General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Gilbody Pharmacy, Mansfield Road, Skegby, SUTTON-IN-ASHFIELD, Nottinghamshire, NG17 3EE

Pharmacy reference: 1104029

Type of pharmacy: Community

Date of inspection: 01/05/2019

Pharmacy context

The pharmacy is situated next to a medical centre on the main through road of a village. The pharmacy sells over-the-counter medicines and dispenses NHS and private prescriptions. The pharmacy offers advice on the management of minor illnesses and long-term conditions. It also supplies medicines in multi-compartmental compliance packs to people living in their own homes and to people in care homes.

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	1.4	Good practice	The pharmacy advertises how people can provide feedback. It responds well when it receives feedback. And it shows how feedback helps inform continual improvement.
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's working practices are safe and effective. The pharmacy advertises how people can provide feedback. It responds well when it receives feedback. And it shows how feedback helps inform continual improvement. The pharmacy generally keeps the records it must by law. And it manages people's information securely. The pharmacy team members discuss their mistakes. But they do not always record minor mistakes picked up during the dispensing process. So, this may mean that they miss opportunities to share learning and prevent similar mistakes from occurring. They are clear about their roles and responsibilities. And they demonstrate how they work to identify and report concerns relating to the welfare of vulnerable people.

Inspector's evidence

The pharmacy had some up to date standard operating procedures (SOPs) in place. These related to responsible pharmacist (RP) requirements and information governance. Controlled drug (SOP) had been due for review in 2017. The superintendent pharmacist (SI) had removed hard copies of these SOPs along with some service SOPs from the pharmacy and was currently reviewing them. Pharmacy team members did have access to an electronic version of the SOPs. They had completed training records which identified that they had read and understood SOPs.

A trainee medicine counter assistant explained what tasks could and could not take place if the responsible pharmacist (RP) took absence from the premises. The pharmacy employed an accredited checking technician (ACT). The technician demonstrated a clear understanding of her role through conversation. Systems were in place for ensuring that prescriptions were clinically checked by a pharmacist. But the pharmacist did not provide a physical audit trail on prescription forms to confirm that this check had taken place.

The pharmacy team used separate areas of the dispensary for labelling, assembly and accuracy checking. The team dispensed acute prescriptions for people waiting or calling back at the front of the dispensary. Repeat prescriptions were dispensed on work benches to the side of the dispensary. Care home and work associated with the pharmacy's multi-compartmental compliance pack service was completed in a dispensary on the first-floor. The pharmacy also had designated office space on this floor for managing administration work.

The pharmacy reported significant near-misses through an electronic system 'Pharmapod'. A dispenser explained how she would look again at her work and correct the mistake. Pharmacy team members were encouraged to enter details of their own near-misses. Less serious near-misses such as minor quantity mistakes were managed through informal feedback only. The team did demonstrate how feedback helped improve their practice and reduced the risk of similar mistakes occurring. For example, they circled formulations and quantities of medicines on prescription forms to inform additional checks during the dispensing process. The pharmacy had a dispensing incident reporting procedure in place. The SI demonstrated how incidents were reported through Pharmapod. Completed reports included route cause analysis and actions to prevent a similar incident occurring. Pharmacy team members were encouraged to complete a thorough self-check of their work before signing the medicine label and

submitting it for a final accuracy check.

The pharmacy had a complaints procedure in place. A practice leaflet advertised how people could provide feedback to the pharmacy team. A notice in the consultation room also advertised how feedback could be provided. A member of the team explained how she would manage feedback and seek to resolve it or escalate it if required to the pharmacist. The SI personally responded to online reviews and feedback. The pharmacy also engaged people in feedback through annual 'Community Pharmacy Patient Questionnaires'. The pharmacy had used feedback from people to inform a re-fit which was due to take place within the next month. The re-fit included the addition of a second consultation room. The SI, who was RP at the time of inspection explained that the plan was to use this space to increase the number of services the pharmacy provided.

The pharmacy had up to date insurance arrangements in place. The RP notice displayed the correct details of the RP on duty. Entries in the responsible pharmacist record complied with legal requirements.

A sample of the CD register found that it met legal requirements. The pharmacy maintained the register electronically with running balances. There was evidence of these balances being checked monthly. A physical balance check of Equasym XL 30mg capsules complied with the balance in the register. A CD destruction register for patient returned medicines was maintained. But the pharmacy team did not always enter returns in the register on the date of receipt. A discussion took place about maintaining an audit trail of all schedule 2 CDs on the premises.

The pharmacy held the Prescription Only Medicine (POM) register electronically. Records for private prescriptions did not always contain accurate details of the prescriber. The pharmacy did not always record the nature of the emergency when issuing an emergency supply at the request of a patient.

The pharmacy completed full audit trails on certificates of conformity for unlicensed medicines as per MHRA record keeping requirements.

The team held records containing personal identifiable information in staff only areas of the pharmacy. The pharmacy had reviewed procedures relating to information governance and General Data Protection Regulation. And pharmacy team members had read and signed these procedures. The pharmacy stored assembled bags of medicines in the dispensary, out of sight of the public area. The pharmacy team transferred confidential waste to secure Shred-it bins. The contents of the bins were securely destroyed by the waste contractor at regular intervals.

The pharmacy had procedures and information relating to safeguarding vulnerable people. Pharmacy team members had completed training on the subject. This was either through formal training or reading procedures and engaging in discussions during team briefings. The team had access to contact details for local safeguarding teams. And pharmacy team members could explain how to recognise and raise a safeguarding concern. A pharmacist completed an assessment with people prior to initiating them on a multi-compartmental compliance pack.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff in place to safely and effectively manage its workload. And the skill mix of the pharmacy team is suitable for the services it provides. It has some systems in place to support its team with continual learning associated with their roles. Pharmacy team members take part in team discussions. This helps them to reflect on their performance and supports an open and honest working environment. They generally know how to raise concerns. And they are supported in their roles.

Inspector's evidence

The pharmacy was busy. Staffing levels and skill mix appropriately reflected the size of the business. In total there was the SI with a regular locum pharmacist covering one day each week and leave. Two ACTs, three pharmacy technicians, one trainee technician, four qualified dispensers, a trainee-dispenser, two medicine counter assistants, one trainee medicine counter assistant, three delivery drivers and a prescription clerk worked at the pharmacy. Pharmacy team members were busy during the inspection. But they were not put under undue pressure by workload. Managed workload through the repeat prescription and multi-compartmental compliance pack service was up to date. A work-experience student was also on duty during the inspection. She explained that confidentiality requirements had been discussed with her. She was assisting the prescription-clerk with administration duties during the inspection.

There was some ongoing learning available to pharmacy team members. Such as training for services. For example, the sexual health C-Card service. And training related to healthy living. For example, dementia awareness training. The trainee technician, trainee medicine counter and trainee dispenser were enrolled on GPhC accredited training courses. Trainees spoken to during the inspection confirmed that they felt supported in their roles. But the pharmacy did not provide protected training time to assist them in their studies. Pharmacy team members reported receiving annual appraisals.

The pharmacy did not set targets for professional services. The SI explained how services were managed as part of daily workload. He was observed counselling people on the use of medicines. Some people visiting the pharmacy asked for him by name. It was clear that he enjoyed supporting people and managed a number of queries throughout the inspection process. Pharmacy team members worked well within their own roles and referred queries to the RP appropriately.

Pharmacy team members communicated largely through conversation. Learning from mistakes was shared with the team through informal discussions. This meant that it may be difficult for the pharmacy to demonstrate that all staff had engaged in these shared learning opportunities. But the SI produced a formal newsletter every other month. The newsletter included risk reduction and safety information. Full staff meetings took place twice yearly outside of working hours. Pharmacy team members explained that the last team meeting had involved a presentation, details of the pharmacy's performance and visions for the future. The SI produced a detailed newsletter every couple of months.

The pharmacy had a whistleblowing policy in place. Pharmacy team members were confident at explaining how their feedback was taken onboard. They confirmed that they felt confident in discussing

concerns with the SI. The care home team provided examples of how they had implemented their ideas to inform workflow. But not all team members were aware of how to escalate a concern above the SI if a need to do so arose. They explained that they had never needed to do this.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is secure and well maintained. It promotes a professional image for delivering its services. The pharmacy has private consultation facilities in place which help protect the confidentiality of people accessing its services.

Inspector's evidence

The pharmacy was well maintained and secure. The pharmacy was due for a scheduled re-fit in May 2019. Pharmacy team members reported maintenance issues to the SI. Local contractors attended to complete repair work. The public area was relatively open plan and led to the medicine counter. The pharmacy stored pharmacy only medicines behind the medicine counter. This appropriately protected them from self-selection.

The pharmacy was clean and tidy with no slip or trip hazards evident. Air conditioning and heating was in place on both the ground-floor and first-floor level of the pharmacy. Lighting throughout the premises was bright. Antibacterial soap and towels were available at designated hand washing sinks.

The dispensary was a sufficient size for providing the pharmacy's services. The benches had many prescription baskets on throughout the inspection as the pharmacy was busy. But workflow was organised. The team used space well to separate acute and managed workload. Off the dispensary was access to staff toilet facilities and a consultation room. On the first-floor level of the premises there were offices, staff facilities and a good size dispensary. Work flow in the upstairs dispensary was well managed.

A door leading off the far end of the consultation room provided public access to the room. This door remained secure when the room was not in use. A pharmacy technician was using the room during the inspection for completing tasks associated with the prescription ordering service. But the room was made accessible to all people wishing to have a quiet word with the pharmacist. The pharmacy technician was observed removing personal identifiable information from the room each time it was used to speak with a person.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are accessible to people. It has robust processes in place, so the team can provide a good service when it orders people's prescriptions. And it has controls in place to reduce the risk of mistakes during the dispensing process. But the team doesn't always supply information leaflets with medication to help people take their medicines safely. The pharmacy gets its medicines from reputable suppliers. It stores medicines safely and securely. The pharmacy has some stock management systems in place to help ensure that medicines are safe and fit to supply. The pharmacy has suitable arrangements in place to deal with concerns about medicines.

Inspector's evidence

Access into the pharmacy was through a push/pull door from street level. Opening times were clearly displayed. A board to the side of the entrance displayed details of local extended hours pharmacies and provisions for bank holiday cover. This allowed people to view this information when the pharmacy was closed. The pharmacy advertised its services in a window display. Pharmacy team members were aware of how to signpost people to another pharmacy or healthcare provider if they were unable to provide a service. Designated seating was available for people waiting for a prescription or service.

The pharmacy had an up to date and legally valid patient group directions (PGDs) in place for the supply of emergency hormonal contraception. But the PGD for the supply of varenicline tablets had expired on 31 March 2019. The RP established that a new PGD was with the commissioning team. A discussion took place about the need to ensure that the supply of a prescription only medicine was made through either a legally valid PGD or prescription. An up to date minor ailments protocol was in place. And pharmacy team members explained how the pharmacy provided medicines under the protocol.

The pharmacy had a robust audit trail in place for the repeat prescription service. It made checks to ensure that it only ordered prescriptions for medicines that people required. It maintained good audit trails for queries relating to changes to medicine regimes or missing prescriptions. The prescription clerk and the designated care home lead managed the service.

There was a range of multi-compartmental compliance pack systems available to care homes. This was dependent upon the requirements of the home. A couple of homes had medicines supplied to their residents in original packs. The pharmacy supplied Medication Administration Record (MAR) Sheets to all but 1 care home. This care home had adapted its own Electronic MAR system. The SI provided support to the care homes by undertaking audits and providing training to their staff. The pharmacy followed a robust work schedule to help ensure that tasks related to the service were managed in good time. Pharmacy team members picked stock for assembly in multi-compartmental compliance packs against the original prescription. The team used the prescription and MAR throughout the dispensing process to inform checks at each stage. All prescriptions received a clinical check prior to assembly of trays beginning. ACTs had access to the tabs from the end of original boxes used to assemble the trays. But not to the full packaging. So, this meant that they were not able to always check the expiry date of the medicine during the accuracy check. The team confirmed they could start supplying the original box to assist accuracy checkers. Dispensing audit trails were in place for the service. All homes were

required to keep a folder of patient information leaflets (PILs). The pharmacy supplied PILs for new medicines and upon request.

The pharmacy received at least 20 interim prescriptions from care homes daily. This number rose significantly towards the end of the week. The team planned their workload to ensure that sufficient time was available at the end of the week for managing the increased workload. It received most interim prescriptions through the Electronic Prescription Service (EPS). Some were faxed to the pharmacy. The driver collected the original prescription when delivering medicines to the homes. And systems were in place for matching it against the original copy. The pharmacy dispensed no CDs against faxed prescriptions.

Every person on the community multi-compartmental compliance pack service had a profile sheet in place. A four-week schedule was in place which spread workload across the month. Changes to medicine regimens were clearly recorded and new profile sheets created. The pharmacy kept old profile sheets in envelopes within the record. This prevented any confusion with the current sheet. A sample of assembled packs contained full dispensing audit trails and descriptions of medicines inside the packs. The pharmacy did not supply PILs routinely when dispensing the packs. It supplied them upon request or for new medicines. A discussion took place about the legal requirement to supply a PIL each time a medicine was dispensed. The pharmacy team attached backing sheets to packs and these included descriptions of the medicines inside and appropriate warning labels. Pharmacy team members maintained dispensing audit trails for the service.

The pharmacy used coloured baskets throughout the dispensing process. This kept medicines with the correct prescription form. And it helped to manage workload priority. Pharmacy team members signed the ‘dispensed by’ and ‘checked by’ boxes on medicine labels to form a dispensing audit trail. The pharmacy team kept original prescriptions for medicines owing to people. The prescription was used throughout the dispensing process when the medicine was later supplied. It maintained delivery audit trails for the prescription delivery service. People were asked to sign at the point of delivery to confirm that they had received their medicine.

The pharmacy had systems to identify people on high-risk medicines. Pharmacy team members attached stickers to bags of assembled medicines to prompt additional checks of these medicines. Pharmacy team members could explain details of the ‘Valproate Pregnancy Prevention Programme’ (VPPP). Valproate warning cards were available. But the pharmacy did not issue cards every time it dispensed a valproate prescription for a person who may become pregnant.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. It maintained invoices onsite. The team were aware of the Falsified Medicines Directive (FMD). The pharmacy had up to date SOPs in place ready for FMD compliance. But the SI explained that the pharmacy was waiting for new scanners. Its previous scanners were recalled by the hardware provider.

The pharmacy stored medicines in an orderly manner and generally in their original packaging. An amber bottle found in a CD cabinet was labelled with full details of the medicine inside. But it was damaged extensively. This meant, the pharmacist supplying the medicine would need to assure themselves that it was fit for purpose prior to supply. Pharmacy team members reported completing regular date checks. But they did not maintain a matrix detailing these checks. A system was in place for highlighting short-dated medicines. The team annotated details of opening dates on bottles of liquid medicines. No out of date medicines were found during random checks of dispensary stock.

The pharmacy held CDs in secure cabinets. Medicines storage inside the cabinets was orderly. But cabinets were nearing their storage capacity. The pharmacy stored different formulation of methadone

in separate cabinets to reduce the risk of error when dispensing. There was a designated area in one cabinet for storing patient returns, and out-of-date CDs. CD prescriptions were highlighted clearly. Including those not requiring safe custody. A dispenser explained that this informed a check of the 28-day prescription expiry date. The pharmacy's fridges were clean, and they were a sufficient size for the cold chain medicines held. Some cold drinks were held in one of the medical fridges. The pharmacy tried to manage the risk by storing stock in drawers inside the fridge and drinks at the bottom. Temperature records confirmed that fridges were operating between two and eight degrees.

The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste. A medicine counter assistant was sorting medical waste for disposal during the inspection.

The pharmacy received drug alerts through email. They shared details of alerts during conversations and maintained copies of alerts to refer to if required.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy team has access to equipment for providing its services. It monitors equipment to ensure it is safe to use and fit for purpose.

Inspector's evidence

Pharmacy team members had access to up to date written reference resources. These included the British National Formulary (BNF) and BNF for Children. Internet access provided further reference resources. Computers were password protected and faced into the dispensary. This prevented unauthorised access to the contents on screens. Pharmacy team members had personal NHS smart cards.

Clean, crown stamped measuring cylinders were in place. But one measure had a broken base and required replacing. Counting equipment for tablets and capsules was available. The pharmacy held some equipment for services in the consultation room. For example, a calibrated blood pressure machine and thermometer. Condoms for the sexual health C-Card scheme were also available in the consultation room. Stickers on electrical equipment showed that safety tests had last been carried out in August 2018.

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.