General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Central Pharmacy, Lintonville Medical Group, Lintonville Terrace, ASHINGTON, Northumberland, NE63 9UT

Pharmacy reference: 1093072

Type of pharmacy: Community

Date of inspection: 30/04/2021

Pharmacy context

This is a community pharmacy situated in a health centre in Ashington, Northumberland. The pharmacy opens 100 hours a week. The pharmacy sells a range of over-the-counter medicines. It dispenses NHS prescriptions, most of which it receives electronically. The pharmacy provides multi-compartment compliance packs to some people who need help managing their medicines. And it delivers medicines to people who can't attend its premises in person.

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

The pharmacy suitably manages the risks associated with the services it provides to people. It acts to help keep members of the public and team members safe during the Covid-19 pandemic. It maintains the records it needs to by law and keeps people's private information secure. Its team members record some details of mistakes they make while dispensing so they can learn from each other and prevent similar mistakes from happening again.

Inspector's evidence

The pharmacy had completed a risk assessment of the impact of COVID-19 on the pharmacy and its services. And, as a result, people presented at the outside hatch to be served instead of using the main entrance. A Perspex screen at the counter protected people from cross infection. Members of the pharmacy team knew how they would report any work-related infections to the responsible pharmacist or superintendent. They were self-testing for COVID-19 twice weekly. They wore face masks to help reduce the risks associated with the virus. And they washed their hands or used hand sanitisers regularly.

The pharmacy had up-to-date electronic standard operating procedures (SOPs) for the services it provided. These were accessible on all four monitors. And a record was kept for each team member to show they had read and understood the SOPs and would follow them. The SOPs had been reviewed in February 2020. And the records demonstrated that some had been modified at various times during the year. They covered tasks such as dispensing, responsible pharmacist requirements and controlled drug (CD) management.

The pharmacist picked up near miss errors at the checking stage of the dispensing process, then informed the dispenser of the error and asked them to record and rectify the mistake. The team members kept records of the near miss errors and discussed them when they happened, so they could all learn from each other. The design of the form left no space to record how the error happened and any contributory factors. Some entries lacked detail and team members didn't always record what action they took to reduce the risk of the near miss errors happening again. And so, the team may have missed the opportunity to learn and make specific changes to the way they work. The technician reviewed the errors monthly. They completed a monthly patient safety review. The team provided examples of changes made following dispensing incidents. The team placed warning labels on medicines with similar names that could confuse team members, such as look-alike and sound alike medicines. The pharmacy kept records of any dispensing errors that left the pharmacy. A recent error occurred when the pharmacy had supplied the wrong test strips. To help prevent a similar error occurring a warning had been placed on the shelf to alert the team at the selection stage of the dispensing process.

The pharmacy had a complaints procedure in place. Any complaints or concerns were usually raised verbally with a team member and then referred to the superintendent if the matter could not be resolved. The complainant was asked to put the complaint in writing and the superintendent responded within 14 days. At the start of the pandemic some people had been unhappy that that the pharmacy only took bank cards for payment. The team displayed a sign explaining this so people were aware.

The pharmacy had up-to-date professional indemnity insurance. The pharmacy displayed the correct responsible pharmacist name and registration number. So, people could easily know who the responsible pharmacist on duty was. Entries in the responsible pharmacist record complied with legal requirements. The pharmacy kept up-to-date electronic records of private prescriptions and emergency supplies. It kept CD registers and records of CDs returned by people to the pharmacy. The CD registers were audited against physical stock weekly. The RP advised that occasionally the physical balance did not match the entry in the CD register. But discrepancies were usually due to missed or incorrect entries and were quickly resolved. The team knew that any unresolved CD issues needed to be reported to the accountable officer. The pharmacy kept special records for unlicensed medicines with the certificate of conformity. The records were kept in chronological order in a clearly marked file.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. Confidential waste segregated into a marked bin to avoid a mix up with general waste and shredded. Members understood the importance of keeping people's private information secure and they had all completed information governance training at the start of their employment with the company. The responsible pharmacists and technician had completed level 2 training on safeguarding vulnerable adults and children. Other team members had completed internal training and were aware of their responsibilities.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members to deliver safe and effective care. Members of the pharmacy team do the right training for their roles. They work well together and use their judgement to make decisions about what is right for the people they care for. They're comfortable about giving feedback on how to improve the pharmacy's services. They know how to raise a concern if they have one.

Inspector's evidence

The pharmacy team consisted of three full-time pharmacist (the RP), another full-time regular pharmacist and the superintendent. Occasionally locums would cover for holidays. An accuracy checking technician, a trainee NVQ3, two dispensing assistants and a hospital pre-reg on placement supported the RP during the inspection. Members of the pharmacy team worked well together. So, people were served promptly at the hatch. The RP supervised and oversaw the supply of medicines and advice given by staff. The RP advised that the team were flexible and worked split shifts and supported each other. Team members had an appraisals in May 2020. The superintendent kept copies of these. The team were enthusiastic and interacted with the inspector offering pieces of evidence during the inspection.

The team regularly completed online training to make sure their knowledge was up to date. The training completed included weight management and dementia. The pharmacy held meetings to update its team and share learning from mistakes or concerns.

The pharmacy did not have set targets. The RP felt able to make professional decisions to ensure people were kept safe. Members of the pharmacy team felt comfortable about making suggestions on how to improve the pharmacy and its services. They knew who they should raise a concern with if they had one.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides a suitable and secure environment for people to receive healthcare. And its premises are clean and tidy. The pharmacy has a room where people can have private conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy had a small retail area, a consulting room, a counter, a toilet, and a stockroom. The pharmacy team used the health centre staff kitchen area. The pharmacy had a long thin dispensary, with very little space to work. The team had made efforts to create more space by moving the retrieval boxes under the workbench. And removing obstacles from cluttering the floor space. There were plans to move to larger premises. The consulting room was small but suitable for the services it offered and if people needed to speak to a team member in private. It was locked when it wasn't being used. So, its contents were kept secure. The pharmacy had a sink. And it had a supply of hot and cold water. Members of the pharmacy team were responsible for keeping the pharmacy's premises clean and tidy. They cleaned the pharmacy on most days at shift handover times. And they regularly wiped and disinfected the surfaces they and other people touched.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy makes its services easily accessible to people and it manages them appropriately. It sources and stores its medicines properly and completes regular checks to make sure they are in date. The team members dispense medicines into multi-compartment compliance packs for some people. This helps them take their medicines correctly. And the service is generally well managed.

Inspector's evidence

The pharmacy shared access with the health centre through double doors at the front. At the time of the inspection people were queuing to access the covid vaccination service being provided by the health centre team. A marshal-controlled access to the centre. People queuing wore masks and floor markings ensured people kept their distance. Things appeared to be running smoothly.

The pharmacy advertised its services and opening hours outside the pharmacy. The pharmacy had four computer terminals, and people used their own smart cards to access these. Team members had access to the internet which they used to signpost people. There were signs on display which had information on coronavirus guidance. Team members used various stickers within the dispensing process as an alert before they handed out medicines to people. For example, they used fridge stickers to highlight that a fridge line needed added to the prescription before handing out. Team members signed the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. They used dispensing baskets to hold prescriptions and keep medicines together, this reduced the risk of them being mixed up. The team used owing slips when the pharmacy could not supply the full quantity prescribed. The pharmacy kept a record of the delivery of medicines to people. The RP explained that the delivery driver wrote the time of the delivery to each person on the delivery sheet. People did not have to sign the delivery sheet during the pandemic. The driver signed for CDs on their behalf. The pharmacy used “speak to the pharmacist” stickers to highlight when a pharmacist needed to speak to a person about the medication they were collecting, such as a high-risk medicines like warfarin. Members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that people in the at-risk group prescribed valproate needed to be counselled on its contraindications. The computer automatically printed out warnings and a reminder to review the patient.

The pharmacy supplied medicines in multi-compartment compliance packs to around a hundred people. Space restrictions meant that the pharmacy had to refuse requests for compliance packs for new people. The RP explained that they supplied patient information leaflets (PILs) on the first dispensing only. This may mean that people do not have all the information they need to take their medication safely.

The pharmacy team placed Pharmacy (P) medicines on shelving behind the counter so people could not self-select such medicines. The pharmacy had a process to check the expiry dates of its medicines six monthly. The inspector found no out-of- date medicines after a check of around a dozen randomly selected medicines in two different areas in the pharmacy. The team used highlighter pen to mark short dated items. Liquid medicines had the date of opening marked on the label so checks could be made to make sure the medicine was safe to supply.

The pharmacy had medical waste bins, sharps bins and CD denaturing kits available to support the team in managing pharmaceutical waste. The team received drug alerts via email and actioned them. A record of the action taken was retained. The team members checked, and recorded fridge temperature ranges daily A sample of the electronic record was seen, and temperatures were within the correct ranges.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and the facilities it needs to provide its services safely. It uses its equipment to make sure people's data is kept secure. And its team makes sure the equipment it uses is clean.

Inspector's evidence

Team members had access to up-to-date reference sources. The team stored medicines waiting to be collected in a way that prevented people's confidential information being seen by members of the public. All equipment was clean and regularly monitored to ensure it was safe to use. The pharmacy used a range of CE quality marked measuring cylinders. The team used a Methameasure to pump methadone. Cleaning and calibrating took place daily. Members of the pharmacy team made sure they cleaned the equipment they used to measure, or count, medicines before they used it. The pharmacy team had access to up-to-date reference sources. Pharmacy had a medical refrigerator to store pharmaceutical stock requiring refrigeration. The pharmacy restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. The pharmacy had a cordless telephone system. So, its team could have confidential conversations with people when necessary. Most of the team members responsible for the dispensing process had their own NHS smartcard. And they each made sure their card was stored securely when they weren't working.

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.