General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Well, Rope Lane, Shavington, CREWE, Cheshire, CW2 5DA

Pharmacy reference: 1092731

Type of pharmacy: Community

Date of inspection: 11/03/2020

Pharmacy context

This is a health centre pharmacy in a semi-rural location on the outskirts of a large residential area. NHS dispensing is the pharmacy's main activity, largely for patients of the health centre. The pharmacy does not provide medicines in compliance aids, so any requests for this service are signposted to another local branch. Some prescriptions are dispensed off site at a hub pharmacy.

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	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

Members of the pharmacy team follow written instructions to help them work safely and effectively. They record mistakes they make so that they can learn from them. But the records are not regularly reviewed so they may be missing some opportunities to improve. The pharmacy generally keeps the records that are needed by law. And staff complete regular training so that they know how to keep people's private information safe.

Inspector's evidence

The pharmacy had a full range of electronic SOPs in place. Each member of the team had an electronic training record showing which SOPs they had read. After reading the SOP a number of test questions had to be answered before the SOP could be marked as completed. Members of the team said they did not remember reading any new SOPs recently, but the records showed that completion of SOP sign off was 98% up to date across the team.

Dispensing errors were recorded electronically on the intranet (Datix). A recent incident involved a supply of penicillin V elixir which may not have been reconstituted correctly. This had been discussed by members of the pharmacy team and they had been asked to make sure reconstituted medicines were carefully checked. Near miss incidents were also recorded on the Datix system. Staff said they recorded most incidents, but they were not aware of the records being used to identify any learning points. Several warning notices had been placed on the dispensary shelves to highlight 'look alike, sound alike' medicines to help avoid picking errors.

A Responsible Pharmacist (RP) notice was prominently displayed behind the medicines counter. Roles and responsibilities of staff were described in the SOPs. All dispensing labels were initialled by the dispenser and checker to provide an audit trail. A complaints procedure was in place and a notice in the retail area explained how complaints could be made. Practice leaflets were also available and provided information about how to make complaints or give feedback.

Current professional indemnity insurance was in place. RP records were properly maintained and up to date. Records of controlled drugs were maintained in accordance with requirements. Running balances were recorded, and audits were carried out at least once a month. A random balance was checked and found to be correct. Staff said patient returned CDs were recorded in a separate register, but they were not able to locate it. Records of private prescriptions and emergency supplies were in order.

Staff confirmed they had completed Information Governance training, which they were required to repeat every year. A memo had been pinned to the wall to remind staff that they were a week overdue for completing this year's training. The dispenser explained that they had not had time to do it because the pharmacy had been too busy. A separate locked bin was used for the disposal of confidential waste, to be collected by specialist company.

The pharmacist had completed level 2 safeguarding training. Staff did not remember doing any specific training but said if they had any concerns they would speak to the pharmacist. They were not able to locate the local reporting procedure or details of safeguarding contacts. This means they may be uncertain how to deal with any concerns if they arise.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy is busy, and the team often has to work under pressure. Members of the team work well together and are able to manage the workload safely and effectively. But recent changes of staff have added to the pressure and morale seems low. Staff are appropriately trained for the jobs they do. And they receive ongoing training to help keep their knowledge up to date.

Inspector's evidence

The pharmacy employed a pharmacist, four dispensers and two medicines counter assistants (MCA). They were also currently using three relief dispensers who normally worked at other branches. The normal staffing level was a pharmacist with four dispensers and one MCA. A dispenser explained that several members of staff had left recently, including the regular pharmacist and a pharmacy technician who had worked as an accuracy checker. She said this had put the team under a lot of pressure and meant that they had needed to rely on relief staff. She understood that a new dispenser was due to start but thought this meant the relief staff were being withdrawn. Morale appeared to be low. Members of the team said that staffing levels had been reduced because they were now sending some prescriptions to be dispensed at a hub pharmacy. But they did not think this had reduced the workload as much as expected.

The pharmacy was constantly busy during the inspection. The pharmacist was the only person able to accuracy check dispensed medicines. This meant there was a potential ‘bottle neck’ that slowed down the dispensing operation. Patients were being advised of waiting times for their prescriptions to be dispensed, and this was typically 20 to 30 minutes.

The dispensary team appeared to work well together. A whistle blowing policy was in place and an employee support helpline was available. A dispenser said she would speak to the pharmacist if she wanted to raise a concern, and she also had contact details for head office and the area manager. Staff were required to complete electronic training packages on various topics relevant to their roles. Details of completion were recorded electronically, and these records were monitored by head office, who would chase up any outstanding training or SOP completion by sending an e-mail to the manager.

The MCA described the sort of questions she would normally ask when selling medicines, to make sure they were appropriate for the patient. She was aware of the medicines that were liable to abuse and gave an example of someone who had recently made a repeat request for a sleep aid. She had referred this to the pharmacist, who had refused the sale.There were performance targets set, including for MURs. The pharmacist said they had not been concerned about meeting these during the recent staffing difficulties.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean and tidy and it is a suitable place to provide healthcare. A consultation room is available so that the pharmacy team can speak to people in private.

Inspector's evidence

The pharmacy was generally clean and tidy. It was fitted to a good standard and appeared to be well maintained. The dispensary was well organised and there was enough bench space available to allow safe dispensing. The shelves used to store dispensed medicines waiting to be collected were already full, and eight tote boxes had arrived from the hub pharmacy that contained more. This meant the crates could not be immediately unpacked so they were causing an obstruction which made it more difficult for the team to move around the dispensary.

There was a dispensary sink for medicines preparation and a separate sink in the toilet. Both had hot and cold running water. Lighting was good throughout and air conditioning was available to maintain a suitable temperature. The dispensary was well screened to provide privacy for the dispensing operation. A consultation room was available, which was clean and tidy and clearly identifiable with a prominent sign on the door. Access to the consultation room was restricted with a key code lock.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides a range of services and they are easy for people to access. It sources, stores and manages its medicines appropriately, to help make sure that all the medicines it supplies are fit for purpose. And its services are generally delivered safely and effectively. But members of the pharmacy team do not always know when they are handing out higher-risk medicines. So they may not always make extra checks to make sure people are using them properly.

Inspector's evidence

The pharmacy could be entered either via the health centre or by an independent entrance. Both were level and suitable for wheelchairs. Practice leaflets and various other leaflets and posters were displayed in the retail area and inside the consultation room, providing information about pharmacy services and other healthcare matters. The pharmacy offered a prescription collection and delivery service. The delivery used a hand-held device to record deliveries and obtained an electronic signature from the recipient. A separate paper record was signed when controlled drugs were delivered.

Baskets were used to avoid prescriptions being mixed up during dispensing. Prescription forms were retained with dispensed medicines awaiting collection, filed separately in alphabetical order. The bags were scanned on a tablet computer when they were put on the collection shelves. They were then scanned again when they were handed out to provide an audit trail. Stickers were supposed to be put on bags that contained controlled drugs so that they could be checked before handing out. But a bag containing pregabalin was present that had not been marked with a sticker. The prescription for this medicine was more than a month old so there was a risk that it could have been supplied after the prescription had expired.

High-risk medicines such as warfarin were normally highlighted with a therapy check sticker so that the patient could be counselled but a dispenser admitted the stickers were not always used. The staff were aware of the risks associated with the use of valproate during pregnancy. An audit had been conducted by the previous pharmacist to identify any patients who may be at risk. Educational material was available to hand out when valproate was supplied. Staff were heard asking patients to confirm their address when medicines were handed out, in order to check they were being given the correct medicines.

Medicines were obtained from licensed wholesalers and specials were obtained from a specials manufacturer. The pharmacy was not yet decommissioning medicines in line with the Falsified Medicines Directive, therefore it was not yet meeting the requirements of this legislation. Stock medicines were stored in an orderly fashion in the dispensary. Monthly expiry date checks were carried out in accordance with computer listings and recorded electronically. But the checks were currently one month behind schedule so there was a risk that some short-dated medicines could be overlooked. The medicines fridge was equipped with a maximum/minimum thermometer. Records were kept showing temperatures had been checked daily and were normally within the required range.
Pharmacy medicines were stored behind the medicine counter and dummy packs of veterinary medicines were on display, so that sales could be controlled. Controlled drugs were being stored appropriately and patient returned CDs were segregated.

Designated bins were used to collect waste medicines awaiting disposal. Resin kits were available for the disposal of CDs. Drug alerts and recalls were received electronically, and records were kept showing what action had been taken. The most recent alert was an update about the covid 19 pandemic. This had been printed out for staff to read.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy team has the equipment it needs and maintains it appropriately. Equipment and facilities are used appropriately to protect confidentiality.

Inspector's evidence

Various reference books were available including a recent BNF. The pharmacist was also able to access the internet. A range of crown stamped conical measures were available for measuring liquids. All Electrical equipment appeared to be in good working order and stickers showed PAT testing had been carried out in August 2019.

Prescriptions awaiting collection were stored behind the medicines counter where they were not visible to people in the retail area. Pharmacy computers were password protected and computer terminals were not visible to the public. The dispensary was clearly separated from the retail area and generally afforded good privacy for the dispensing operation and any associated conversations or telephone calls. The consultation room was used to speak to people when privacy was needed.

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.