General Pharmaceutical Council

# Registered pharmacy inspection report

**Pharmacy Name:** Strachans Chemist, 166A Walmersley Road, Chesham Precinct, BURY, Lancashire, BL9 6LL

**Pharmacy reference:** 1092876

**Type of pharmacy:** Community

**Date of inspection:** 11/07/2019

## Pharmacy context

The pharmacy is at the end of a parade of shops on the outskirts of town. It dispenses NHS and private prescriptions and sells over-the-counter medicines. It supplies medicines in multi-compartmental compliance packs. And it delivers medicines to people's homes. it offers services such as a Lipotrim weight management programme. And it provides a substance misuse service, including supervised consumption.

## 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 | 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

The pharmacy has up-to-date processes to help identify and manage the risks with its services. And it supports the team members to read its written procedures. The team members keep people's private information safe. And most of the team members complete specific training, so they can be confident in protecting the welfare of children and vulnerable adults. They respond well when there is a mistake during dispensing. The pharmacy generally completes all the records it must by law. But sometimes the team members don't follow all the steps in pharmacy processes, which may increase risks to pharmacy services. And they don't always fully investigate why errors happened. So, they may miss opportunities to learn from these mistakes.

### Inspector's evidence

The pharmacy had a medium-sized shop area with the pharmacy counter at the back of the shop. The dispensary was behind the pharmacy counter. The pharmacy was open plan, so the pharmacy team could monitor the shop and the pharmacist could supervise sales and advice from the dispensary. The pharmacy consultation room was to one side of the counter. People could access it from the shop. And team members could access it from a staff-restricted area behind the counter.

The pharmacy had a range of up-to-date standard operating procedures (SOPs). The SOP file was indexed, so it was easy to find and refer to specific SOPs. The pharmacy had SOPs for the services it provided, including dispensing, sale of medicines, responsible pharmacist (RP) and controlled drugs management. The date of preparation on the SOPs was 1 March 2018, version 5. And the superintendent had reviewed and signed the SOPs. The pharmacy team members SOP training records were kept at the back of each SOP. The roles and responsibilities of the team were highlighted in an Appendix to the SOPs. The locum dispenser working on the day of the inspection had not read the SOPs, but she had read a handbook before starting. She was observed competently dispensing and resolving queries. The accuracy checking technician (ACT) described the pharmacy's process to ensure prescriptions were clinically checked before she performed the accuracy check. The pharmacy used a stamp in the bottom right hand side of the prescription or token, which the pharmacist initialled. Due to recent changes in staffing and holidays the ACT hadn't been checking prescriptions, so no annotated prescriptions were seen to confirm the process. The team members were seen giving advice and resolving queries within their competence. And referring queries to the ACT and the pharmacist appropriately.

The pharmacy used the National Pharmacy Association (NPA) near-miss register to record any errors identified during dispensing. The pharmacy team members had consistently recorded errors each month. The register had started in March 2018. The register didn't have the different sections to record what had been prescribed and what had been dispensed. The team members mostly added this information to the record, so it was easy to understand what the error had been. But they often didn't add in their learning points and actions taken. And when they did add it in, the action was often for example 'to double check' rather than looking for the actual reason for the error. It may be difficult for them to fully look for trends and analyse the information to prevent future errors. The pharmacy team didn't hold regular meetings to discuss individual near-misses or any trends identified. This limited the shared learning within the team. The team had separated some medicines such as pravastatin and propranolol. But there were no alerts or caution labels on the dispensary shelves to remind people of

these errors whilst they were dispensing. The pharmacy had a separate process for recording and reporting dispensing incidents involving patients. These incidents were investigated and logged with the NPA. The accuracy checking technician, and newly appointed manager, discussed the changes planned for more robust reports containing more information, as currently the reports didn't record the patient's details. The pharmacy had a weekly pharmacy safety checklist available, which recorded compliance with processes such as date checking and near-miss recording. But the team members were not currently using it. The technician advised this would be re-introduced.

The pharmacy had a notice on display in the shop detailing how people could provide feedback and make a complaint. It asked for people's feedback on its services as part of an annual community pharmacy patient questionnaire (CPPQ). The pharmacy was completing this at the time of the inspection. It had questionnaires available and a box to post the completed forms into, which was on a table in the shop. The box was designed so only the pharmacy team members could access the completed questionnaires. The pharmacy also displayed the results of the previous survey. The results were positive. One of the areas for improvements had been relating to availability of owing medication. And the action had been to review the owings regularly. The ACT was seen doing this during the inspection.

The pharmacy had up-to-date professional indemnity insurance. The pharmacy had an electronic controlled drug (CD) register, and it mostly held complete records. The pharmacy didn't enter the actual prescriber for prescriptions received from the substance misuse clinic. The pharmacy team members and locum pharmacists had individual passwords and log in, so the pharmacy had a complete audit trail of all entries. The system alerted the pharmacy team to complete CD balance checks. During the inspection an alert from the system indicated some of the balance checks were overdue. When checking a sample of the electronic register entries there was evidence of some balance checks, for example Sevredol 10mg tablets on 25 May 2019. But not monthly as indicated in the SOP. There was no record of a balance check for methadone 1mg/1ml solution from the date of the inspection back to March 2019. Entries prior to this were not checked. The team did think that a balance check had been completed in this time. Balances were checked for MST 30mg tablets and Sevredol 10mg tablets. And the physical balance matched the register balance. The pharmacy held a completed CD patient returned CD register. And the team members signed to confirm they witnessed the destructions.

The pharmacy kept complete and accurate RP records. And it kept records of private prescription supplies. And these entries met the requirements. But two recent supplies from 26 June 2019 and 29 June 2019 had not been entered into the private prescription register. The ACT advised that emergency supplies were infrequent, and the team made records in the private prescription register. No records were seen in the sample of entries checked. The pharmacy kept the certificates of conformity. But most didn't have the required details completed as required by the Medicines and Healthcare products Regulatory Agency (MHRA).The patient name and address, dispensing details and prescriber details were often missing.

The pharmacy had a privacy notice displayed at the pharmacy counter. It kept confidential waste separate from other waste. It kept the waste in sealed white bags awaiting collection from a waste contractor. The pharmacy team members were aware of the importance of keeping people's private information secure. And they had completed some training. But they couldn't evidence when the last training occurred. And they hadn't received any specific training with regards to the changes in General Data Protection Regulations (GDPR). The ACT advised the NHS Information Governance (IG) toolkit had been submitted for that year.

The RP had completed level 2 safeguarding training from the Centre for Pharmacy Postgraduate

Education (CPPE) in 2017. And the regular pharmacy team members had knowledge of how to protect children and vulnerable adults. The ACT had completed level 1 safeguarding training from CPPE. And she had knowledge of how to respond to safeguarding concerns from a previous role. But she couldn't remember a time she had intervened in the current pharmacy. The driver had worked in the pharmacy for approximately four months. He hadn't received any formal safeguarding training. He advised the steps he would take if he had concerns over a person not answering the door. But he hadn't thought about telephoning the pharmacy during his deliveries if he had an urgent concern.

## Principle 2 - Staffing ✔ Standards met

### Summary findings

The pharmacy team members have the necessary skills and qualifications to provide the pharmacy's services. The pharmacy supports its team members to share ideas and raise concerns. And it provides the team members with some opportunities to complete more training to keep their skills up to date.

### Inspector's evidence

The pharmacy had recently had some staff changes. On the day of the inspection the RP was a regular locum pharmacist. She was working with the ACT, who had recently been appointed manager, a locum dispenser, a summer student and a part-time medicines counter assistant (MCA). Two drivers were on duty. A second pharmacist was working upstairs in the pharmacy completing paperwork. The owner and superintendent worked in the pharmacy for some days on most weeks. A full-time dispenser was on holiday at the time of the inspection. The pharmacy had a vacancy for a dispenser and it had recently appointed a part-time MCA after the previous team member had left.

The pharmacy was busy with a large volume of NHS prescriptions dispensed. The shop and pharmacy counter were busy with over-the-counter sales and people collecting prescriptions. The ACT was observed to be under some pressure due to the number of queries the other team members were asking her. This could be due to these staff being less experienced and temporary members of staff. She was observed managing the team and the workload well. And the team members were helpful and courteous to people who had queries. The team worked in an open and honest environment where they felt comfortable to discuss any mistakes made. The pharmacy had a whistleblowing policy. And team members received details of how to raise a concern in the information they received when they started with the company. The pharmacy had some targets for its services. The team members felt that the pharmacy listened if there were other factors that could affect them meeting these targets.

The ACT had been newly appointed as manager. She hadn't received any specific training. But she felt supported by the owner to take on the new role. She was comfortable, as were other team members, to raise any concerns or to give feedback on the ways of working in the pharmacy. She was responsible to ensure there was enough people working in the pharmacy. And she could escalate any issues to the company secretary, should she need support from other pharmacies in the company or the use of locum dispensers. She hadn't at the time of inspection set up any staffing rotas. She used the diary to plan people's holidays. The numbers of hours of staffing had decreased. But the pharmacy had recently transferred the dispensing of some people's multi-compartmental compliance packs to another pharmacy in the company. So, this would result in a decrease in prescription item volume.

The pharmacy team members had a range of skills and knowledge. They were seen completing tasks within their competence. The MCA discussed the questions she would ask and the advice she would give when selling codeine-containing OTC products. She described how the team monitored sales of these products. And how recently the pharmacist had intervened when someone had been requesting frequent and regular supplies of these products. She had used her professional judgement to have a quiet word and give the person some advice.

The pharmacy team members didn't have a regular training plan and they didn't all have training records. They had the use of an iPad for training. They used it to complete modules on OTC product

training to keep their skills up to date. And they read articles in pharmacy magazines. The ACT completed learning associated with her re-validation as a technician and reaccreditation as an accuracy checker. She had training records for a children's oral health module and summary care record (SCR) training. She was working through a module on risk assessment. The team members appraisals were due, but dates hadn't yet been set. The ACT described how appraisals were useful in identifying specific learning needs. And it gave a chance for the person to provide feedback on any issues or concerns.

## Principle 3 - Premises ✔ Standards met

### Summary findings

The pharmacy premises are clean and hygienic. And the pharmacy provides a professional environment to deliver its services. It has a consultation room suitable for people to have a private conversation with team members.

### Inspector's evidence

The pharmacy areas were clean and tidy. There was ample space for storage of stock, as there was a large room upstairs with appropriate shelving. The staff-only areas upstairs were accessed from the front of the shop. And the door to this area was kept locked. The team members accessed it using a keycode. The pharmacy was busy with prescriptions, so the benches were full of stock and baskets holding prescriptions. The dispensing and checking area were kept clear of additional workload to minimise the risk of errors. The workflow was organised.

The pharmacy had staff toilets upstairs and downstairs. Both had hot and cold running water facilities. The pharmacy stored medicine disposal waste bins in the downstairs toilet. But the team members said only the upstairs toilet was used at the current time. So, they stored the waste bins there to provide extra space in the dispensary. There were no outstanding maintenance issues. The lighting was bright and the temperature comfortable. The pharmacy had a signposted, sound-proofed consultation room that was sufficient for the services provided. And the consultation room door out to the shop was kept locked when not in use. It had a sink with hot and cold running water and hand washing facilities.

## Principle 4 - Services ✔ Standards met

### Summary findings

The pharmacy is easily accessible to people and it promotes its services well. The pharmacy assesses the risks when it makes changes to its services. And the team monitors the change to identify and resolve any problems. The pharmacy sources its medicines from licenced suppliers. And it adequately stores and manages its medicines. It works with the surgery to support people taking high-risk medicines. But it doesn't always have written information to give to these people. And it doesn't have a robust process to check for out-of-date medicines. So, it may be at risk of storing out of date medicines on its shelves.

### Inspector's evidence

The pharmacy had step-free access from the pavement outside. It promoted its services and opening hours in the window of the shop. Inside the pharmacy, it had a large screen opposite the waiting area and chairs advertising the pharmacy's services, for example Lipotrim weight management services. And it also promoted advice for healthy living. It had a number of posters signposting people to other services e.g. dental services in the local area. The pharmacy didn't have a hearing loop. But the MCA was confident in helping people with a hearing impairment who regularly visited the pharmacy. She described how she wrote messages down and spoke slowly and clearly, so people could lip read. The pharmacy promoted its services on the pharmacy's website. The pharmacy had a range of leaflets and posters promoting healthy living. Some of these were arranged on a table in front of the chairs, creating a waiting area with reading information.

The pharmacy used dispensing baskets to keep prescriptions and medicines for different people separate. And it had a dispensing audit trail using dispensed by and checked by boxes on the dispensing labels. On the prescriptions seen awaiting checking, the dispensed by boxes had been initialled. For a sample looked at, the checked by boxes had been completed. The pharmacy organised its workflow into different areas, labelling and dispensing on one bench and checking on a separate bench. Once completed the medicines awaiting delivery were stored separately. The pharmacy used a delivery App. Once the driver received the deliveries he entered them on to the App on the computer. This meant that the pharmacy team had a record of the deliveries the driver was taking. The App had an option to collect people's signatures. But the drivers were not using this facility at the time of the inspection. This made it difficult to resolve any queries or mistakes. The delivery SOP indicated the driver should obtain signatures from people. The driver obtained people's signatures when he delivered CDs. The pharmacy used owing slips when medicines couldn't be supplied in full. One for the patient and one kept with the prescription in the pharmacy. The pharmacy dispensed its methadone prescriptions in advance to reduce the waiting times and the risk of error. And it stored the medication appropriately in the CD cabinet. And the team banded the prescription around the dispensed item. This reduced the risk of incorrect selection. The pharmacy stored prescriptions with fridge lines and CDs in clear bags to allow for an additional check on handout. But the team used clear bags designed for fridge lines for its CDs. These had fridge line printed on the clear bag. This could cause confusion to people.

The pharmacy had recently reviewed the supply of medicines in multi-compartmental compliance packs. It had decided to transfer the dispensing of some of the packs to another branch. And it had also decided to start to dispense to some people in original manufacturer's packs and/or print medication administration records (MARs) for them. The pharmacy had completed a risk assessment for each

person. And the team continued to monitor the people now receiving their medicines in original packs in case of any problems. The pharmacy kept a list of all people receiving packs and when they were due their medication. It kept a full audit trail from ordering the prescription through to the supply of the packs. Each person receiving a pack had their own master sheet and communication sheet. And the team members recorded the details of any changes in medication. They labelled the packs with full instructions. And they added descriptions of what the medicines looked like. So, people could identify the different medicines in the pack. The team members said they usually sent patient information leaflets (PILs) once a month. But the monthly packs checked didn't have any PILs in the bag.

The pharmacy worked alongside the doctor's surgeries to make sure people taking warfarin had a recent blood test result before issuing a prescription. The pharmacy team members asked for the person's yellow record book when they ordered the prescription. And they took a copy of the latest INR blood result to share with the surgery team. The pharmacist discussed the person's warfarin treatment on handout. The pharmacy had stickers for high-risk medicines to help the team identify people to talk to. But no stickers were seen on any of the bags awaiting collection. The pharmacy team members discussed the requirements of the valproate pregnancy prevention programme (VPPP). They were aware of one person meeting the criteria. And she was prescribed contraceptive protection. The pharmacy didn't have any leaflets or cards left. After discussing the requirements of the VPPP the team decided to order a replacement pack.

The pharmacy obtained its medicines from several licenced wholesalers and its specials from Rokshaw and Islestone pharmaceuticals. The pharmacy had plans to meet the falsified medicines directive (FMD) and it had the appropriate scanners. It had updated the SOPs but as yet had not trained the upcoming changes to the pharmacy team. The summer student was seen tidying the dispensary shelves and date checking the stock during the inspection. But the pharmacy didn't have a date checking schedule or a record of when the last date check had been completed. The pharmacy used coloured dots to indicate short-dated stock. But several stock items with a short expiry date were identified and didn't have a coloured dot on the pack. And one item was taken off the shelf that had expired. The pharmacy team members mostly annotated liquid medication packs with the date opened. But one liquid medication, trifluoperazine had expired in 2018. No out of dates were found in the CD cabinets. The pharmacy stored the stock in the cabinets in an orderly manner. And it stored out of dates and patient returns in bags to keep it separate from the other stock. The ACT was planning a date checking matrix and rota as part of her new role.

The pharmacy had enough space in the dispensary on shelves to store its stock. It had additional storage space upstairs. It stored its Pharmacy (P) medicines behind the counter to prevent self-selection. The pharmacy stored its cold-chain stock in a medical LEC fridge and a second domestic fridge. The temperature records checked showed the temperatures in both fridges were kept within two to eight degrees Celsius. The pharmacy team recorded the temperatures daily. The pharmacy had medicinal waste bins to store patient returns. The team usually kept CD denaturing kits in stock and there was a place to store them above the CD cabinets. But there were none in stock. The pharmacy received email alerts for product recalls and safety alerts from the company. And it received these alerts on the electronic CD register system. The team member couldn't proceed to make a CD entry until they acknowledged the drug recall alert. They actioned the alert and kept a copy of the recent alerts in a file.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy has all the equipment it needs for the services provided. It mostly uses its facilities and equipment in a way that protects people's private information.

### Inspector's evidence

The pharmacy had hard copies of reference books available for the team to use, including the BNF and the BNF for children. And it had access to the internet to obtain up-to-date information. The pharmacy used clean crown stamped glass measuring cylinders. And it had separate ones to use for methadone. And it used the recommended equipment in the dispensing of multi-compartmental compliance packs. All the electrical equipment looked in good condition and was working.

The pharmacy had portable telephones, so the team members could take private conversations. The pharmacy's prescription retrieval area was in a separate room off the counter area. People's private information couldn't be seen by people in the shop. The computers in the dispensary couldn't be seen by people at the counter. And they were password protected. The pharmacy mostly kept people's confidential information in a restricted area of the pharmacy. The consultation room had a computer and a lockable filing cabinet to keep confidential information in, such as consent forms for services. The computer was password protected but the filing cabinet was not locked. People didn't have direct access to the filing cabinet when accessing the room, so the risk was minimal.

## 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. |