General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Holland Pharmacy, Hollow Lane, Kingsley, FRODSHAM, Cheshire, WA6 8EF

Pharmacy reference: 1092721

Type of pharmacy: Community

Date of inspection: 10/09/2019

Pharmacy context

This is a traditional community pharmacy in the centre of a small rural village. NHS dispensing is the main activity and a range of medicines and sundry items are available for sale in the retail area. The pharmacy caters mainly for the local population, but also provides a dispensing service for four residential care homes. Medicines are supplied in multi compartment compliance aids for residents of the care homes and also for a few other local patients.

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	1.1	Standard not met	There is a lack of governance arrangements to identify and manage the risks associated with the pharmacy's services. Formal procedures are lacking or inadequate, including SOPs, Information Governance procedures and safeguarding procedures
		1.6	Standard not met	Pharmacy records are not adequately maintained. This includes records of controlled drugs and of private prescriptions.
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards not all met	3.1	Standard not met	Work benches are cluttered and untidy. This reduces the efficiency of the dispensing operation and may increase the risk of error.
4. Services, including medicines management	Standards not all met	4.3	Standard not met	Patient returned medicines are not always stored or managed safely
5. Equipment and facilities	Standards met	N/A	N/A	N/A

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

Summary findings

The pharmacy has written instructions for its services. But they have not been updated for several years so they may not always be relevant to what is happening. The pharmacist normally works alone, and he relies on his personal knowledge of his customers to provide a service that meets their needs. But there is a lack of formal governance arrangements, so risks may not always be properly identified or managed. The pharmacy does not appropriately maintain all of the records that are needed by law. So it may not always be able to show how it manages or supplies medicines. And the pharmacist has not yet completed safeguarding training, so may not know how to deal with concerns about vulnerable people.

Inspector's evidence

A range of written SOPs were in place, most were originally issued in 2009 but had been annotated periodically to indicate they had been reviewed. The most recent review was dated 2015 but the associated training records had not been signed since 2012. An additional range of SOPs had been introduced in 2015 to meet the requirements of the responsible pharmacist regulations but there were no training records to show who had read them. Because there had been no review of the SOPs for about four years it is possible they may not be a true reflection of current practice.

Forms were available for recording dispensing errors and near misses, but no records had been made. The pharmacist said that, to his knowledge, there had been no dispensing errors since the pharmacy opened and that he could not remember any recent near misses. He said a record would be made if any errors occurred.

A Responsible Pharmacist (RP) notice was prominently displayed. Dispensing labels were initialled by the pharmacist to provide an audit trail. A complaints procedure was in place and was explained on a poster in the retail area. Practice leaflets also included information about how to make complaints or give feedback. A current certificate of professional indemnity insurance was on display.

RP records were made on the pharmacy computer. The records were up to date but the time responsibility finished was not always recorded. Records of Controlled Drugs were maintained but were not up to date. The pharmacist said he was about a week behind with the records. Running Balances were recorded but there was no record of them being auditted. Patient returned CDs were recorded in a separate register

The pharmacy had not made any records of private prescriptions since 2016. A large number of private prescription forms were present that had been dispensed since that time, but the necessary records had not been made. There were no records of emergency supplies, but the pharmacist said none had been made because he was normally able to arrange for an urgent prescription to be provided by the local surgery. Records of unlicensed specials were in order.

There was a large information governance folder which contained various policy and procedure documents. However, the details had not been filled in, so the documents were of little use. And there was no evidence that anyone had read them. A shredder was available for the destruction of

confidential waste, but some had been disposed of in the bin that was intended for disposal of waste medicines, which is inappropriate. A privacy notice was displayed in the retail area, explaining how the pharmacy handled information.

SOPs for protection of children and vulnerable adults were available but the pharmacist had not yet completed safeguarding training. He was unable to locate any details of local safeguarding contacts and admitted he was unsure how he should deal with a concern.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy’s workload is primarily managed by the pharmacist with little additional support. He has a good rapport with people who use the pharmacy services and feels able to use his professional judgement to meet their needs.

Inspector's evidence

The pharmacy was run by the superintendent pharmacist. He normally worked alone, except for two days a week when his wife worked as a second pharmacist. He had not taken any leave for about a year, at which time a locum pharmacist had been employed. A delivery driver was also employed.

The pharmacist said he was able to manage the workload because the pharmacy was normally quiet. But he realised that working alone was not ideal and said he was trying to recruit a part-time dispenser. He said he tried to take a mental break between dispensing and checking a medicine to reduce the risk of error. And he used the days when there was a second pharmacist to catch up with less urgent work, such as dispensing for the care homes.The pharmacist was observed to have a good rapport with people who used the pharmacy, most of whom he knew by name. He was heard counselling patients and giving advice. On one occasion he contacted the local surgery to resolve a query about a prescription.No incentives or targets were set.

Principle 3 - Premises **Standards not all met**

Summary findings

The pharmacy is generally clean and is a suitable size for the volume of work. But work benches are cluttered and untidy. This reduces the efficiency of the dispensing operation and may increase the risk of error.

Inspector's evidence

The pharmacy was generally clean, but the dispensary was cluttered and untidy. The work benches were filled with paperwork, stock containers and general clutter, leaving little space for safe dispensing. The fixtures and fittings were fairly basic but were adequate for purpose.

There was a dispensary sink for medicines preparation and a separate sink in the toilet for hand washing, both had hot and cold running water. A consultation room was available for private consultations and counselling. The pharmacy. All areas were well lit. The room temperature was not monitored but seemed to be appropriate. There was a flat above the pharmacy with an independent entrance.

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

Summary findings

The pharmacy's services are easy to access, and it generally manages them to help make sure that people receive effective care. It obtains medicines from licensed suppliers and makes some checks to ensure they are in good condition and suitable to supply. But waste medicines are not always stored safely or securely.

Inspector's evidence

Access to the pharmacy was via a conventional door which was suitable for wheelchairs. There was a small step outside the door but a portable ramp was available if needed. The pharmacist was aware of the need to signpost patients requiring services not available at the pharmacy. Posters and leaflets in the retail area provided information about NHS services and other healthcare topics.

The pharmacy offered a prescription collection and delivery service. Signatures were normally obtained from the recipient to provide an audit trail for deliveries, but in some cases the delivery record had just been ticked by the driver. The pharmacist said that on a few occasions, medicines would be left with a neighbour, but only where the patient had specifically requested it on that occasion. Otherwise a note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

Baskets were used to separate different prescriptions to avoid them being mixed up during dispensing. Prescriptions were retained with dispensed medicines awaiting collection. No systems were in place to highlight when high-risk medicines or controlled drugs were present. But the pharmacist said he knew what medicines most people were getting and would counsel patients if needed. Because all medicines were handed out by a pharmacist, he said they would normally double check what was being supplied. He was aware of the risks associated with the use of valproate during pregnancy. He reported that the pharmacy did not currently have any patients who met the risk criteria. But educational material was available to supply if the need arose.

Multi-compartment compliance aids were used to dispense medicines for residents of four care homes and a few other people, to help them take their medicines at the right time. Records of current medicines and dosages were kept on the pharmacy computer and were checked against repeat prescriptions. When more than one medicine was packed in a single compliance aid, descriptions were included on the label to enable identification of the individual medicines. The pharmacist confirmed that Patient Information Leaflets were always supplied. Medicines were obtained from licensed wholesalers and specials were obtained from a specials manufacturer. No extemporaneous dispensing was carried out. The pharmacist was aware of the requirements of the Falsified Medicines Directive. He had opened an account with SecureMed and the necessary software was in place. But scanners had not yet been installed so the pharmacy was not yet meeting the requirements of the law.

The stock shelves were generally tidy. The pharmacist said he regularly carried out expiry date checks but no records were kept. So it was not clear when stock had last been checked or whether any had been missed. A random sample of stock was checked and no expired medicines were found. The medicines fridge was equipped with a maximum/minimum thermometer. The pharmacist said

temperatures were checked daily and recorded on the computer. The records showed the temperatures had remained within the required range for the last seven days, but earlier records could not be retrieved.

Pharmacy medicines were stored behind the medicine counter so that sales could be controlled. A former bank safe was being used to store controlled drugs. It was very heavy duty and generally exceeded safe custody requirements, except it was not bolted in place and so a police exemption certificate may be necessary to comply with safe custody requirements. Dedicated bins were used to dispose of unwanted medicines. The current bins were kept in the dispensary, but filled bins were being kept in the entrance hall for the upstairs flat. This meant there was a risk of unauthorised access to potentially dangerous medicines.

Drug alerts and recalls were received from the NHS. During the inspection the pharmacist also registered with MHRA to receive their alerts. The pharmacist said he would check stock straight away in response to any alerts he received.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. And it uses them in a way that protects privacy.

Inspector's evidence

Various reference books were available including a recent BNF. And the pharmacy had internet access. A range of crown stamped conical measures were available to measure liquids and these were kept clean. All Electrical equipment appeared to be in good working order. A blood pressure meter was used occasionally as a free service that was not promoted. The pharmacist said the meter was about three years old. It had not been calibrated or serviced so the pharmacy could not provide assurance that any readings would be accurate.

Patient Medication Records were stored on the pharmacy computer, which was password protected. The dispensary was clearly separated from the retail area and afforded good privacy for the dispensing operation and any associated conversations or telephone calls.

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.