General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Clevechem Limited, Redcar Primary Care Hospital, West Dyke Road, REDCAR, Cleveland, TS10 4NW

Pharmacy reference: 1101925

Type of pharmacy: Community

Date of inspection: 25/09/2019

Pharmacy context

This is a 100 hours pharmacy in Redcar, a coastal town in Cleveland. The pharmacy is attached to Redcar Primary Care Hospital. It dispenses NHS and private prescriptions and sells over-the-counter medicines. The pharmacy offers a prescription collection service from local GP surgeries. And it delivers medicines to people's homes. It supplies medicines in multi-compartmental compliance packs. This helps people remember to take their medicines. And it provides NHS services such as a substance misuse service.

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 adequate processes and written procedures in place to protect the safety and wellbeing of people using its services. It keeps the records it must have by law and keeps people's private information safe. The team has the resources to protect the welfare of vulnerable adults and children. The pharmacy team members respond when mistakes happen. And they discuss what happened and act to prevent future mistakes. But the reviews are limited so the team does not have all the information to identify patterns and learn from these.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. These provided the team with information on how to perform tasks supporting the delivery of services. The SOPs were due for review in December 2019. The SOPs were also available electronically. Some pharmacy team members had not signed these. The accuracy checking technician (ACT) who was also the supervisor, thought that this was an oversight and was going to follow this up. The pharmacy had a process in place to report and record errors that were made while dispensing. There was a near miss recording book. The checker having spotted the error let the team member know that an error had been made. The prescription was handed back to the dispensing assistant responsible to correct and record. The inspector spoke to the supervisor about the lack of detail recorded on the near miss log. The supervisor said that she was aware of this and had spoken to the pharmacy team members about it. And her conversation with the pharmacy team was seen on the September monthly review. And although there had been some improvement in the level of detail recorded there were still errors that were not detailed enough to facilitate effective changes. The checker discussed the errors as they occurred with the pharmacy team to raise awareness and to share the learning. The pharmacy team members provided examples of changes they had made following an error and these included for example, the separation of the atenolol form the allopurinol following a number of picking errors. Dispensing errors were recorded in the branch diary. And the medicine label and a copy of the prescription were retained together in the filing cabinet. Some of the records lacked detail. An error recorded in October 2018 involved the supply of the wrong strength of Gabapentin. Action taken following this was noted as discussed with staff.

The pharmacy had a complaints policy. The NPA NHS complaint book was used to record people’s concerns. And detailed how the complaint was resolved. The community pharmacy questionnaire had highlighted that some people were concerned about the lack of confidentiality in the waiting area. Previously prescriptions had been bagged on the counter, following the concern prescriptions were bagged in the dispensary.

Appropriate professional indemnity insurance was in place. Valid until May 2020. The responsible pharmacist (RP) notice displayed the correct details of the responsible pharmacist on duty. Entries in the responsible pharmacist record complied with legal requirements. The ACT said that controlled drug (CD) balances were checked each time a CD was dispensed. A full audit of CDs in the CD cabinet was completed every few months. The pharmacy retained records of private prescription and emergency supplies. Private prescriptions had a reference number on them which corresponded with the entry in the private prescription record. The pharmacy retained completed certificate of conformities following the supply of an unlicensed medicine, including patient details. The team held records containing

personal identifiable information in staff only areas of the pharmacy. Confidential waste was destroyed on site. The ACT and pharmacist had done information governance training with the pharmacy team members. And had reinforced for example, the need to careful not to give information about another family members medication without authorisation. The registered team members had completed Level 2 training on safeguarding. The supervisor had spoken to the rest of the team about safeguarding vulnerable adults and children. And the pharmacy team had been trained on the signs to look out for. Local contact details for the vulnerable adult and child protection services were in the healthy living pharmacy file. A pharmacy team member said that they would discuss any concerns with the supervisor or with the pharmacist on the day. No concerns had been raised to date.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy team members have the right qualifications and skills for their roles and the services they provide. The pharmacy supports the team when they are training. They work together as a team in an open and honest culture. And they offer suggestions for the change for the benefit of people that access the pharmacy services.

Inspector's evidence

At the time of the inspection there were two pharmacists on duty. There were five dispensing assistants. Two trainee dispensing assistants, and a medicines counter assistant. There was a shared driver who delivered medicines to people in the local area. The pharmacy was busy with a constant stream of people collecting their prescriptions, purchasing medicines and receiving advice. People were dealt with in an open friendly manner. The pharmacy team thought that they managed with the current level of staff. Holidays were planned in advance. And members of the pharmacy team worked extra hours if necessary. The pharmacy team members were registered for CPPE training. And examples of training completed was provided. These included oral health, smoking cessation and needle exchange. CPPE training certificates for members of the pharmacy team were retained in the pharmacy. The supervisor advised that there was no formal review of performance. Appraisals were something that was being considered for the future. But on the spot feedback was given. And notes were retained of discussions with team members.

The pharmacy team members asked appropriate questions when selling medicines that could only be sold under the supervision of a pharmacist. The team had discussions about near misses and any current issues. These discussions were not recorded. And took place opportunistically. The pharmacy was open 100 hours and different members of the team were coming and going during the day. A branch diary was used to communicate messages which was helpful in providing continuity. The pharmacy team thought that the supervisor and SI were approachable and receptive to any suggestions to improve the service offered to people. The owing’s system was not working as efficiently as they would like, and it was suggested that the labels for the owing items were stapled to the bag to remind the team that the prescription was not complete. The system was working well. The supervisor advised that there were no targets in place. But the pharmacy team members did their best to provide a range of services to meet people’s needs.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is secure when closed. And the premises are adequately maintained. It has a sound-proof room where people can have private conversations with the pharmacy's team members.

Inspector's evidence

The pharmacy was attached to a primary care hospital. It was well signposted and easily accessible from the car park. The pharmacy was well maintained and welcoming. The inside of the pharmacy was well laid out. And allowed the pharmacy team to establish a smooth work flow. There was a waiting area with enough seats for people to wait comfortably while their prescriptions were being prepared. There were areas where excess stock was stored. The pharmacy shelves, benches and flooring were clean. The pharmacy had invested in a steam cleaner for the floor which was effective in keeping it clean and hygienic. The retrieval area was tidy and there was space for the completed prescription bags to be stored. The pharmacy was fitted out to a good standard. The sink for preparation of medicines was clean. And there was hot and cold running water. The room temperature was comfortable. The pharmacy was well lit. All the team took part in general cleaning. And this was done when time allowed. The pharmacy had an adequately sized, signposted, sound proofed consultation room which the team used. There was a desk, chairs and computer. The consultation room was lockable and locked when not in use. On the day there was no confidential information or patient confidential information on display or accessible to customers.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides an appropriate range of services to help people meet their health needs. The pharmacy gets its medicines from reputable suppliers. And it stores and manages these safely. It responds appropriately to drug alerts and product recalls. And it makes sure that its medicines and devices are safe to use. The services are generally well managed. But sometimes people do not get all the information they need.

Inspector's evidence

There was direct access into the pharmacy through double doors from the car park, and there was access from an internal door into the hospital. People in wheelchairs and those with mobility problems could access the pharmacy. The pharmacy advertised its services in the windows and there was a screen in the retail area which also detailed the services the pharmacy provided. The opening hours were displayed. A range of healthcare related leaflets were available for people to select and take away. People could request multi-compartmental compliance packs. And these were supplied to people to help them take their medicines at the right time. They were prepared at another branch. And there was a procedure for this. There was a date checking procedure. The matrix was displayed on the wall. And it was up-to-date. And indicated that date checking was completed regularly. The team used stickers to highlight medicines that were expiring in the next six months. For example, Betnovate ointment had been marked as going out of date in December 2019. No out of date stock was seen on the sections looked at. The team recorded the date the pack was opened on liquid medicines. For example, Tapclob liquid was marked as opened 16 September 2019. This allowed them to identify medicines that had a short-shelf life once they had been opened. And check that they were fit for purpose and safe to supply to people. An audit trail was in place for dispensed medication using dispensed by and checked by signatures on labels. The dispensary had a manageable workflow with separate areas for the team members to undertake the dispensing and checking parts of the dispensing process. Baskets were available to hold prescriptions and medicines. This helped the team to stop people’s prescriptions from getting mixed up. The pharmacy used a range of stickers to indicate that a fridge line or CD needed to be added to the prescription before handing out to the people.

The pharmacy did not have a process for routinely identifying and counselling those patients on high risk medication such as warfarin. The supervisor confirmed that discussions with people took place opportunistically or if there was an issue. Discussions were not recorded on the patient record. So, the pharmacy could not demonstrate how often these checks took place. The team were aware of the pregnancy prevention programme (PPP) for people who were prescribed valproate. The responsible pharmacist confirmed that an audit to identify eligible people had taken place. And as far as he was aware all the relevant information was provided to any eligible people. The PPP information pack, leaflets and cards were with the sodium valproate stock on the shelf. 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 not received any training. There were five fridges one was for completed prescription and one was for deliveries. The others were used for stock. There were paper records for each fridge that indicated temperatures were checked and recorded daily. A sample of the records were looked at. And the temperatures were consistently within the correct range. The pharmacy obtained medicines from several reputable sources such as AAH, Phoenix and DE.

And invoices were retained. Drug alerts were received electronically these were printed off, branch stamped and actioned. And these were retained in the drug alert file to provide an audit trail.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy's equipment is clean and safe, and the pharmacy uses it appropriately to protect people's confidentiality.

Inspector's evidence

References sources were in place. And the team had access to the internet as an additional resource. The resources included hard copies of the current issues of the British National Formulary (BNF) and the BNF for Children. The pharmacy used a range of CE quality marked measuring cylinders. There were a range of measuring cylinders used solely to measure methadone. These were marked. Tweezers and gloves were available to assist in the dispensing of multi-compartmental compliance packs. The pharmacy had a first aid kit. There was a fluid disposal kit. There was an accident book to record any incidents. All Fridges used to store medicines were of an appropriate size. Medicines were organised in an orderly manner. 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 on view to the public. The computers were password protected. Cordless phones assisted in undertaking confidential conversations. Members of the pharmacy team had their own NHS smart cards. And these were being used appropriately.

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.