heath. The pharmacy's premises are near an acute NHS hospital and a health centre. The pharmacy opens seven days a week and stays open late every evening. It dispenses NHS prescriptions. It offers a range of over-the-counter medicines and independent living aids. It also supplies medicines in multi-compartment compliance packs to people who live in their own homes.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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	Good practice	2.2	Good practice	Members of the pharmacy team receive set aside time to train and to keep their skills and knowledge up to date. And they learn from their own and other people's mistakes.
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

Members of the pharmacy team know what their roles and responsibilities are. They work to professional standards and identify and manage risks appropriately. The pharmacy adequately monitors the safety of its services. Its team members log, review and learn from the mistakes they make. The pharmacy has appropriate insurance to protect people when things do go wrong. The pharmacy normally keeps all the records it needs to by law. Its team members act upon people's feedback. The pharmacy generally keeps people's private information safe. And explains how it will be used. The pharmacy team understands its role in protecting vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) in place for the services it provided. And these have been reviewed since the last inspection. Members of the pharmacy team were required to read, sign and follow the SOPs relevant to their roles. The team members responsible for the dispensing process tried to keep the dispensing workstations tidy. They used numbered tickets and plastic baskets to separate people's prescriptions and to help them prioritise the dispensing workload. They referred to prescriptions when labelling and picking products. They initialled each dispensing label. And assembled prescriptions were not handed out until they were checked by the Responsible Pharmacist (RP) who was also seen initialling the dispensing label.

Systems were in place to record and review dispensing errors and near misses. And the pharmacy team discussed its mistakes to share learning and help strengthen the pharmacy's dispensing process. Different strengths of trimethoprim were separated from each other on the dispensary shelves to reduce the risk of staff picking the wrong product.

A RP notice was on display. The pharmacy's team members understood what their roles and responsibilities were, and these were described within the SOPs. A member of the pharmacy team explained that requests for the morning after pill and repeated requests for the same or similar products were referred to a pharmacist.

A complaints procedure was in place and patient satisfaction surveys were undertaken annually. The results of patient satisfaction surveys and people's feedback about the pharmacy were published online. Staff tried to keep people's preferred makes of medicines in stock when they were asked to do so.

The pharmacy had insurance arrangements in place, including professional indemnity, through the National Pharmacy Association (NPA). The 'specials' records seen were adequately maintained. The address from whom a controlled drug (CD) was received from wasn't always recorded in the CD register. And its running balance wasn't checked as frequently as required by the SOPs. The nature of the emergency within the records for emergency supplies made at the request of patients didn't always provide enough detail for why a supply was made. The prescriber's details were occasionally incorrect within the private prescription records. The time at which a pharmacist stopped being the RP was sometimes omitted from the RP records.

An information governance policy was in place and staff were required to read and sign a confidentiality

agreement. A privacy notice was displayed within the public area of the premises to tell people how the pharmacy and its team gathered, used and shared personal information. Confidential waste was shredded on-site. But patient details were not always removed or obliterated from patient-returned pharmaceutical waste before disposal as required by the SOPs

Safeguarding procedures were in place and key contacts for safeguarding concerns were available. Pharmacy professionals were required to complete safeguarding training. And staff could explain what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

Principle 2 - Staffing ✔ Good practice

Summary findings

The pharmacy has enough suitably qualified team members to provide safe and effective care. Staff work well together as a team and have a work culture of openness, honesty and learning. They receive set aside time to train and to keep their skills and knowledge up to date. And they learn from their own and other people's mistakes. The pharmacy encourages its staff to provide feedback. The team members know how to raise a concern if they have one. And their professional judgement and patient safety are not affected by targets.

Inspector's evidence

The pharmacy opened for 91 hours a week and dispensed between 10,000 and 11,000 prescription items a month. The pharmacy team consisted of a full-time pharmacist, two part-time pharmacists, a pre-registration pharmacist trainee, three full-time dispensing assistants, three full-time medicines counter assistants (MCAs) and a part-time MCA. One of the MCAs and the superintendent pharmacist provided the pharmacy's delivery service.

The pharmacy was managed by a regular full-time pharmacist. But they had recently left the business and the company was trying to fill the vacancy. A locum pharmacist (the RP) was covering the pharmacy at the time of the inspection.

The RP, a pre-registration pharmacist trainee, two dispensing assistants and three MCAs were working at the pharmacy during the inspection. They relied upon each other, staff from the company's other branches and locum pharmacists to cover any absences.

The pharmacy had an induction training programme for its staff. The pharmacy's team members needed to complete mandatory training during their employment. And they have completed or were undertaking accredited training relevant to their roles. The pre-registration pharmacist trainee confirmed the pharmacy was his training site and his tutor was based at the pharmacy. He had a training plan in place for his development and had regular reviews with his tutor. He also received protected time to study. And he felt supported by his tutor, the pharmacy team and the company.

The team members worked effectively together in a supportive environment. And the RP led by example to ensure people were served and counselled in a helpful, sympathetic and knowledgeable way. The RP supervised and oversaw the supply of medicines and advice given by the pharmacy team.

Staff described the questions they would ask when making over-the-counter recommendations. And they explained when they would refer people to a pharmacist; for example, requests for treatments for people with long-term health conditions, infants or older people.

Staff performance and development needs were monitored and discussed informally throughout the year. The team members were encouraged to ask the pharmacists questions, familiarise themselves with new products, attend training events and complete their accredited training or supplementary training to ensure their knowledge was up to date. They received set aside time to train to do this. Members of the pharmacy team were also encouraged to learn from their mistakes and share any learning outcomes with their colleagues.

Meetings were held to update the pharmacy team, share learning from mistakes or concerns and so team members could make suggestions about the pharmacy. Minutes from the meetings were shared with staff unable to attend.

Staff felt comfortable in providing suggestions about the pharmacy during team meetings or raising a concern with the persons nominated within the company's whistleblowing policy. Staff feedback led to the installation of an additional patient medication record (PMR) terminal to help them better manage the dispensing workload. Whilst the pharmacy team was encouraged to promote the pharmacy's services, the company did not set targets or incentives for its staff.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are clean, and the pharmacy provides a safe, secure and professional environment for people to receive healthcare.

Inspector's evidence

The pharmacy was bright, clean, appropriately and professionally presented and air-conditioned. Members of the pharmacy team were responsible for keeping the premises clean and tidy. And there was a staff cleaning roster in place. The pharmacy had enough storage space and workbench available for its current workload. But occasionally some assembled prescriptions and bulky items were stored in boxes on the workbench or the floor.

A consultation room was available if people needed to speak to a team member in private. It was locked when not in use to make sure its contents were kept secure. The pharmacy's sinks were clean and there was a supply of hot and cold water within the premises. But the consultation room's sink was not in use due to a drainage issue. Antibacterial hand wash and alcoholic hand sanitisers were available.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy opens extended hours every day of the year. And its services are accessible to most people. The pharmacy's working practices are safe and effective. The pharmacy's team members are helpful. And they make sure that people have all the information they need so that they can use their medicines safely. The pharmacy gets its medicines from reputable sources and stores them appropriately and securely. Members of the pharmacy team check stocks of medicines regularly to make sure they are in-date and fit for purpose. The pharmacy generally disposes of people's waste medicines safely. But its staff don't always correctly dispose of medicines that require special handling.

Inspector's evidence

The pharmacy was open every day of the year and stayed open later than usual. Whilst the pharmacy had an automated door, its entrance wasn't level with the outside pavement. But a portable ramp was available and could be placed outside the entrance so people with mobility difficulties, such as wheelchair users, could access the pharmacy. The pharmacy's services were advertised in-store and within its practice leaflet. The pharmacy team knew where to signpost people to if a service was not provided.

The pharmacy offered a delivery service to people who couldn't attend its premises in person. An audit trail was maintained for each delivery. But people didn't always sign to say they had received their medicines as required by the SOPs.

The pharmacy provided over 30 MURs and about two NMS consultations a month and people were required to provide their written consent when recruited for these. The pharmacy had about 100 people whose medicines were dispensed into multi-compartment compliance packs. And it used a disposable and tamper-evident system for this service. A dispensing audit trail was maintained for the packs seen and a brief description of each medicine contained within them was provided.

Patient information leaflets were routinely supplied with dispensed medicines. And the pharmacy team took the time to explain to people how they should take their medicines. Prescriptions were highlighted to alert staff when a pharmacist needed to counsel people and when CDs or refrigerated items needed to be added.

The pharmacy offered a seasonal influenza (flu) vaccination service. Its pharmacists administered less than 100 vaccinations last winter due to shortages of the flu vaccine. The pharmacy's travel vaccination service was suspended as the pharmacist who delivered it recently left the business. The pharmacy was commissioned to provide emergency hormonal contraception through a patient group direction. It also had been commissioned to provide chlamydia testing kits. The pharmacy's funding to provide other services, such as NHS health checks, a minor ailments scheme and smoking cessation, had stopped.

The pharmacy's team members were aware of the valproate pregnancy prevention programme. And they knew that people in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. The pharmacy had valproate educational materials available.

The pharmacy team was aware of the Falsified Medicines Directive (FMD). The pharmacy's procedures

hadn’t been amended to reflect the changes FMD would bring to its processes. The pharmacy had some FMD scanning equipment. And it had entered into an arrangement for the appropriate FMD software to be added to its PMR system. But this hadn’t been activated yet. Staff could check the anti-tampering device on each medicine was intact during the dispensing process. But they weren’t verifying or decommissioning medicines at the time of the inspection.

Recognised wholesalers, such as AAH, Alliance Healthcare, B&S and Sigma, were used to obtain medicines and medical devices. CDs, which were not exempt from safe custody requirements, were stored within the CD cabinet. A record of the destruction of patient returned CDs was maintained. Staff were required to mark and keep patient-returned and out-of-date CDs separate from in-date stock within the CD cabinet. But these had been allowed to accumulate and the pharmacy team needed to notify the CD Accountable Officer that the pharmacy had some out-of-date CDs that needed to be destroyed.

Pharmaceutical stock requiring refrigeration was appropriately stored between two and eight degrees Celsius. Medicines and medical devices were stored in an organised fashion within their original manufacturer’s packaging. Pharmaceutical stock was subject to date checks, which were documented, and short-dated products were marked.

Procedures were in place for the handling of patient-returned medicines and medical devices. Patient-returned waste was checked for CDs or prohibited items. People attempting to return prohibited items, such as spent sharps, were appropriately signposted. Although pharmaceutical waste receptacles were available and in use, the pharmacy didn’t have a receptacle to dispose of people’s hazardous waste, such as, cytostatic and cytotoxic products. And some hazardous waste was found in a waste receptacle intended for non-hazardous waste. A process was in place for dealing with MHRA recalls and concerns about medicines or medical devices. MHRA alerts were retained and annotated with the actions taken following their receipt.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the appropriate equipment and the facilities it needs to provide services safely.

Inspector's evidence

The pharmacy had up-to-date reference sources available and it had access to the NPA's information department. The pharmacy had a range of clean glass measures including marked measures for its substance misuse treatment service. It also had equipment for counting loose tablets and capsules including a counting triangle for methotrexate. A medical refrigerator was used to store pharmaceutical stock requiring refrigeration. And its maximum and minimum temperatures were checked and recorded regularly.

Access to the pharmacy computers and the PMR system was restricted to authorised personnel and password protected. The computer screens were out of view of the public. A cordless telephone system was installed at the pharmacy to allow staff to have confidential conversations when necessary.

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.