General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Milton Pharmacy, 260 Milton Road, WESTON-SUPER-MARE, Avon, BS22 8EN

Pharmacy reference: 1093198

Type of pharmacy: Community

Date of inspection: 12/08/2024

Pharmacy context

This is a community pharmacy which is on a parade of shops in Weston-super-Mare. It serves its local population which is mostly elderly. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, provides treatment for a range of minor ailments, and supplies medicines in multi-compartment compliance packs for people to use living in their own homes.

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	1.6	Standard not met	The pharmacy team do not keep and adequately maintain all of the records necessary for the safe provision of pharmacy services.
2. Staff	Standards not all met	2.2	Standard not met	The pharmacy team have many staff members who were not appropriately trained and not on an accredited training course.
3. Premises	Standards not all met	3.4	Standard not met	The pharmacy premises is not adequately safeguarded from unauthorised access.
4. Services, including medicines management	Standards not all met	4.2	Standard not met	The pharmacy team does not store and manage all medicines in accordance with legal requirements.
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 procedures to help make sure the team works safely. Pharmacy team members have procedures in place to record mistakes when they happen. But they could use this information in a more effective way to mitigate the risk of future mistakes. The pharmacy team do not keep and adequately maintain all records necessary for the safe provision of pharmacy services. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information, and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong.

Inspector's evidence

Processes were in place for identifying and managing risks. The pharmacy manager reported that near miss mistakes were recorded and reviewed when they occurred, and the pharmacist would discuss the incident with the members of the dispensary team. Examples of these had been scanned and were kept in a file in the dispensary. 'Sound alike' and 'look alike' medicines such as pregabalin and gabapentin had been separated on the dispensary shelves. A process was in place to record dispensing errors, and this included an analysis of what had happened as part of the error investigation. But it was not always clearly recorded by the pharmacy team. So, it was not always clear what had been learned from previous mistakes.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. The team used stackable containers to hold dispensed medicines to prevent the mixing up different prescriptions. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for the services provided and these were generally reviewed every two years. These included responsible pharmacist SOPs. The pharmacy team understood what their roles and responsibilities were when questioned. There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. The pharmacy team encouraged people to submit feedback online and on an electronic device which was fitted in the retail area of the pharmacy. A certificate of public liability and indemnity insurance was displayed and was valid and in date until the end of April 2025.

Electronic records of controlled drugs (CD) and patient-returned controlled drugs were kept. The CD balances were generally checked every three weeks according to the pharmacist. But there were a significant number of outstanding controlled drug discrepancies. The pharmacist admitted to not keeping the CD register up to date in a timely manner and according to legal requirements. A responsible pharmacist (RP) record was kept electronically. But the RP notice was displayed where it could not easily be seen by the public. One of the pharmacists endeavoured to move this sign during the inspection so it was more easily visible. The fridge temperatures were recorded daily and were within the two to eight degrees Celsius range. The pharmacy team reported that date checking was completed regularly but no records were kept to verify this. The private prescription records were retained electronically but often omitted the prescriber's details. The specials records were retained

and in order. The pharmacy team kept emergency supply records, but these often omitted the reason when the supply was made at the request of a patient.

Confidential waste was separated from general waste and disposed of appropriately. An information governance policy (IG) was in place. Staff were aware of the signs to look out for that may indicate safeguarding concerns in vulnerable adults. There was a safeguarding policy in place. Local contact details to raise safeguarding concerns were displayed in the pharmacy and the pharmacy team knew where to locate these.

Principle 2 - Staffing **Standards not all met**

Summary findings

The pharmacy's team members did not have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members appear to work well together. They are comfortable about providing feedback and raising concerns to the superintendent pharmacist.

Inspector's evidence

There were two pharmacists, five dispensing assistants and one untrained member of staff at the time of the inspection. The pharmacy team had ten delivery drivers. The staff were observed to be working well together and providing support to one another when required. The pharmacy team worked when the pharmacy was closed overnight to ensure that they kept up to date with their dispensing activity. The pharmacy team confirmed that there was a responsible pharmacist present when dispensing was taking place outside of the pharmacy opening hours, and the responsible pharmacist log was completed to reflect this.

The pharmacist explained that performance was reviewed on an ad-hoc basis. But there were four untrained members of staff that were dispensing medicines who had not been put on an appropriate accredited training course. These pharmacy staff had been at the pharmacy for over three months. The pharmacy team had completed training on the conditions treated using the new Pharmacy First service. They reported that this had made them more confident when identifying these common conditions and giving advice about their treatment. The pharmacists explained that they had also completed training to use an otoscope to diagnose minor ear infections.

The superintendent pharmacist reported that the pharmacy team would hold meetings on an ad-hoc basis to update all staff about patient safety issues. The pharmacy team also had a ‘WhatsApp’ group help facilitate communication between staff. The pharmacy team explained that they felt comfortable with raising any concerns they had with the superintendent pharmacist. There were no formalised targets in place at the pharmacy.

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

Summary findings

The pharmacy generally provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protects people's private information. But it is not clear that all of the pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy had a retail area toward the front and a dispensary area toward the back separated by a medicines counter to allow for the preparation of prescriptions in private. The pharmacy was clean, bright, and presented in a professional manner. There was a sink available in the dispensary with running water to allow for hand washing and preparation of medicines. Medicines were stored on the shelves in a generic and alphabetical order. The pharmacy was based on two levels and had rooms for the preparation and storage of multi-compartment compliance aids on the second level.

There was one consultation in use which was well soundproofed when closed. Confidential patient information was stored securely. The ambient temperature was suitable for the storage of medicines. The lighting throughout the store was appropriate for the delivery of pharmacy services.

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

Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy obtains medicines from reputable sources. But it does not store and manage them appropriately and in accordance with legal requirements. The pharmacy team takes appropriate action where a medicine is not fit for purpose.

Inspector's evidence

Information about the services provided was detailed on leaflets and posters around the pharmacy. Access to the pharmacy was via a small step but a metal ramp was used to help people enter. There was adequate seating for patients and customers who were waiting for services. There was sufficient space for wheelchair and pushchair users.

The pharmacy team dispensed multi-compartment compliance aids (MCAs) to people's homes and to care homes. One compliance aid was examined and audit trails to demonstrate who had checked it were present. Descriptions were provided for the medicines contained within the compliance aids. The pharmacist reported that Patient information leaflets (PILs) were also supplied to people when they received new medicines. These were all clearly organised using a rota system and were prepared days in advance to allow for timely delivery.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent valproate exposure during pregnancy. Valproate patient cards were available for use during valproate dispensing. The pharmacist reported that he would check that that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking effective contraception. The team were also aware of the new regulations requiring valproate medicines to be supplied in original packs.

The pharmacy used recognised wholesalers such as AAH, Alliance Healthcare, Bestway and Phoenix to obtain medicines and medical devices. Specials were ordered from suppliers such as Xeal Pharma and Ethigen specials. Invoices from some of these wholesalers were seen. Destruction kits for the destruction of controlled drugs were available. Designated waste bins were available and being used for patient returned and out-of-date medicines. A bin for the disposal of hazardous waste was not available at the time of the inspection.

Medicines and medical devices were generally stored in an organised fashion. But some medicines were kept outside of their original manufacturer's packaging and these containers were not endorsed with batch numbers and expiry dates. These includes medicines such as memantine 10mg tablets, thiamine 100mg tablets, prochlorperazine 3mg buccal tablets and gabapentin 100mg capsules. And there were some prescription-only medicines stored in the consultation room which was not lockable and potentially accessible to the public.

It was not clear that pharmaceutical stock was subject to date checks as no documents were kept to verify this. The fridges were in good working order and the stock inside was stored in an orderly manner. MHRA alerts came to the pharmacy electronically and the pharmacy team explained that these were actioned appropriately. But the pharmacy team did not keep audit trails to demonstrate this.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities needed to provide the services it offers. These are used in a way that helps protect patient confidentiality and dignity.

Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Separate crown stamped measures were used for methadone dispensing. Amber medicines bottles were capped when stored. A counting triangle was available for use. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access. The pharmacy team could access references sources such as the BNF and BNF for Children online or on their mobile devices.

There were two fridges in use which were in good working order. The maximum and minimum temperatures were recorded daily and were seen to be within the correct range. Designated bins for storing waste medicines were available for use and there was enough space to store medicines. The computers were all password protected and patient information was safeguarded.

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.