General Pharmaceutical Council

# Registered pharmacy inspection report

**Pharmacy Name:** Nelson Pharmacy, 41 Every Street, NELSON, Lancashire, BB9 7LU

**Pharmacy reference:** 1097524

**Type of pharmacy:** Community

**Date of inspection:** 13/02/2020

## Pharmacy context

The pharmacy is in Nelson town centre. And it is open for 100 hours over seven days a week. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. They offer services including medicines use reviews (MURs) and the NHS New Medicines Service (NMS). They supply medicines to people in multi-compartment compliance packs. And they deliver medicines to people's homes. The pharmacy provides a substance misuse service, including supervised consumption and needle exchange.

## 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 procedures to identify and manage risks to its most of its services. And pharmacy team members generally follow the pharmacy's written procedures to complete the required tasks. The pharmacy protects people's confidential information. And it keeps the records it must by law. Pharmacy team members know how to help safeguard the welfare of children and vulnerable adults. They discuss mistakes that happen when dispensing. And they sometimes make changes to help reduce the risks. But they don't always record their mistakes. And they don't always ensure their changes are embedded long-term. So, they may miss opportunities to improve and reduce the risk of further errors.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. The pharmacy owner reviewed the SOPs every two years. The sample checked were last reviewed in 2019 and 2020. And the next review was scheduled for 2021 and 2022. Some procedures had been updated in January 2020 to incorporate the requirements of the Falsified Medicines Directive (FMD). And the changes were clearly documented. Pharmacy team members had not removed the previous SOPs from the file. So, there might be some confusion about which the most up-to-date procedure was. Pharmacy team members had read and signed the SOPs since the last review. The pharmacy defined the roles of the pharmacy team members in each procedure. And pharmacy team members further defined tasks verbally each day.

The pharmacist highlighted near miss errors made by the pharmacy team when dispensing. Pharmacy team members sometimes recorded their own mistakes. And sometimes the pharmacist recorded them. But not all errors were recorded. The pharmacy had no records of any near miss errors made in January 2020, three records in December 2019 and five in November 2019. Pharmacy team members said there were likely to have been other errors. And they had forgotten to record them, particularly during busy times at Christmas. This was discussed. And team members appreciated the importance of recording all errors to help the team learn. Pharmacy team members discussed each error at the time it was highlighted. They did not discuss or record much detail about why a mistake had happened. They often said rushing or misreading the prescription had caused the mistakes. A dispenser gave an example of separating sitagliptin and sildenafil on the pharmacy's shelves after they had picked the wrong medicine. But over time the products had migrated back together on the shelves. And these were now kept close together. They had also attached a sticker to the edge of the shelf where the products were kept highlighting the risks when dispensing. The sticker was still in the correct place. The pharmacist analysed the data collected about mistakes every month. And the team discussed any patterns identified. But they did not record their analysis to help with future reflection. Pharmacy team members gave an example of noticing a pattern of errors occurring when there was only the pharmacist and one dispenser on duty. They discussed how the dispenser was frequently distracted from their dispensing activities by the telephone or people who needed help at the pharmacy counter. So, the pharmacy had recruited another dispenser to help increase staff levels. And to make sure there was always a pharmacist and two dispensers on duty all the time. The pharmacy had a process for dealing with dispensing errors that had been given out to people. It recorded incidents using a template reporting form. Some examples of records were seen. These were comprehensive about what had happened. And gave details of the causes of error and the changes made to reduce the risk of the error happening again.

The pharmacy had a procedure to deal with complaints handling and reporting. It had a poster available for customers in the retail area which clearly explained the company's complaints procedure. It collected feedback from people by using questionnaires. One feedback point from the latest set of questionnaires was the pharmacy providing more information and advice about stopping smoking. In response, two pharmacy team members were currently training to become stop-smoking advisors. And they hoped to launch a stop smoking service in the pharmacy once they had completed their training.

The pharmacy had up-to-date professional indemnity insurance in place. The pharmacy kept controlled drug (CD) registers complete and in order. It kept running balances in all registers. And these were audited against the physical stock quantity approximately weekly. The pharmacy kept electronic methadone registers. These were also audited weekly. It kept and maintained a register of CDs returned by people for destruction. And this was complete and up to date. The pharmacy maintained a responsible pharmacist record on paper. And it was complete and up to date. The pharmacist displayed their responsible pharmacist notice to people. Pharmacy team members monitored and recorded fridge temperatures daily. They kept private prescription records in a paper register, which was complete and in order. And, they recorded emergency supplies of medicines in the private prescription register. They recorded any unlicensed medicines supplied, which included the necessary information in the samples seen.

The pharmacy kept sensitive information and materials in restricted areas. It collected confidential waste in dedicated bags. The bags were sealed when they were full. And they were collected by the pharmacy owner and taken for secure destruction. Pharmacy team members had been trained to protect privacy and confidentiality. The pharmacy owner had delivered the training verbally. Pharmacy team members were clear about how important it was to protect confidentiality. And there was a procedure in place detailing requirements under the General Data Protection Regulations (GDPR). A pharmacy team member gave a clear explanation of how they would raise concerns about vulnerable children and adults. The pharmacy had a procedure in place instructing pharmacy team members where to raise their concerns and how to obtain advice. All members of the pharmacy team had completed training on safeguarding in February 2020.

## Principle 2 - Staffing ✔ Standards met

### Summary findings

Pharmacy team members have the right qualifications and skills for their roles and the services they provide. They complete ad-hoc training. And they regularly learn from the pharmacist and each other to keep their knowledge and skills up to date. Pharmacy team members feel comfortable making suggestions to help improve pharmacy services. And the pharmacy supports their suggested changes to help improve the way its services are delivered.

### Inspector's evidence

At the time of the inspection, the pharmacy team members present were a pharmacist and two dispensers. Pharmacy team members completed training ad-hoc by reading various trade press materials. And by having regular discussions with the pharmacists about current topics. Pharmacy team members received an appraisal with the manager every year. They discussed their performance. And they identified any learning needs, setting objectives to help achieve their goals. One example of an objective set by a dispenser at her last appraisal was to complete her dispenser training course. And to increase her knowledge of the conditions that certain medicines were prescribed for. She had since completed her training. And she was being supported by the pharmacists and colleagues through teaching and signposting to appropriate resources to help her improve her knowledge.

A dispenser explained that she would raise professional concerns with the pharmacist or pharmacy owner. She felt comfortable raising a concern. And confident that her concerns would be considered, and changes would be made where they were needed. The pharmacy had a whistleblowing policy. The policy was clearly displayed. Pharmacy team members communicated with an open working dialogue during the inspection. They had made some changes after identifying and discussing areas for improvement in the pharmacy. One example was the way they organised prescriptions for multi-compartment compliance packs and repeat dispensing prescriptions, which they managed on people's behalf. They explained that in the past, they had encountered situations where they had not ordered prescriptions on time. And where prescriptions were sometimes not ready for people to collect. So, they had designed a weekly task list for pharmacy team members to follow. The weekly lists detailed which prescriptions needed to be ordered, collected, dispensed and delivered each week during a month. Pharmacy team members said this had helped to organise the work. And to prevent prescriptions not being ready for people when they needed them. The pharmacy owners did not ask the team to achieve any targets.

## Principle 3 - Premises ✔ Standards met

### Summary findings

The pharmacy is clean and properly maintained. It provides a suitable space for the services provided. The pharmacy has a suitable room where people can speak to pharmacy team members privately.

### Inspector's evidence

The pharmacy was clean and well maintained. All areas of the pharmacy were tidy and well organised. And the floors and passage ways were free from clutter and obstruction. There was a safe and effective workflow in operation. And clearly defined dispensing and checking areas. It kept equipment and stock on shelves throughout the premises. The pharmacy had a private consultation room available. Pharmacy team members used the room to have private conversations with people. The room was signposted by a sign on the door.

There was a clean, well maintained sink in the dispensary used for medicines preparation. There was a toilet, which provided a sink with hot and cold running water and other facilities for hand washing. Heat and light in the pharmacy was maintained to acceptable levels. The overall appearance of the premises was professional, including the exterior which portrayed a professional healthcare setting. The professional areas of the premises were well defined by the layout and well signposted from the retail area.

## Principle 4 - Services ✔ Standards met

### Summary findings

The pharmacy's services are easily accessible to people, including people using wheelchairs. The pharmacy has systems in place to help provide its services safely and effectively. It sources its medicines safely. And it adequately stores and manages its medicines. The pharmacy dispenses medicines into devices to help people remember to take them correctly. And pharmacy team members manage this service well. Pharmacy team members deliver medicines to people's homes. They keep records of the deliveries they make. So, they can easily resolve any queries.

### Inspector's evidence

The pharmacy had level access form the street. It advertised some of its services in the retail area. Pharmacy team members explained they would use written communication to help someone with a hearing impairment. And they were able to provide large print labels to help people with a visual impairment.

Pharmacy team members signed the dispensed by and checked by boxes on dispensing labels. This was to maintain an audit trail of staff involved in the dispensing process. They used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. The pharmacist counselled people receiving prescriptions for valproate if appropriate. He checked if the person was aware of the risks if they became pregnant while taking the medicine. And he referred people to their GP if he had any issues or concerns. But he did not routinely check if someone was enrolled on a pregnancy prevention programme. This was discussed. And he gave an assurance that he would refresh his knowledge of the necessary requirements. The pharmacy had a stock of printed information material to give to people to help them manage the risks. Pharmacy team members had sound knowledge of high-risk over-the-counter medicines. And they gave clear examples of requests that would prompt them to restrict the quantity they supplied, such as products containing codeine. And where they would refer to the pharmacist, such as someone with asthma requesting ibuprofen. The pharmacy supplied medicines in multi-compartment compliance packs when requested. It attached backing sheets to the pack, so people had written instructions of how to take their medicines. Pharmacy team members included descriptions of what the medicines looked like, so they could be identified in the packs. And they provided people with patient information leaflets about their medicines each month. The pharmacy team documented any changes to medicines provided in packs on the patient's master record sheet. Sometimes, they did not keep a record of the prescriber who had requested the change, to help easily deal with future queries. The pharmacy delivered medicines to people. It recorded the deliveries made and asked people to sign for their deliveries. The delivery driver left a card through the letterbox if someone was not at home when they delivered. The card asked people to contact the pharmacy. The team highlighted bags containing controlled drugs (CDs) with a sticker on the bag and on the driver's delivery sheet.

The pharmacy obtained medicines from six licensed wholesalers. It stored medicines tidily on shelves. And all stock was kept in restricted areas of the premises where necessary. Pharmacy team members had some knowledge of the requirements of the Falsified Medicines Directive (FMD) introduced in February 2019. The pharmacy had procedures that incorporated the requirements of FMD into their dispensing processes. But the pharmacy did not have any equipment or software to be able to scan compliant medicines packs. Pharmacy team members said the pharmacy owners were currently

negotiating with a new software supplier to implement the necessary equipment. They did not know a timescale for implementation. The pharmacy had adequate disposal facilities available for unwanted medicines, including CDs. Pharmacy team members kept two CD cabinets tidy and well organised. And, out of date and patient returned CDs were segregated. The inspector checked the physical stock against the register running balance for three products. And they were found to be correct. Pharmacy team members kept the contents of the pharmacy fridge tidy and well organised. They monitored minimum and maximum temperatures in the fridge every day. And they recorded their findings. The temperature records seen were within acceptable limits. Pharmacy team members checked medicine expiry dates every 12 weeks. And records were seen. They highlighted any short-dated items with a sticker on the pack up to six months in advance of its expiry with different colour for each month. Their system relied on a pharmacy team member spotting a sticker on a pack and removing a medicine if it expired before the next scheduled date check. The pharmacy responded to drug alerts and recalls. And any affected stock found was quarantined for destruction or return to the wholesaler. It recorded any action taken. And records included details of any affected products removed.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy has the necessary equipment available, which it properly maintains. And it manages and uses the equipment in ways that protect people's confidentiality.

### Inspector's evidence

The pharmacy had the equipment it needed to provide the services offered. The resources available included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and use of the internet. The pharmacy had a set of clean, well maintained measures available for medicines preparation. It used a Methameasure device to dispense methadone. Pharmacy team members cleaned and calibrated the device each day. The pharmacy positioned computer terminals away from public view. And these were password protected. It stored medicines waiting to be collected in the dispensary, also away from public view. The pharmacy had a dispensary fridge, which was in good working order. And, pharmacy team members used it to store medicines only. They restricted access to all equipment, and they stored all items securely.

## 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. |