General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: St. John Pharmacy, 6-8 St. John Road, Wroughton, SWINDON, Wiltshire, SN4 9ED

Pharmacy reference: 1102768

Type of pharmacy: Community

Date of inspection: 07/07/2022

Pharmacy context

This is a community pharmacy situated along a parade of shops in a village setting in Wroughton, Wiltshire. It supplies medicines to people against both NHS and private prescriptions. And it provides multi-compartment compliance packs to people who need them, including those living in residential care homes. It provides blood pressure checks, the New Medicines Service, medicines delivery, the Discharge Medicines Service and accepts referrals via the Community Pharmacy Consultation Scheme.

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	2.2	Good practice	Pharmacy team members are encouraged to develop their skills. They have Personal Development Plans in place and have protected learning time. Newer members have appropriate support and supervision from another branch.
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

Overall, the pharmacy safeguards the health, safety and wellbeing of patients and the public. It largely keeps the records it is required to by law and it generally protects the personal information of people who use its services. Team members know how to safeguard vulnerable people using the pharmacy's services. When a mistake happens, team members generally respond well. They follow written procedures when providing the pharmacy's services, but these procedures are not reviewed reguarly. So, this may mean that the procedures do not reflect current best practice.

Inspector's evidence

Paper records were used to record dispensing mistakes which were identified before the medicine was handed to a person (near misses). Dispensing mistakes where the medicine was handed to a person (dispensing errors) were recorded on the computer system but these lacked detail on how to prevent a recurrence of these mistakes. So the pharmacy team may be missing out on opportunities to learn from its mistakes.

All pharmacy team members had completed training on medicines which looked or sounded alike. And they had developed labels to highlight these medicines when they were dispensing.

A range of standard operating procedures (SOPs) were in place, but they were all overdue for review as they were written in 2010. Team members had signed to confirm they read them, but as they had not been reviewed for some time, the SOPs may not reflect current best practice. Team members explained that the new owner was in the process of updating these SOPs.

Pharmacy team members were clear on their roles and responsibilities. Both team members present during the inspection were able to explain what they could and could not do if a pharmacist was not present. And they explained how they would raise concerns about an unwell patient with the pharmacist if they needed help.

The pharmacy did not have a formal process for seeking the views of people who use its services. The pharmacy last undertook a patient survey in 2019 and displayed the results of these at the pharmacy counter. Pharmacy team members explained they did receive positive and negative feedback in an informal way and acted to fix any problems experienced by people using the pharmacy services.

The responsible pharmacist (RP) record was kept electronically and largely filled in correctly, but some pharmacists did not sign out at the end of their shift. The RP notice was correctly displayed for people using the pharmacy to see. Emergency supply and private prescription records were generally complete, but some private prescription records missed details of who had prescribed the medicine. The pharmacy did not supply unlicenced medicines regularly, but records for those it did supply were completed correctly. Controlled Drug (CD) registers were largely maintained properly but some entries did not include the brand of medicine and this was highlighted to team members. Regular weekly balance checks were completed to highlight any errors and random checks of balances matched the physical stock during the inspection.

Confidential information was mostly kept out of view of people using the pharmacy. Some patient

names were visible on shelves where prepared medicines were stored for collection. This was highlighted to the team members and they agreed to use smaller print labels which would help protect confidential information. There was a shredder for paperwork containing patient information. NHS smartcards were kept with team members when not in use and computer terminal screens were not visible to people using the pharmacy and the computers were password protected.

There was no up-to-date certificate for indemnity insurance available during the inspection. But following the inspection, the pharmacy insurance provider confirmed that the pharmacy had current indemnity insurance.

There was a list of contact details for safeguarding help that pharmacy team members could use. The pharmacist was able to explain key points of safeguarding when providing certain medicines.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy manages its workload effectively and completes key tasks, demonstrating that there are enough staff to provide its services safely. Team members feel motivated to develop their skills and are given protected time to do this. The pharmacy has a supportive and open culture.

Inspector's evidence

On the day of the inspection there was a qualified dispenser and a trainee dispenser along with the RP. A delivery driver also worked with the team to deliver medicines to people who were unable to visit the pharmacy. Team members were observed supporting people using the pharmacy appropriately and with empathy. The pharmacy team had weekly meetings to share important information. Team members had personal development plans which were reviewed regularly. And they had protected development time for training, education and skill development.

The atmosphere appeared calm and organised and pharmacy team members appeared to enjoy their work. The team felt comfortable about raising concerns if they needed to and knew how to do this. Those in trainee positions were supported and supervised by another branch. The pharmacy had targets for services such as blood pressure monitoring but team members did not feel these conflicted with their professional responsibilities.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are clean, organised and appropriate for the services delivered. Team members have a cleaning schedule and workspace has a logical flow. There was enough space for team members to work effectively. And the premises are secured appropriately.

Inspector's evidence

There was enough space for medicines to be stored including those which were ready for collection. Areas of the workspace where people use often were cleaned regularly including telephones and computer keyboards. There was a dedicated space for the preparation of liquid medicines. And there was hot and cold running water. A consultation room was available for people to discuss confidential matters with the pharmacy team if needed, and the room was appropriately signposted. The room was not always kept locked when not in use, and this was discussed with team members during the inspection. The premises had appropriate security arrangements to prevent unauthorised access.

The premises appeared clean and hygienic during the inspection, appropriately lit and they were at a suitable temperature.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy offers a range of services to benefit the population it serves. Delivery services are available for those who meet accessibility criteria. The pharmacy supports people who need their medicines in multi-compartment compliance packs and has an organised process to manage this. The pharmacy takes the right action in response to safety alerts, so people get medicines and medical devices that are safe to use.

Inspector's evidence

The pharmacy premises was accessed via a single door with a lip between the pavement outside and the floor of the premises. This could create difficulty for people using wheelchairs or prams. There was a doorbell but this was not working during the inspection. Pharmacy team members advised that they assisted people with mobility needs to access the premises when needed. The pharmacy provided a signposting service for health checks to people who they felt would benefit from this.

The pharmacy offered a range of services. These included blood pressure checks, the New Medicines Service, multi-compartment compliance packs, medicines deliveries, the Discharge Medicine Service and Community Pharmacy Consultation Scheme referrals. Records relating to blood pressure checks were completed with key information, but more detail on outcomes for patients would be beneficial. The pharmacy offered medicines deliveries for people who met certain criteria such as being housebound. This meant people who could not visit the pharmacy themselves could still access their medicines.

There was an audit trail for most medicines being dispensed. But some multi-compartment compliance packs lacked the initials of the pharmacist once the final check was completed. So, it could be harder for the pharmacy to find out who had completed this task if there was a query. Higher-risk medicines were known to the pharmacy team but there was a lack of awareness of steps to be taken when supplying sodium valproate to people in the at-risk group. Team members confirmed tht they currently had no people in the at-risk group who were prescribed valproate-containing medicines. The team members present were advised to learn more about the additional guidance on valproate-containing medicines as part of their development.

There was a robust process for managing multi-compartment compliance packs at the pharmacy. Communication from people's GPs and hospital discharge letters were stored in individual patient files. One team member highlighted a recent discrepancy between a discharge summary and a prescription and explained how she had resolved this with the GP surgery.

The RP was able to explain key aspects of safeguarding when discussing how to supply emergency hormonal contraception. Team members highlighted the benefits of their blood pressure checking service and how this had identified people who needed further treatment.

Pharmacy team members were aware of when to refer someone to a pharmacist if they required clinical advice. And they used alert stickers to highlight when certain medicines required further discussion with a pharmacist.

Medicines awaiting collection were stored in an organised way. If someone did not collect a multi-

compartment compliance pack then the pharmacy team members contacted the person to remind them.

There was an organised process to check when medicines expired. And team members removed stock close to expiring before they supplied them to patients. The pharmacy team regularly monitored fridge temperatures and recorded them, with any action taken as required. The pharmacy kept records of which medicines were delivered. And if a person was not able to receive their medicines the delivery driver returned these to the pharmacy.

Controlled drugs were securely stored and managed appropriately. Those returned by a person or their family were recorded and destroyed with a witness. Any stock that had expired was separated from stock used for prescriptions.

The pharmacy had a process to dispose of returned and expired medicines. But there was no specific container for medicines with special disposal requirements. This was highlighted during the inspection as an area to improve.

The pharmacy team took action when medicines alerts were received and kept a record of these alerts. They also knew how to raise concerns of any medicine with defects and those not fit for purpose.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has appropriate equipment for the services it provides. And its equipment is clean and maintained appropriately to make sure it is safe.

Inspector's evidence

The pharmacy had a range of calibrated measuring cylinders which bore the Crown stamp. Separate cylinders were used for different medicines to prevent contamination. Team members explained how they washed cylinders with hot water and soap after use. The pharmacy team had access to a range of reference sources to safely provide services. Paper copies were available in the event of a power cut.

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.