General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Shire Pharmacy, 1 Teagues Crescent Trench, TELFORD, Shropshire, TF2 6RX

Pharmacy reference: 1104443

Type of pharmacy: Community

Date of inspection: 08/08/2019

Pharmacy context

This is a quiet community pharmacy located in a parade of shops in a residential area of Telford. Most people who use the pharmacy are from the local area. The pharmacy dispenses NHS prescriptions and it provides medicines in multi-compartment compliance aid packs, to help make sure people take their medicines at the right time. It also sells a range of over-the-counter medicines and other health and beauty items.

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 team members follow written procedures to manage risks and help make sure they complete tasks safely and effectively. They understand how to raise concerns to help protect vulnerable people and they keep people's private information safe. The pharmacy keeps the records it needs to by law and it asks for feedback on its services so that it can learn and make improvements.

Inspector's evidence

The pharmacy's written standard operating procedures (SOPs) had been reviewed by the owner within the last two years. They outlined staff responsibilities and signature sheets were used to confirm that team members had read, understood and acknowledged the procedures. The locum pharmacist had not read the procedures in detail but said that he would refer to them if he felt there was an issue and would then discuss this with the team members present. Through discussion the team demonstrated a clear understanding of their roles and responsibilities and they were observed to work within their competence. A dispenser was able to discuss the activities which were permissible in the absence of a responsible pharmacist (RP). And the pharmacy had current professional indemnity insurance with the National Pharmacy Association (NPA) covering pharmacy services.

The pharmacist discussed the actions that he would take if a dispensing incident was identified, this included documenting the incident, informing other individuals such as the patients GP and investigating any potential causes. The pharmacy had report forms which recorded basic details of previous dispensing incidents and the team were unaware of any recent issues. They kept records of near misses, the last recorded entry on the log seen was in May 2019 and records contained limited information on potential contributing factors. The team reported that the pharmacist would usually ask them to identify what had gone wrong, before they rectified a near miss. They also identified some previous changes that had been made to help reduce the risk of incidents reoccurring, including the separation of omeprazole formulations.

The pharmacy had a complaint procedure, but this was not advertised so people may not always be aware of how they can raise a concern. The team said that they would provide people with the email address for the pharmacy owner, if required and the pharmacy kept a record of any previous concerns raised. Ongoing feedback and suggestions could be provided using a suggestions box, which was located on the medicine counter. The pharmacy also participated in an annual Community Pharmacy Patient Questionnaire (CPPQ). The results from a previous questionnaire were displayed and were generally positive.

The correct RP notice was displayed. This was located on the back of the door to the consultation room and was not visible if the door was left open, as it was on the inspector's arrival. This was discussed with the pharmacist and the door to the consultation room remained closed for the rest of the inspection. The RP log appeared compliant, as did records for private prescriptions and specials procurement records, which provided an audit trail from source to supply. Emergency supplies were

recorded in an electronic format but did not always record the nature of the emergency. So, the team may not always be able to demonstrate that a supply was appropriate in the event of a query. Controlled drugs (CD) registers kept a running balance and regular balance checks were conducted. Patient returned CDs were recorded and previous destructions were signed and witnessed.

The pharmacy team completed some information governance training when they began employment. They had a general understanding of confidentiality and discussed some of the ways in which people's privacy would be protected in the pharmacy. The team disposed of confidential waste using a shredder and were in possession of their own NHS Smartcards. The pharmacy displayed a ‘safeguarding your information’ leaflet in the consultation room and it was registered with the Information Commissioner’s Office, but a copy of its privacy policy was not seen on the day.

Certificates were seen confirming that the regular pharmacist and a full-time dispenser had completed safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE). The pharmacy kept records of concerns which had previously been discussed with other healthcare providers and additional guidance documents were available for staff reference. A safeguarding procedure was in place to support the escalation of any concerns and this was completed with the contact details of local safeguarding agencies. The details of a chaperone policy were displayed in the consultation room.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy team well work together to effectively deliver pharmacy services. They hold the appropriate qualifications for their roles and get some feedback on their performance so that they can improve their practices. But they do not receive regular and structured ongoing training. So, they may not always be able to show how they stay up to date and address any gaps in their knowledge.

Inspector's evidence

On the day of the inspection a locum pharmacist was working alongside two trained dispensers. The regular pharmacist was on planned leave. The pharmacy did not have any other employees and the workload was managed adequately between the full-time and part-time dispensers. Leave was planned and booked through the pharmacist and the part-time dispenser increased her hours to provide full-time cover in the absence of her colleague. There were no delays to dispensing or other services and the full-time dispenser said that prior to taking any planned leave, some tasks, such as compliance aid assembly were carried out in advance.

Pharmacy team members were heard to make appropriate enquiries regarding the sale of over-the-counter medicines. Questions were asked to identify symptoms, medications which may have already been tried and whether the patient was taking any regular medications. Concerns and queries were referred to the pharmacist. A dispenser demonstrated an understanding of some of the issues surrounding high-risk medications and discussed a previous sale which had been refused. The patient was referred to another healthcare provider for more appropriate management.

The two dispensers were appropriately trained, and training certificates were filed on the premises for reference. One of the dispensers was enrolled on the NVQ3 pharmacy technician training programme through the NPA. This was being self-funded by the dispenser who primarily completed work in her own time but received some support from the regular pharmacist. The pharmacy did not provide any structured or protected ongoing learning for pharmacy team members. Updates were received through the pharmacy owner on an ad hoc basis, informing staff of any updates or training modules to complete. The most recent module covered child oral health and had been completed earlier in the year. Staff development was monitored through annual appraisals with the regular pharmacist.

The team worked closely together to complete tasks effectively and were comfortable in discussing feedback and raising any concerns. The dispensers were happy to approach the regular pharmacy manager or the pharmacy owner, if required. A poster which provided information on raising anonymous concerns was displayed in the consultation room. The locum pharmacist had not been made aware of any targets for professional services.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides a clean and professional environment suitable for the provision of healthcare services. It has a consultation room to enable it to provide members of the public with an area for confidential conversations.

Inspector's evidence

The pharmacy, including the exterior facia was well presented and suitably maintained. The pharmacy team reported any maintenance issues to the pharmacy owner, who liaised with a landlord to arrange any necessary repairs. Daily cleaning duties were carried out by the pharmacy team. On the day, the public facing areas were clean and tidy. A rear storage area was less organised with several tote boxes stacked which may cause a trip hazard for staff. There were also several large boxes and other items blocking a rear fire exit to the premises. This could cause a health and safety risk for staff. The issue was discussed with the team on the day and the superintendent pharmacist later confirmed that the area would be cleared and signage would be changed, as the exit was in fact no longer a designated fire exit.

The retail area looked professional and stocked goods which were suitable for a healthcare-based business. Pharmacy restricted medicines were secured from self-selection and a range of health promotion literature was available. The floor space was free from any obstructions and a single chair was available for use. Off the retail area was an enclosed consultation room. The room was signposted on the entrance door and was suitably maintained.

The dispensary provided a suitable environment for the current workload. There were large areas for dispensing which allowed for the clear separation of dispensing and checking, and the assembly of compliance aid packs. Large shelving units were used for additional storage and helped to keep work benches free from unnecessary clutter. A separate sink was available for the preparation of medicines and was equipped with appropriate hand sanitiser. Air conditioning maintained a suitable ambient temperature and there was adequate lighting throughout.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy gets its medicines from reputable sources. It stores them appropriately and carries out regular checks to show that they are suitable for supply. The pharmacy delivers its services safely and effectively to help make sure that people receive appropriate care. Services are generally accessible to people with different needs. But they are not always clearly advertised, which may mean that people are not always aware of which services are available.

Inspector's evidence

The pharmacy had step-free access and a manual door. Team members were observed to provide assistance to people who needed extra help when entering or leaving the premises. The was limited promotion of the services available from the pharmacy. A 'Shire Pharmacy Services' leaflet was available but was located behind the medicine counter, so could not be self-selected by people visiting the pharmacy. The pharmacy's prescription collection service was advertised in the window, as was a c-card service, using a small poster. The team had access to printed resources to support signposting in the local area. Several leaflets for local services and general health promotion literature were available in a space near to the entrance of the pharmacy. The leaflets were unorganised so were not always clearly visible.

The pharmacy used baskets to separate prescriptions and help prevent medicines from being mixed up. The team signed 'dispensed' and 'checked' boxes as an audit trail to identify those involved in the dispensing process. They reported that a 'pharmacist' sticker was used to highlight prescriptions for high-risk medicines. But audit trails such as INR readings were not routinely recorded to demonstrate that people received appropriate counselling or monitoring at the time of the supply. The locum pharmacist demonstrated an understanding of the Medicine and Healthcare products Regulatory Agency (MHRA) guidance for the supply of valproate-based medicines in people who may become pregnant. He provided an appropriate response to a scenario posed and was aware of safety literature which was available. But these materials could not be located on the day. The inspector advised on how these could be obtained.

Patients ordered their medicines using a local Prescription Ordering Direct (POD) system in the area. The pharmacy could still order medicines for those patients who used multi-compartment compliance aid packs, and this was managed by one of the dispensers. Requests for 'when required' medicines which were outside of the packs were made specifically by patients, to help prevent over ordering. The dispenser kept basic audit trails of repeat prescriptions which had been requested from the GP surgery, as well as any changes that were made to medicines, or other correspondence such as discharge summaries. Completed packs contained patient identifying details and individual descriptions of medicines. Patient leaflets were supplied. Members of the pharmacy team provided an informal delivery service for a small number of housebound patients. The inspector was shown a delivery record sheet where signatures had been obtained from patients to confirm delivery. The last entry on the record was dated from the end of 2018. A diary in use in the dispensary had several notes in recent weeks about a handful of deliveries being made, so the delivery audit was not completely clear, and could make queries difficult to resolve.

The pharmacy obtained medicines from reputable wholesalers and specials from a licensed manufacturer. Stock medicines were stored in their original packaging and were organised on large shelving units. Date checking was regularly completed to highlight short dated medicines, so that they may be identified during dispensing. No expired medicines were identified from random checks. Expired and returned medicines were stored in medicines waste bins. A cytotoxic bin was not available for the segregation of hazardous materials. The pharmacy was not currently compliant with requirements of the European Falsified Medicines Directive (FMD). The team were aware of the directive but were unaware of the progress that had been made for implementation in the pharmacy, or the timeframe for compliance. Alerts for the recall of faulty medicines and medical devices were received electronically. An audit trail to show the action taken in response to alerts had not been updated since March 2019. The pharmacy team showed the inspector that the most recent email alerts had been read on the system and reported that they would keep an audit trail moving forward, to show that the alerts had been actioned accordingly.

CDs were stored appropriately and random balance checks were found to be correct. Expired CDs were clearly segregated, but there were some which appeared to have expired a number of years ago. The locum pharmacist was unaware of whether an authorised witness had been contacted about destruction. CD denaturing kits were available for use. Prescriptions for substance misuse patients had been dispensed the day prior to their collection. The locum pharmacist said that he would double check any prescription prior to handing out or supervising the supply. The pharmacy fridge was fitted with a maximum and minimum thermometer. The temperature was checked and recorded daily.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

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

Inspector's evidence

The paper reference texts available in the pharmacy were outdated. The British National Formulary (BNF) 74th edition expired in March 2018. The team were aware that the reference materials were not up to date and said that they would usually access an online version using the pharmacy's internet access.

The equipment seen on the day appeared appropriately maintained. Glass measures were crown-stamped, or ISO approved, and separate measures were marked for use with CDs. Two counting triangles were available, one was reserved for use with cytotoxic medicines. One triangle needed cleaning as there was tablet residue present. Additional equipment including gloves were available and were used in the assembly of compliance aid packs.

Computer equipment was in working order, the layout of the pharmacy meant that screens were out of public view to help protect privacy and computer terminals were password protected. 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.