General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Lytham Road Pharmacy, South Shore Primary Care Centre, Lytham Road, BLACKPOOL, Lancashire, FY4 1TJ

Pharmacy reference: 1106909

Type of pharmacy: Community

Date of inspection: 25/02/2020

Pharmacy context

This is a community pharmacy inside a large medical centre. It is situated in the residential area of south shore in Blackpool. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides seasonal flu vaccinations. The pharmacy supplies medicines in multi-compartment compliance aids for some people to help them take the medicines at the right time.

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	1.7	Good practice	Members of the team are given training so that they know how to keep private information safe.
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 follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy usually keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. They record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again.

Inspector's evidence

There was a set of standard operating procedures (SOPs) which were seen to be in the process of being updated by the superintendent (SI). Members of the pharmacy team had signed to say they had read and accepted the SOPs.

Dispensing errors were recorded electronically. A recent error involved an incorrect insulin being given to a patient. The pharmacist had investigated the error and shared their findings with the pharmacy team. Near miss incidents were recorded on a paper log and the records were reviewed each month by the SI. A dispenser said members of the pharmacy team would discuss the review each month as part of a team meeting. The accuracy checker would also highlight mistakes to staff and ask them to rectify their own errors. Members of the pharmacy team gave examples of action which had been taken to help prevent similar mistakes. For example, placing an alert on the fridge for staff to check the strength of insulin products, and staff cross-checking controlled drugs with other members of the team when they are dispensed.

Roles and responsibilities of the pharmacy team were documented on a matrix. The trainee dispenser was able to explain what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Staff wore standard uniforms and had badges identifying their roles. The responsible pharmacist (RP) had their notice displayed prominently. The pharmacy had a complaints procedure. But details about it were not on display so people may not always know how they can raise concerns. Any complaints were recorded to be followed up by the SI. A current certificate of professional indemnity insurance was on display.

Records for private prescriptions, emergency supplies and unlicensed specials appeared to be in order. But the RP records did not include the times the RPs ended their tenure. So the pharmacy may not be able to demonstrate who the RP was at a specific point in time. Controlled drugs (CDs) registers were maintained with running balances recorded and audits were completed at least monthly. Two random balances were checked, and both found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. The pharmacy team had completed in-house IG training and each member had signed a confidentiality agreement. When questioned, the trainee dispenser was able to describe how confidential waste was segregated to be removed by a waste carrier. A privacy notice was on display in the retail area and described how patient data was handled and stored by the pharmacy.

Safeguarding procedures were included in the SOPs. Members of the pharmacy team had completed in-

house safeguarding training and pharmacy professionals had completed level 2 safeguarding training. Contact details for the local safeguarding board were available. A pharmacy technician said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✔ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete some additional training to help them keep their knowledge up to date. And they routinely discuss learning to help them to improve.

Inspector's evidence

The pharmacy team included four pharmacists – one of whom was the SI, three pharmacy technicians – two of whom were trained to accuracy check (ACT), a trainee pharmacy technician, eleven dispensers – one of whom was in training, a trainee medicine counter assistant (MCA) and four drivers. Members of the pharmacy team were appropriately trained or on accredited training programmes. The normal staffing level was two to three pharmacists, two ACTs, six to eight dispensary assistants, two counter assistants and two drivers. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system.

Members of the pharmacy team completed some additional training, for example they had completed a training pack about Children's oral health. Staff were allowed learning time to complete training and records were kept showing training which had been completed. But further training was not provided in a structured or consistent manner. So learning needs may not always be fully addressed.

The trainee MCA gave examples of how he would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines that were liable to abuse that he felt were inappropriate, and refer people to the pharmacist if needed. The pharmacist said he felt able to exercise his professional judgement and this was respected by other pharmacists and members of the pharmacy team. The trainee MCA said he felt a good level of support from the pharmacy team and felt able to ask for further help if he needed it.

Appraisals were conducted annually by the pharmacy manager. A dispenser said she felt that the appraisal process was a good chance to receive feedback. And she felt able to speak about any of her own concerns. The staff held team meetings about issues that had arisen, including when there were errors or complaints. Minutes of the meeting were kept so that important information could be shared with staff who were not present. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the SI. There were targets set for services such as MURs, NMS and Flu. The pharmacist said they did not feel under pressure to achieve these.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload and access to it was restricted by use of a gate. Customers were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled by the use of air conditioning units. Lighting was sufficient. The staff had access to a kitchenette and WC facilities.

A consultation room was available with access restricted by use of a lock. The space was clutter free with a computer, desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. But members of the pharmacy team do not always know when they are handing out higher-risk medicines. So they might not always be able to check that the medicines are still suitable, or give people advice about taking them.

Inspector's evidence

Access to the pharmacy was level via a health centre and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Various posters provided information about the services offered and information was also available on the website. Pharmacy staff were able to list and explain the services provided by the pharmacy. If the pharmacy did not provide a particular service staff were able to refer patients elsewhere using a signposting folder. The pharmacy opening hours were displayed and a range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and a delivery sheet was used to obtain signatures from the recipient to confirm delivery. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. CDs were recorded on a separate delivery sheet for individual patients and a signature was obtained to confirm receipt.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. The pharmacist performed a clinical check of all prescriptions and then signed the prescription form to indicate this had been completed. When this had been done an accuracy checker was able to perform the final accuracy check. But records for compliance aids were only clinically checked once every 12 months. So there is a risk important information may be overlooked. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied. Dispensed medicines awaiting collection were kept on a shelf using a numerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out.

Schedule 3 and 4 CDs were highlighted so that staff could check prescription validity at the time of supply. High-risk medicines (such as warfarin, lithium and methotrexate) were not routinely highlighted. So the pharmacy team were not always aware when they were being handed out in order to check that the supply was suitable for the patient. The staff were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist said she had spoken to patients who were at risk to make sure they were aware of the pregnancy prevention programme. And this was recorded on their PMR.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid, the pharmacy or the patient's GP would complete an assessment about their suitability. A record sheet was kept for each patient, containing details about their current medication.

Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge sheets were sought, and previous records were retained for future reference. Disposable equipment was used to provide the service, and patient information leaflets (PILs) were routinely supplied. But compliance aids did not always contain descriptions of the medicines inside it. So people may not be able to identify the individual medicines.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. The pharmacy was not yet meeting the safety features of the Falsified Medicine Directive (FMD), which is now a legal requirement. Equipment was installed but the pharmacy team had yet to commence routine checks of medicines. Stock was date checked on a 3-month rotating cycle. Members of the pharmacy team said they would sign a date checking record to show what had been checked. Short dated stock was highlighted using a sticker and liquid medication had the date of opening written on. The robot kept a record of the expiry date of medicines. Stock recorded as short dated in the robot was ejected each month before being checked by a dispenser.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There were clean medicines fridges, each with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had been in range for the last 3 months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the MHRA. Alerts were printed, action taken was written on, initialled and signed before being filed in a folder.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and drug tariff resources. All electrical equipment appeared to be in working order. There were no stickers attached to indicate they had been PAT tested. There was a selection of liquid measures with British Standard and Crown marks. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

A dispensing robot was used to help assist with the stock management and dispensary function. An ongoing service programme was in place. Members of the team were able to describe how they would raise a maintenance issue.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the staff to move to a private area if the phone call warranted privacy. The consultation room was used appropriately; patients were offered its use when requesting advice or when counselling was 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.