General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Manor Pharmacy, 59 Forrester Street, WALSALL, West Midlands, WS2 9PL

Pharmacy reference: 1099353

Type of pharmacy: Community

Date of inspection: 20/06/2019

Pharmacy context

This is a community pharmacy situated in a residential part of Walsall. There is a medical centre nearby. The pharmacy mainly dispenses NHS prescriptions. It supplies medicines in weekly compliance aid packs for people to use in their own homes and delivers medication to people who are housebound. It also sells a limited range of over-the-counter medicines. The pharmacy provides a number of other NHS services including Medicine Use Reviews (MURs), the New Medicine Service (NMS) and a local minor ailments scheme. Substance misuse treatment services are also available.

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 met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards not all met	3.1	Standard not met	The consultation room is unhygienic and not fit for purpose which detracts from the overall professional image.
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 identifies and manages risk. Pharmacy team members follow written procedures to help make sure they complete tasks safely. And they understand how to raise concerns to protect vulnerable people. The pharmacy keeps the records it needs to by law. But some information is missing, which means that team members may not always be able to show what has happened. It has an information governance policy and it explains how it uses and processes personal data.

Inspector's evidence

The pharmacy had a range of written standard operating procedures (SOPs) to cover tasks within the pharmacy. The procedures had been reviewed by the superintendent pharmacist in February 2019. Pharmacy team members signed the procedures to confirm their acknowledgment. No audit trail was in place to confirm that the procedures had been re-read following any updates or changes, but a dispenser said that staff did refer to the procedures if necessary.

Near miss entries were usually recorded by the pharmacist. The pharmacist said that when he was present he believed all incidents were recorded. But, agreed that there may be some under-recording at other times, as no near misses recorded in April 2019, or June 2019. Near misses were discussed at the time of the event and reviewed at monthly intervals. But no record of this was maintained, so the team could not always show what they had learnt. Team members were unable to recall any specific changes that had been made in response to near miss incidents. The details of dispensing incidents were captured on incident report forms and provided more detailed information on what had gone wrong. Incidents were also onward reported to the National Reporting and Learning System (NRLS).

Pharmacy team members were observed to work within their capability and a dispenser discussed the activities which could and could not take place in the absence of a responsible pharmacist (RP).

The pharmacy had a complaint procedure and forms were available to document the details of any concerns raised. The team reported that any issues were usually resolved in branch. The pharmacy also participated in the annual community pharmacy patient questionnaire (CPPQ). Professional indemnity and public liability insurance arrangements were in place.

The correct RP notice was conspicuously displayed near to the medicine counter. The RP log was maintained electronically and was in order. Controlled Drugs (CD) registers were in order. Running balances were maintained and the team undertook balance checks periodically. A patient returned CD register was in place and destructions were signed and witnessed. Private prescription and emergency supply records were generally in order. But some private prescription records did not record the details of the prescriber, so were not legally compliant. Specials procurement records provided an audit trail from source to supply.

The pharmacy had some information governance procedures in place. Some of the procedures had not been acknowledged by all team members. But through discussions the team demonstrated a general understanding of confidentiality. A privacy notice was also displayed in the retail area. Confidential waste was segregated and shredded on the premises. The location of the prescription retrieval are used for storing assembled prescriptions was not ideal and patient identifiable data might be visible.

Appropriate NHS Smartcard use was seen on the day.

The pharmacist had completed level 2 safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE). A number of concerning behaviours which might be identified were discussed, as were the details of the way in which a previous concern had been managed. The contact details of local safeguarding agencies were available but had not been updated since July 2014 and therefore may not be current. The pharmacist said that he would review this.

Principle 2 - Staffing ✔ Standards met

Summary findings

There is enough staff to manage the current workload and team members are appropriately trained for their roles. But they do not complete any regular ongoing learning, which may make it difficult for them to keep their knowledge up to date.

Inspector's evidence

On the day of the inspection, the regular pharmacist was present. The pharmacist also held the role of superintendent pharmacist. The team also comprised of two qualified dispensers. The evening shifts in the pharmacy were usually covered between two regular locum pharmacists, with support from an additional dispenser and a pharmacy student. The workload was said to be manageable and the team appeared to cope adequately throughout the inspection. Leave was restricted to one team member at a time to help to ensure that appropriate staffing levels were maintained, and cover was provided by part time team members.

Pharmacy team members used a suitable questioning approach to help to ensure that medication sales were safe and appropriate. A recent refusal of a sale was discussed, where the team had identified that the requested medications were for an inappropriate use.

Pharmacy team members were trained for the roles in which they were working, and training certificates were displayed. Following the completion of accredited course,s there was limited structured ongoing training for team members. The team reported that the pharmacist provided them with any relevant updates. Team members received feedback when things went wrong, such as when dispensing incidents or near misses occurred, but a dispenser said that other feedback was limited. Team members expressed a desire for additional ongoing training.

The team had an open dialogue and worked well together to manage the workload. Team members were comfortable in approaching the regular pharmacist with concerns and said that the pharmacy owner could also be contacted. There were no formal targets in place for services.

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

Summary findings

The pharmacy is suitable for the delivery of pharmacy services. But the consultation room is unclean and is not fit for purpose, and this detracts from the overall professional image.

Inspector's evidence

In most areas the pharmacy was reasonably maintained. The retail area had a small range of appropriate healthcare-based goods for sale and some health promotion literature was displayed. There were some chairs available for use by people less able to stand and the area was generally clean and tidy.

The dispensary had an adequate amount of space for the current workload. A dispensing terminal and work bench were available for walk-in prescriptions. A separate area to the rear was used to assemble repeat prescriptions and weekly compliance aid packs. This area had sufficient work bench space to allow for dispensing. There were some baskets stacked on one section of the bench, which were awaiting a final accuracy check. A sink was available for the preparation of medicines. Large shelving units were in place to assist with other storage requirements, although there were some boxes temporarily stored on the floor, which may create a trip hazard for staff.

The pharmacy had a consultation room, which was accessible from behind the medicine counter. There was some signage in place to inform people of its availability. On the day of the inspection the room was not in use. Team members reported that there had been a flood several weeks previously, which had caused damage to the room. There was a strong smell of damp and a large number of mould spores were present in the affected areas. The issue had been reported previously but was yet to have been appropriately resolved. The pharmacist tried to ensure as much privacy as possible for people using pharmacy services, by waiting until the retail area was quiet to hold a private conversation.

A WC was fitted with appropriate handwashing materials.There was adequate lighting throughout the premises and the ambient temperature appeared appropriate for the storage of medicines.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are generally accessible and suitably managed. But team members do not always identify people on high-risk medications. So, some people may not always receive the information they need to take their medicines properly.The pharmacy sources and stores medicines appropriately and the team carry out some checks to help ensure that medicines are suitable for supply.

Inspector's evidence

The pharmacy was located on a residential street and a medical centre was situated at the end of the road. There was a single step to the front entrance and no ramp facility was available. The team reported that they would provide people with assistance if necessary. A bell alerted team members when people entered the premises. Team members were multi-lingual and were heard to use these skills to regularly converse with patients and help provide effective counselling and resolve queries.

A practice leaflet listed the services available at the pharmacy, although some details were inaccurate which could be misleading. People who required other services were directed to other healthcare providers, and there was some signposting information available to support this.

Dispensing baskets were used to keep prescriptions separate and help to reduce the risk of medicines being mixed up. Prescriptions for high-risk medicines were not routinely highlighted and records of monitoring parameters were not routinely maintained. The pharmacy team were aware of the risks of the use of valproate-based medicines in women who may become pregnant. They had participated in a recent audit, and the pharmacist said that checks had been made to ensure that at-risk patients were on an appropriate pregnancy prevention programme. The team were aware of safety literature which was available but were not always supplying materials as stated within MHRA guidelines and did not have them available on the day. The pharmacist said that he would follow-up on obtaining more copies.

Prescriptions for CDs were not routinely highlighted, which may increase the risk that a supply could be made after a prescription has expired. The pharmacy ordered repeat prescriptions for people on weekly compliance aid packs. Records were kept helping to identify unreturned prescriptions. Master records of medications were updated with the details of any confirmed changes and were also used to record the details of previous supplies. No high-risk medications were said to be placed into weekly compliance aid packs and a dispenser said that he would check with the pharmacist if unsure. Completed packs had patient identifying information and descriptions of individual medicines. Patient leaflets were not always supplied in line with regulations, which may mean people do not always have access to all of the information they need to take their medicines properly.

Signatures were obtained for the delivery of medicines and medicines from failed deliveries were returned to the pharmacy. Stock medications were sourced through reputable wholesalers and specials from a licensed manufacturer. Stock was reasonably organised and stored within the original packaging provided. Date checking was said to take place on an ad hoc basis, but records of this were not maintained. Examples were seen where short dated medicines had been highlighted. And no out-of-date medicines were identified from random samples. Out-of-date and patient returned medicines were stored in appropriate waste containers, and a cytotoxic waste bin was also available. The

pharmacy was not currently compliant with the European Falsified Medicines Directive (FMD). The superintendent pharmacist said that discussions with the PMR provider were ongoing for this.

CDs were stored appropriately, and random balance checks were found to be correct. Returned and expired CDs were segregated from stock. CD denaturing kits were available.

The pharmacy fridge had a maximum/minimum thermometer and the temperature was within the recommended range. There were some gaps in temperature records, so the team might not always be able to show that cold chain medicines are stored appropriately.

Alerts for the recall of faulty medicines and medical devices were received via email from numerous sources. The pharmacy had not received a recent alert for a class 2 (action within 48 hours) recall issued by the MHRA on 13th June and no audit trail for previous alerts was maintained for reference. The pharmacist signed up to receive alerts directly from the MHRA during the inspection and printed and actioned the alert from 13th June. No affected stock was identified.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services.

Inspector's evidence

Pharmacy team members had access to paper-based reference materials and internet access supported additional research.

A range of ISO approved glass measures were available for measuring liquids. A separate measure was marked for use with CDs. Counting triangles were available for loose tablets, with a separate triangle marked for use with cytotoxic medications.

Electrical equipment appeared to be in working order and some in-date PAT test stickers were displayed. Computer systems were password protected and screens were located out of public view. A cordless phone enabled conversations to take place in private, if required.

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.