General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Well, Bollin House, Sunderland Street, MACCLESFIELD, Cheshire, SK11 6JL

Pharmacy reference: 1093132

Type of pharmacy: Community

Date of inspection: 24/09/2019

Pharmacy context

This is a community pharmacy opposite a large health centre in the centre of Macclesfield. The pharmacy sells over-the-counter medicines and dispenses NHS prescriptions. It also dispenses private prescriptions. The pharmacy team offers advice to people about minor illnesses and long-term conditions. And it offers services including medicines use reviews (MURs) and the NHS New Medicines Service (NMS). The pharmacy delivers medicines to people's 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	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 suitable processes and written procedures to protect the safety and wellbeing of people who access its services. And it manages any additional risks to its services during refurbishment. It keeps the records it must have by law and keeps people's private information safe. The pharmacy team members have the knowledge to protect the welfare of children and vulnerable adults. And they have some processes and training in place to support them. The pharmacy team members record and discuss errors they make whilst dispensing to learn from them. And they take steps to reduce the risk of making a similar error in the future.

Inspector's evidence

The pharmacy was undergoing a full refurbishment at the time of the inspection. It had a small corridor which led to the pharmacy counter. The team members were working from a temporary dispensary. The pharmacy counter provided a barrier to prevent people accessing between the retail area and the dispensary. The pharmacy did not have a consultation room available on the day of the inspection. But it was in the process of being installed as part of the refit. The responsible pharmacist used the bench closest to the pharmacy counter to do final checks on prescriptions. This helped him supervise and oversee sales of over-the-counter medicines and conversations between team members and people at the counter.

The pharmacy had a set of standard operating procedures (SOPs). And these were held electronically. The superintendent pharmacist's team reviewed each SOP every two years on a monthly rolling cycle. This ensured that they were up to date. The pharmacy defined the roles of the pharmacy team members in each SOP. The SOP showed who was responsible for performing each task. The team members said they would ask the pharmacist if there was a task they were unsure about. Or felt unable to deal with. The superintendent pharmacist's team sent new and updated SOPs to the team via the eExpert training programme. The team members completed a short quiz once they had read the SOP. They needed to pass the quiz to be signed off as having read and understood its contents.

The pharmacy had a process to record near miss errors that were spotted during dispensing. The final checker typically spotted the error and then informed the dispenser that they had made an error. The dispenser made a record of the error onto an electronic reporting system called Datix. The records contained details such as the date of the error and the team members involved. The team members had recently discussed the importance of entering their errors straight away to make sure they did not forget to do so. And, they took responsibility for their own errors. They discussed any errors with each other while they were making the entries on Datix. This was to allow them to learn from each other. The near miss errors were analysed each month by two team members, for any trends and patterns. And the findings were documented for future reference and discussed with the team in a monthly team meeting. The team members demonstrated that they had separated two different strengths of the same inhaler as their packaging was very similar. This measure was designed to reduce the risk of team members picking the wrong strength. The team members had also attached alert stickers in front of medicines that had been commonly involved in picking errors such as 'look-a-like, sound-a-like' medicines, known as LASA medicines. This was to remind the team members to take extra care when picking these medicines. But the alert stickers had been removed during the process of the refurbishment. The team intended to reintroduce the stickers when the refurbishment was complete.

The pharmacy was not advertising how people could make comments, suggestions and complaints. The pharmacy collected feedback from people through an annual survey and mystery shopper visits. And it had a procedure for handling complaints and concerns raised by people using the pharmacy. The pharmacy completed an annual customer satisfaction survey. But no records were available for inspection.

The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist notice displayed the correct details of the responsible pharmacist on duty. Entries in the responsible pharmacist record complied with legal requirements. The pharmacy kept complete records of private prescription and emergency supplies. The pharmacy kept the certificates of conformity of special supplies. And they were completed correctly as required by the Medicines and Healthcare products Regulatory Agency (MHRA). The pharmacy kept controlled drugs (CDs) registers. They were in order including completed headers, and entries made in chronological order. The pharmacy team checked the running balances against physical stock each week. The running balance of a random CD was checked, and it matched the physical stock. The pharmacy kept complete records of CDs returned by people to the pharmacy.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. Confidential waste was placed into a separate bin to avoid a mix up with general waste. The confidential waste was destroyed periodically by a specialist third party contractor. The team members understood the importance of keeping people's information secure. And they had all completed training on information governance. They renewed their training each year via an online training system. One of the computer terminals used to access people's medical records had been temporarily installed close to the pharmacy counter during the refurbishment. The pharmacist explained that the team had decided to stop using this terminal as the information on the screen could be seen by people in the retail area. Several external contractors were working on the refurbishment of the retail area. The team members ensured they did not have access to any patient identifiable information and were not overheard while having private conversations with people.

All the team members had completed training on safeguarding vulnerable adults and children via the online training system. And the regular pharmacist had completed additional training via the Centre for Pharmacy Postgraduate Education. The team members gave several examples of symptoms that would raise their concerns. And they said they would discuss their concerns with the pharmacist on duty, at the earliest opportunity. The team members said they had written guidance to help them manage and report a concern, but they could not locate it while the refurbishment was in progress. They said they would use the internet if they needed additional information or the contact details of the local safeguarding teams.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members to manage the services it provides. It reviews staffing levels to ensure they remain appropriate. And provides extra support through periods of change. The team members openly discuss how to improve ways of working. And they regularly talk together about why mistakes happen, and how they can make improvements. The pharmacy supports its team members to ensure their knowledge and skills are up to date. It achieves this by providing its team members with a training programme and regular appraisals. They can implement suggestions to improve the pharmacy's services. And they feel comfortable to raise professional concerns when necessary.

Inspector's evidence

At the time of the inspection, the team members present were the regular pharmacist and two pharmacy assistants. Another pharmacy assistant who was also the pharmacy manager was not present during the inspection. The pharmacy had recently provided the team with additional staff support to help them through the refurbishment and the installation of new computer software. The team members were currently working overtime to help them stay ahead of the dispensing workload. They said they had planned this in advance as they anticipated that the refurbishment of the pharmacy would mean the time taken to dispense prescriptions would increase. Particularly as they were working out of a smaller dispensary. They did not take time off in the few weeks before Christmas. As this was the pharmacy's busiest period. The pharmacy could call on the help of team members from other local Well branches to cover planned and unplanned absences. The pharmacist explained that staff rotas had been recently reviewed after staff hours had been reduced. And some team members had changed their working hours to fill in some gaps to ensure staffing levels were at an appropriate level. The pharmacist was seen supervising the team members. And they involved the pharmacist in offering advice to people who were purchasing over-the-counter products for various minor ailments. They carried out tasks and managed their workload in a competent manner. The team members accurately described the tasks that they could and could not perform in the pharmacist's absence.

The team members were able to access the online training system to help them keep their knowledge and skills up to date. They received training modules to complete every month. Many of the modules were mandatory to complete. The team members were also able to voluntarily choose a module if they felt the need to learn about a specific healthcare related topic, or needed help carrying out a certain process. The team members did not receive set time during the working day to allow them to complete the modules. A team member said they completed some training when the pharmacy was quiet but often preferred to complete the modules in their own time, without any distractions. The team member showed they had completed almost all the mandatory modules. The pharmacy had an annual performance appraisal process in place. The appraisals were an opportunity for the team members to discuss what parts of their roles they felt they enjoyed and which parts they felt they wanted to improve. They could give feedback on how to improve the pharmacy's services. And discuss their personal development.

The team held monthly formal meetings and discussed topics such as company news, targets and patient safety. If a team member was not present during the discussions, they were updated the next time they attended for work. The team members openly and honestly discussed any mistakes they had made while dispensing and discussed how they could prevent the mistakes from happening again. The

meetings were also an opportunity for the team to give feedback and ideas on how they could improve the pharmacy's services. The team members had recently decided they would use the rear room behind the dispensary to dispense any medicines that needed to be opened, such as liquids dispensed in quantities smaller than the original pack. They explained this was to prevent any dust from the building work contaminating any medicines.

The team members said they were able to discuss any professional concerns with the pharmacist, area manager or with the company head office. The pharmacy had a whistleblowing policy. So, the team could raise a concern anonymously. The pharmacy set several targets for its team to achieve. These included services and prescription volume. The targets had recently been revised while the pharmacy underwent the refurbishment.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are suitable for the services it is providing. And it adapts its ways of working to the space available during refurbishment. The pharmacy makes changes to the premises to help improve the services for people. And to keep the pharmacy premises looking professional. The pharmacy is secure and hygienic.

Inspector's evidence

The pharmacy's exterior was professional in appearance, well maintained and easily identifiable as a pharmacy. The pharmacy had a small retail area while the pharmacy was undergoing refurbishment. The temporary dispensary was small for the dispensing workload and bench space was limited. But the pharmacy had a manageable, safe and effective workflow in place. There was a small room behind the main dispensary area. It contained a sink for staff use and to prepare medicines. The sink was clean, tidy and handwashing facilities were available including soap and paper towels. The floor spaces contained some boxes containing medicines. The team worked to reduce the risk of any trip hazards by ensuring the boxes were kept away from walkways. There was a WC which had a sink with hot and cold running. The temperature was comfortable throughout the inspection. Lighting was bright throughout the premises.

The pharmacy did not have a consultation room during the refurbishment. And, the team members explained this to people who wanted a private conversation. They confirmed they only engaged in private conversations with people when there were no other people in the retail area. And this prevented any sensitive conversations from being overheard.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easily accessible to people. The team members take reasonable steps to identify people taking high-risk medicines. And, they provide these people with appropriate advice to help them take these medicines safely. The pharmacy takes suitable measures to identify risks when it changes its ways of working, such as dispensing at the company's offsite dispensing hub. The pharmacy sources its medicines from licenced suppliers. And it stores and generally manages its medicines appropriately. But it does not always date check the medicines according to set schedules. And so there is a risk that short-dated stock is not identified.

Inspector's evidence

The pharmacy had level access from the street to an automatic door. The door led to a temporary corridor which led to the pharmacy counter. The pharmacy had removed displays which advertised the services it offered and its opening times. But they were to be displayed again when the refurbishment was complete. The pharmacy was temporarily unable to provide some services while it did not have a functioning consultation room. These included flu vaccinations and medicines use reviews. The team members were signposting people who were eligible for these services to other local pharmacies.

The team members regularly used various stickers that they could use as an alert before they handed out medicines to people. For example, to highlight interactions between medicines or the presence of a fridge line or a controlled drug that needed handing out at the same time. The team members signed the dispensing labels to indicate who had dispensed and checked the medication. And so, a robust audit trail was in place. Baskets were available to hold prescriptions and medicines. This helped the team stop people's prescriptions from getting mixed up. The team had a robust process to highlight the expiry date of CD prescriptions awaiting collection in the retrieval area. Owing slips were given to people on occasions when the pharmacy could not supply the full quantity prescribed. One slip was given to the person. And one kept with the original prescription for reference when dispensing and checking the remaining quantity. The team attempted to complete the owing the next day. The pharmacy kept records of the delivery of medicines from the pharmacy to people. The records included a signature of receipt. And so, an there was an audit trail that could be used to solve any queries. A note was posted to people when a delivery could not be completed. The note advised them to contact the pharmacy.

The pharmacy had recently introduced a new system for dispensing many of the prescriptions it received, at the company's offsite dispensing hub. The system was designed to reduce the team's dispensing workload and allow the team members more time to offer services such as medicine use reviews. Each team member had received comprehensive training before the process went live. The team firstly assessed whether a prescription was suitable to be dispensed at the hub. Any prescriptions that were for CDs or fridge items were not sent. The team also avoided sending prescriptions for more urgent items such as antibiotics. Once it was established that a prescription was suitable to be sent to the hub, the data was entered. And then the pharmacist completed an accuracy and clinical check. Only the pharmacist, using their personal smart card and password, was able to perform the clinical and accuracy check and release prescriptions to the hub. The details of the prescription were then sent electronically to the hub. And the prescription was dispensed via dispensing robots. It took around three days for prescriptions to be processed and the medicines to be received from the hub. The team marked all prescriptions that were sent to the hub and stored them in a separate box to prevent them

being mixed up with other prescriptions. The pharmacy received the medicines that had been dispensed at the hub in sealed bags. The bags were then coupled with the relevant prescription. And then scanned on the shelves in the prescription retrieval area, ready for collection. The pharmacy had completed a quality assurance audit of the first 300 prescriptions that were dispensed and returned to the pharmacy via the hub. The pharmacist had physically opened the sealed bags and completed a check of all the medicines. No errors had been identified.

The pharmacy offered a managed repeat prescription service. It collected completed prescriptions from people's GP surgeries and then dispensed the medicines ready for people to collect or delivered to their homes. The pharmacy dispensed high-risk medicines for people such as warfarin. The pharmacist often gave the person additional advice if there was a need to do so. And the team recorded details of the conversations if they were significant, for example a discussion about a change in dose or directions. The team members had access to methotrexate book, anticoagulant books and steroid cards to provide to people. They were aware of the pregnancy prevention programme for people who were prescribed valproate and of the risks. They demonstrated the advice they would give people in a hypothetical situation. The team had access to literature about the programme that they could provide to people to help them take their medicines safely. The team had completed a check to see if any of its regular patients were prescribed valproate. And met the requirements of the programme. No people had been identified. The pharmacy used clear bags to store dispensed insulin and controlled drugs. This allowed the team member and the person collection to undertake a final visual check of the medicine before the person collected the medicine.

Pharmacy only medicines were stored behind the pharmacy counter. The storage arrangement prevented people from self-selecting these medicines. The team was required to check the expiry dates of the medicines in the retail area and dispensary on a three-monthly cycle. And some records of the checks were seen. But the team members had not always kept to the schedule due to time constraints. The pharmacy used stickers to highlight stock that was within six months of expiring. The team members recorded the date liquid medicines were opened on the pack. So, they could check they were in date and safe to supply. A random check was completed and no out of date medicines were found. The pharmacy had a robust procedure in place to appropriately store and then destroy medicines that had been returned by people.

The team were not currently scanning products or undertaking manual checks of tamper evident seals on packs, as required under the Falsified Medicines Directive (FMD). The team had received training on how to follow the directive. The team was unsure of when they were to start following the directive. Drug alerts were received via email to the pharmacy and actioned. The alerts were printed and stored in a folder. And the team kept a record of the action it had taken. The pharmacy checked and recorded the fridge temperature ranges each day. A sample was looked at. And it was within the correct ranges.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy’s equipment is clean and suitable for the services it provides. The pharmacy uses its equipment appropriately to protect people’s confidentiality.

Inspector's evidence

The pharmacy had copies of the BNF and the BNF for children for the team to use. And the team had access to the internet as an additional resource. The pharmacy used a range of CE quality marked measuring cylinders. Prescription medication waiting to be collected was stored in a way that prevented people’s confidential information being seen by members of the public. And computer screens were positioned to ensure confidential information wasn’t seen by people. And the team didn't use one computer during the refurbishment as there was a risk people could see confidential information. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so the team members could have conversations with people in private

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.