General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Well, North Huyton PCRC, Woolfall Heath Avenue, Huyton, LIVERPOOL, Merseyside, L36 3TN

Pharmacy reference: 1093344

Type of pharmacy: Community

Date of inspection: 03/10/2019

Pharmacy context

This is a community pharmacy located alongside a dentist and a GP surgery inside a primary care centre. It is situated in the residential area of Huyton in Knowsley. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations, a minor ailment service and a British Heart Foundation blood pressure testing service. A number of people receive their medicines in multi-compartment compliance aids.

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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. They record things that go wrong, but they do not review the records, so they may miss some opportunities to learn from them.

Inspector's evidence

There was an electronic set of standard operating procedures (SOPs) which were routinely updated by the head office. Members of the pharmacy team had read the SOPs and completed assessments to check their understanding.

Dispensing errors were recorded electronically and submitted to the superintendent (SI). The most recent error involved a picking error between promazine and propranolol liquid. The pharmacist had investigated the error and action had been taken to help reduce the risk of further errors. For example, segregating their location away from each other. Near miss errors were recorded on an electronic platform. The pharmacist said he would highlight mistakes to staff at the point of accuracy check and ask them to rectify their own errors. But the records had not been reviewed for underlying factors since April 2019. He gave examples of action taken to help prevent similar mistakes, which included warning notices to highlight the risk of errors with amlodipine and amitriptyline. The company put information on the intranet to share learning between pharmacies. This included topics such as common errors or information about a particular medicine. The pharmacy team were asked to read and sign the information.

Roles and responsibilities of the pharmacy team were described in individual SOPs. When questioned, the dispenser was able to describe what his responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Staff wore standard uniforms and had badges identifying their names and roles. The responsible pharmacist (RP) had his notice displayed prominently. The pharmacy had a complaints procedure. A notice in the retail area advised people they could discuss any concerns or feedback they had with the pharmacy team. Complaints would be recorded to be followed up by the pharmacist manager or the head office. A current certificate of professional indemnity insurance was available.

Controlled drugs (CDs) registers were maintained with running balances recorded and generally checked weekly. Two random balances were checked, and both found to be accurate. Patient returned CDs were recorded in a separate register. Records of private prescriptions, emergency supplies and unlicensed specials appeared to be in order.

An information governance (IG) policy was available. The pharmacy team had IG training and signed confidentiality agreements in their contract. When questioned, the dispenser was able to explain how confidential waste was segregated and removed by a waste carrier. A notice was on display in the retail area about how the company handled people's data.

The pharmacy team had completed safeguarding training in-house. The registered staff had completed level 2 safeguarding training. Contact details of the local safeguarding board were available. The

technician said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✔ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete some additional training to help them keep their knowledge up to date. They get regular feedback from their manager to help them improve.

Inspector's evidence

The pharmacy team included a pharmacist manager, an accuracy checking technician (ACT), three pharmacy technicians, and four dispensers. All members of the team had completed the necessary training for their roles. The normal staffing level was a pharmacist, ACT and six other staff. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system. Relief staff could also be requested, but they were not often needed.

The pharmacy provided members of the team with a structured e-learning training programme based on the company's procedures and services. The training topics appeared relevant to the services provided and those completing the e-learning. Additional training modules were available to help the team's development. But these were not compulsory and were not always completed. So learning and development needs may not always be fully addressed.

A dispenser gave examples of how he would sell a pharmacy only medicine using the WWHAM questioning technique, refuse co-codamol sales he felt were inappropriate and refer people to the pharmacist if needed. The pharmacist said he felt able to exercise his professional judgment and this was respected by the pharmacy team and the company. The technician said she received a good level of support from the team and felt able to ask for further help if she needed it.

Appraisals were conducted annually by the pharmacy manager. A technician said she felt that the appraisal process was a good chance to receive feedback about her work. And she said she felt able to speak about any of her own concerns. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the head office. There were targets set for services such as MURs, NMS and flu vaccines. The pharmacist said he did not feel under pressure to achieve these.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. But the dispensary is cluttered which makes it more difficult to work effectively. A consultation room is available to enable private conversations.

Inspector's evidence

The pharmacy was generally clean but the dispensary was small, and the floor was cluttered with numerous boxes. This may create a tripping hazard for staff. Dispensing baskets were stacked high on shelves used to store medicines waiting to be checked. This may increase the risk of them being knocked over and a mistake being made. Customers were not able to view any patient sensitive information due to the position of the dispensary and access was restricted by the position of the counter. The temperature was controlled by the use of electric heaters. Lighting was sufficient. A sink was available within the dispensary and staff had access to a kitchenette and WC facilities.

A consultation room was available with access restricted by use of a lock. The space was clutter free with a computer, desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. But the pharmacy team does not always identify people who receive higher-risk medicines. So it might not always check that the medicines are still suitable, or give people advice about taking them.

Inspector's evidence

Access to the pharmacy was level and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Various posters provided information about the services offered. There was also information available on the website. Pharmacy staff were able to list and explain the services provided by the pharmacy. If the pharmacy did not provide a particular service staff were able to refer patients using a signposting folder. The pharmacy opening hours were on display and a range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and a delivery sheet was used to obtain signatures from the recipient to confirm delivery. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. A separate signature was obtained for the delivery of CDs to confirm their receipt.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up and the baskets were colour coded to help prioritise dispensing. Owing slips were in use to provide an audit trail if the full quantity could not be immediately supplied. The pharmacist performed a clinical check of all prescriptions and then signed the prescription form to indicate this had been completed. When this had been done an accuracy checker was able to perform the final accuracy check.

Some prescriptions were dispensed by an automated hub as part of the company's central fulfilment programme. Consent to send prescriptions to another site within the company was not routinely obtained. So people may not always know their information is being shared in this way. Prescriptions for the hub were labelled electronically and the pharmacist would then complete the accuracy and clinical check on the information that had been entered. This was then transmitted to the hub, and the PMR indicated any items which could not be dispensed. This included items out of stock, not stocked, or CD and fridge items. The process was auditable by use of a personal log in to identify who had labelled the prescription and who performed the accuracy and clinical check. Dispensed medicines were received back from the hub within 48 hours bagged for individual patients. These were in a sealed tote that clearly identified that it contained dispensed medicines. The bagged medicines were then matched up against the prescription forms and did not need to be accuracy checked by the pharmacist. Any other items not dispensed by the hub were dispensed and checked in the branch.

Dispensed medicines awaiting collection were segregated away from the dispensing area on a collection shelf using a barcoded retrieval system. Prescription forms were retained, and stickers were used to

clearly identify when fridge or CD safe storage items needed to be added. When people came to collect their medicines, the pharmacy team would search for a patient name on a handheld electronic device. This had a record of the storage location of the person's medicine. Confirmation of the person's address would be obtained by the member of the pharmacy team before they scanned the shelf and the barcode on the bag. This would need to match the recorded data otherwise a red warning would appear indicating it was the incorrect medicines. This helped to reduce the likelihood of a supply to the incorrect person.

Schedule 3 CDs were highlighted so that staff could check prescription validity at the time of supply. However; schedule 4 CDs were not. So there was a risk that these medicines could be supplied after the prescription had expired. High-risk medicines (such as warfarin, lithium and methotrexate) were not routinely highlighted. So the pharmacy team were not always aware when they were being handed out in order to check that the supply was suitable for the patient. The staff were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist had completed an audit and said he had spoken to patients who were at risk to make them aware of the pregnancy prevention programme. This was recorded on their PMR.

Some medicines were dispensed in multi-compartment compliance aids. An assessment for people to commence use of compliance aids was completed either by the GP or by the pharmacist. A record sheet was kept for each patient, containing details of their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge sheets were sought, and previous records were retained for future reference. Disposable equipment was used to provide the service, and the compliance aids were labelled with medication descriptions and a dispensing check audit trail. Patient information leaflets (PILs) were routinely supplied.

The pharmacy actively encouraged people to have their blood pressure checked under a service linked to the British Heart Foundation. Equipment was available for use and a record was made on Pharmoutcomes. The records showed that a number of people had been referred to their GP and commenced on blood pressure medication.

Prescriptions for dressings and ostomy supplies were sent to be dispensed by an external appliance contractor. The pharmacy team said that they did not obtain consent from the patient for the prescription to be dispensed by another contractor. So people may not always be aware that their personal information is being shared. Medicines were obtained from licensed wholesalers, with unlicensed medicines sourced from a specials manufacturer. The pharmacy was not yet meeting the safety features of the falsified medicine directive (FMD), which is now a legal requirement. Equipment was installed but the pharmacy team had yet to commence routine safety checks of all medicines. Stock was date checked on a 3-month rotating cycle. A date checking matrix was signed by staff as a record of what had been checked, and shelving was cleaned as part of the process. Short dated stock was highlighted using a sticker. Liquid medication did not always have the date of opening written on. For example, a bottle of morphine sulphate oral solution which expired after 3-months from opening. So members of the pharmacy team may not know how long the medicines had been open or whether they remained fit for purpose.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. There were clean medicines fridges, each with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had been in range for the last 3 months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the head

office and MHRA. Alerts were actioned electronically and printed.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy's team members have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and drug tariff resources. All electrical equipment appeared to be in working order. According to the stickers attached, electrical equipment had been PAT tested in November 2017. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for methadone. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept clean by the pharmacy team.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the staff to move to a private area if the phone call warranted privacy. The consultation room was used appropriately; patients were offered its use when requesting advice or when counselling was required. Substance misuse clients were directed to the use of the consultation room to provide privacy.

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.