General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: The Oval Pharmacy, 5 Centre Court, The Oval, Brookfield, MIDDLESBROUGH, Cleveland, TS5 8HP

Pharmacy reference: 1105581

Type of pharmacy: Community

Date of inspection: 10/10/2019

Pharmacy context

The pharmacy is Middlesbrough. 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. These help people remember to take their medicines. And it provides NHS services such as medicine use reviews (MURs).

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 written procedures that the team follows. And they generally work in a safe way to provide services to people using the pharmacy. The pharmacy generally keeps the records it needs to. It looks after people's private information. And the pharmacy team members know how to protect the safety of vulnerable people. The pharmacy team members respond when mistakes happen. And they discuss what happened and act to prevent future mistakes. But the recording and 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). And they were held in a file. The SOPs covered various processes including a locum guide and dispensing. The team members were seen working in accordance with the SOPs. The SOPs were last reviewed 29 November 2017. the team members had read and signed the SOPs. The pharmacy had a process to report and record near miss errors that were spotted during dispensing. The pharmacist typically spotted the error and then informed the dispenser that they had made an error. The pharmacist recorded the error onto a near miss log. There were few near misses recorded, for some months there were none. There was only the basic information recorded. The action taken section had generic statements such as corrected. And the contributory factors section was not completed. The pharmacy team members advised that they discussed dispensing errors as they occurred. And made changes such as separating look alike sound alike drugs. The pharmacy had a process to record dispensing errors that had been given out to people. The reports included who was involved, what happened and why. An example of a recent incident involved the pharmacy supplying terbutaline 2.5mg nebules instead of the salbutamol nebules requested. The actions recorded were to move the items apart on the shelf. The pharmacy team confirmed that they no longer routinely stocked the terbutaline nebules.

The pharmacy received feedback from people through the NHS on line website. There was a pharmacy leaflet that gave details of how to make suggestions and provide feedback. And this was prominently displayed in the window. The RP advised that she would deal with any complaints when they arose. And then if the person was still unhappy the pharmacist signposted them to the Superintendent (SI) or the owner. There had been occasions when some people were unhappy that their prescription was not ready when they called to collect it. The pharmacy had worked with the local surgeries so that eligible people were signed up to the repeat dispensing service. And this meant that these could be prepared in advance. This was working well. The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist notice displayed the name and registration number of the responsible pharmacist on duty. Entries in the responsible pharmacist record complied with legal requirements. The pharmacy kept complete paper records of private prescription and emergency supplies. The pharmacy kept the certificates of conformity of special supplies. And samples seen did not have a record of the patient details. The pharmacy kept controlled drugs (CDs) registers. They were in order including completed headers, and entries made in chronological order. The pharmacy team checked the running balances against physical stock every few months. The pharmacy kept records of CDs returned by people to the pharmacy.

The team held records containing personal identifiable information in areas of the pharmacy that only

team members could access. Confidential waste was placed into a separate a container to avoid a mix up with general waste. The confidential waste was collected for shredding off site. The team members understood the importance of keeping people's information secure. The pharmacy team members were unsure when they last received training on information governance. But described how they protected people's private information such as keeping prescriptions out of view of customers. The pharmacy team members were aware of safeguarding issues. There were level 2 certificates in the safeguarding file for the registrants who regularly worked at the pharmacy. And who had completed CPPE training. The pharmacy team said they would discuss any safeguarding concerns with the pharmacist on duty, at the earliest opportunity. There were contact details in the file.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members to manage the services it provides. The team members work well together. Any they have regular team discussions. They felt able to raise professional concerns if necessary. The team do not receive appraisals so this may mean that training and development needs are not identified.

Inspector's evidence

At the time of the inspection, the team members present were a trainee dispenser and a counter assistant. The RP on the day was one of the regular pharmacists that covered the pharmacy. There was a part-time driver. The pharmacy team thought they were adequately staffed and managed the workload. Holidays were planned in advance. And sometimes when the pharmacy was busy staff members from a nearby branch would cover. The pharmacist on duty supervised the team members. And they involved the pharmacist in offering advice to people who were purchasing over-the-counter products for various minor ailments. The inspector asked the counter assistant what questions they would ask when selling a medicine to a patient. The assistant used the sales of medicine protocol. The team members were clear about the activities they could and could not do in the absence of a responsible pharmacist.

Once qualified the company did not offer routine training for pharmacy team members. Whilst staff have access to some training materials, such as the Alliance counter skills units. There was no time in store to make use of them. The pharmacy team members do not have appraisals, so training needs were not discussed. And there were no training plans in place. The team usually had informal talks about tasks that needed to be completed. The pharmacy team thought that the regular pharmacists and SI were approachable. And they felt able to make suggestions for change. They were aware the company had a whistleblowing policy. The owner had spoken to the pharmacy team about sharing any professional concerns with the pharmacist, the SI or himself. The pharmacy asked the team to achieve targets for medicine use reviews (MURs). The pharmacist thought that these were achievable. People valued the services offered and they always tried to provide these.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is secure and suitably maintained. It has a sound-proofed room where people can have private conversations with the pharmacy’s team members.

Inspector's evidence

The dispensary was an adequate size. And was well proportioned with a stock area off. The pharmacy premises were basically clean, but bench space was a little cluttered. There were boxes on the floor. And these were restricting the work flow. The rear stock area was untidy and there was a lot pf patient returned medicines waiting to be put into the green destruction bins. There was adequate heating and lighting throughout the premises. And running hot and cold water was available. There was a clean sink in the dispensary for medicines preparation and staff use. The pharmacy had a small sound-proofed consultation room which contained a pull-down desk, and folding chairs. The consultation room did not lock and there were no lockable cupboards in the consultation room. No confidential information was stored in the consultation room.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are accessible to people. And they deliver medicines to peoples' homes. The pharmacy generally manages its services well and it has processes to help deliver them safely. It supplies medicines in compliance packs when it will help people to take their medicines appropriately. The pharmacy obtains its medicines from reputable suppliers. It generally manages its medicines well.

Inspector's evidence

There was direct access into the pharmacy from the street. And wheelchair users could access the pharmacy. The pharmacy advertised its services and opening hours in the door and window. Seating was provided for people waiting for prescriptions. The team members regularly used various stickers during dispensing and they used these as an alert before they handed out medicines to people. The team members signed the dispensing labels to indicate who had dispensed and checked the medication. And so, an audit trail was in place. There was a centre island where prescriptions were checked. They used baskets to hold prescriptions and medicines. This helped the team members stop people's prescriptions from getting mixed up. Owing slips were given to people on occasions when the pharmacy could not supply the full quantity prescribed. One slip was given to the person. And one kept with the original prescription for reference when dispensing and checking the remaining quantity. The pharmacy offered a service to deliver medicines to people's homes. The records included a signature of receipt for all medicines delivered including CDs.

There was a warfarin sticker, to alert the person handing out the medicine that counselling was required. But this was not being used. The pharmacist was aware of the risks associated with the supply of high-risk medicines such as warfarin. And said that when the opportunity arose they counselled people when they came to collect their prescription. But details of these conversations were not recorded on people's medication records. So, the pharmacy could not demonstrate that these checks took place. The pharmacist was aware about the requirements of the valproate pregnancy prevention programme. The team said that the SI had done an audit and there were no eligible patients. The patient medication record indicated that there were two male patients receiving valproate.The valproate support pack was not in the pharmacy and the pharmacy team had not seen one. So, this could mean that new patients may not be getting all the necessary information. People could request multi-compartmental compliance packs. And these were supplied to people to help them take their medicines at the right time. The team recorded details of any changes, such as dosage changes on the PMR. The team supplied the packs with backing sheets which information which would help people visually identify the medicines. Patient information leaflets were supplied with the packs each month. One member of the pharmacy team and the pharmacist usually prepared and checked the packs.

Pharmacy only medicines were stored behind the pharmacy counter. The storage arrangement prevented people from self-selecting these medicines. The pharmacy had a date checking matrix. And the dispensary had been fully date checked on 28 august 2019. The team members recorded the date liquid medicines were opened on the pack. So, they could check they were in date and safe to supply. There was an opened bottle of loratadine which was marked as opened 10 October 2018. Loratadine has a shelf life of three months once opened so was not fit to supply. And this was removed from the shelf for destruction. The team members were not currently scanning products or undertaking manual

checks of tamper evident seals on packs, as required under the Falsified Medicines Directive (FMD). The pharmacy had scanners. The there was no SOP in place to assist the team to comply with the directive. The team members had not received any training on how to follow the directive. They were unsure of when they expected the pharmacy to be compliant. Fridge temperatures were recorded daily using a digital thermometer. A sample of the records were looked at. And the temperatures were found to be within the correct range. The pharmacy obtained medicines from several reputable sources such as DE, Alliance and AAH. The owner telephoned the branch to alert them when there was a drug alert. These were actioned, but there was no audit trail for this. So, the pharmacy team were unable to provide assurance that alerts were received and actioned.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy's equipment is clean and safe to use. And the pharmacy generally protects 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. The large glass fronted fridge used to store medicines was of an appropriate size. And the medicines inside were organised in an orderly manner. The electrical equipment appeared to be in good working order and well maintained. 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. No confidential information was stored in the consultation room.

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.