General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Millbrook Pharmacy Limited, The Old Blacksmith's Shop, The Parade, Millbrook, TORPOINT, Cornwall, PL10 1AX

Pharmacy reference: 1108146

Type of pharmacy: Community

Date of inspection: 05/12/2019

Pharmacy context

The pharmacy is located in Millbrook, a village in Cornwall. It sells over-the-counter medicines and dispenses NHS and private prescriptions. And it delivers medicines to people's homes. The pharmacy team offers advice to people about minor illnesses and long-term conditions. The pharmacy offers services including Medicines Use Reviews (MURs), the NHS New Medicines Service (NMS). It also offers services for substance misusers and supplies medicines in multi-compartment compliance aids to people living in their own 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	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 generally identifies and manages risks appropriately. It reviews its practices to make them safer and more effective. But the pharmacy does not record or review all of its mistakes. So, it might miss opportunities to spot patterns and trends and so reduce the chances of the same things happening again. Staff are clear about their roles and responsibilities. The pharmacy asks people for their views and acts appropriately on the feedback. It has adequate insurance for its services. The pharmacy keeps up-to-date records as required by the law. The pharmacy keeps people's private information safe and explains how it will be used. Pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had adequate processes in place to monitor and reduce risks. Near misses were usually recorded on a paper log and contained details of the error, a brief reflection on the cause and the learning points. But reporting or near misses had been sporadic in the previous months. Dispensing incidents were reported to the National Reporting and Learning System (NRLS) with an analysis of the cause. The responsible pharmacist (RP), who was also the owner and superintendent pharmacist, said that when errors were identified, they were discussed as a team to identify the potential contributing factors.

A monthly patient safety report was completed which contained a review of all near misses and dispensing incidents and led to the generation of an action plan to reduce errors. The action plans generated through the patient safety report were shared with all team members through individual briefings. The last review seen by the inspector had been completed in April 2019. The RP committed to completing reviews more frequently to identify patterns and trends of errors. The pharmacy had posters on the wall in the dispensary highlighting look-alike, sound-alike (LASA) medicines. LASAs were separated on the shelves and the team regularly reviewed the locations of stock subject to near misses.

Standard operating procedures (SOPs) were in place to cover all activities carried out in the pharmacy. They were up to date and had recently been reviewed. Team members had signed the SOPs to show that they had read and understood them. A dispenser could describe the activities that could not be undertaken in the absence of the RP.

The RP described how, before implementing a new service, he would ensure the pharmacy would able to accommodate the work, and that it would be applicable to the local population. He would review staffing levels to ensure provision of the service could be maintained and would check that he and his staff had access to the appropriate tools and training to provide the service.

Feedback was obtained by a yearly Community Pharmacy Patient Questionnaire (CPPQ) survey, and by handing customers cards inviting them to complete an online survey. 99% of respondents to the most recent CPPQ survey had rated the pharmacy as very good or excellent. A complaints procedure was available but was not displayed in the retail area. There was a copy in the consultation room. The pharmacy had responded to feedback that people did not always receive advice on living a healthy lifestyle but ensuring that their health promotion zone was always up to date with information on national campaigns.

Professional indemnity and public liability insurances were provided by NPA with an expiry of 30 September 2020.

RP records were maintained in a book and were in order. The correct RP certificate was displayed. Records of emergency supplies and private prescriptions were written in a book and were in order. Records of the supply of unlicensed specials medicines were kept and certificates of conformity contained the details of to whom the product had been supplied. Controlled drug (CD) registers were maintained as required by law. But not all entries of the receipt of CDs contained the address of the supplier. Balance checks were completed sporadically. The RP said that he planned to complete balance checks more regularly going forward. A random stock balance check was accurate. Patient returns were recorded in a separate register and were destroyed promptly, and records were kept with two signatures.

All staff had completed training on information governance and the General Data Protection Regulation. Patient data and confidential waste was dealt with in a secure manner to protect privacy. A privacy policy and a fair data use statement were displayed in the patient area and confidential waste was segregated appropriately. Verbal consent was obtained from patients prior to accessing their summary care record and a note was placed on the PMR stating the reason for access. NHS Smartcards were used appropriately.

All staff were trained to an appropriate level on safeguarding. The RP had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 safeguarding training. The remaining staff had read and signed the safeguarding SOP. Local contacts for the escalation of concerns were available online. Staff were aware of the signs requiring referral.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. Team members receive training for their roles. They keep their skills and knowledge up to date. Team members communicate well with each other.

Inspector's evidence

Staffing levels were adequate on the day of the inspection and consisted of the RP, three dispensers and a medicines counter assistant (MCA). There were two more MCAs who were not working on the day of the inspection. The small team had a good rapport and generally felt they could manage the workload with no undue stress and pressure. The staff had clearly defined roles and accountabilities, and tasks and responsibilities were allocated to individuals on a daily basis. Rotas were completed in advance to plan for absences, which were usually covered rearranging shifts, or by part-time staff increasing their hours.

The pharmacy team reported that they received limited time to learn during working hours. Resources accessed included modules on the online learning system, Virtual Outcomes, and resources provided by wholesalers such as Alphega. The MCA was seen to offer appropriate advice when selling medicines over the counter and were observed referring to the pharmacist when additional information was required.

The pharmacy team generally felt able to raise concerns and give feedback to the RP. Team members were aware of the escalation process for concerns and a whistleblowing policy was in place. The RP said that did not set targets. He felt able to use his professional judgement to make decisions. He said that he would only undertake services such as Medicines Use Reviews that were clinically appropriate.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy has a soundproofed room where people can have conversations with members of the pharmacy team. But the door is made of clear glass meaning that it is not as private as it could be.

Inspector's evidence

The pharmacy was located in the village of Millbrook. A well-stocked shop led to a reasonably sized dispensary. A consultation room was installed and was signposted from the shop. A small room to the rear was used to store stock, consumables and paperwork.

There were spaces dedicated for the dispensing of prescriptions, the preparation of multi-compartment compliance aids and checking. The workbenches were cluttered with baskets and paperwork.

The consultation room was locked when not in use. It was fitted with an unobscured glass door meaning that it did not offer complete privacy. There were boxes of paperwork stored in the room, and a shuttered area housed the safe and various paperwork and equipment.

The pharmacy was cleaned by the staff and cleaning products were available. The pharmacy was clean on the day of the inspection. The environment was appropriate for the provision of healthcare, and the temperature and lighting were adequate.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy is accessible and advertises its services appropriately. Medicines are supplied safely and the pharmacy gives additional advice to people receiving high-risk medicines. But it does not always make a record of this additional advice to demonstrate that it has been given. The pharmacy offers a range of additional services and the pharmacy team deliver these services safely. Team members providing the services ensure that their training is up to date. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and makes regular checks to ensure that they are still suitable for supply. The pharmacy delivers medicines to people safely and keeps appropriate records of this. The pharmacy accepts unwanted medicines and disposes of them appropriately.

Inspector's evidence

The pharmacy had step-free access and an automatic door. The consultation room was off the retail area and was wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels. A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. The MCA described how if a patient requested a service that could not be offered by the pharmacy at that time, she would refer them to other nearby pharmacies, calling ahead to ensure the service could be provided there. A sign-posting folder was available with details of local agencies and support networks. Further up-to-date signposting resources were accessed online.

Dispensing tubs were used to store prescriptions and medicines to prevent transfer between patients as well as organise the workload. There were designated areas to dispense walk-in prescriptions and those collected from the GP practice. The labels of dispensed items were initialled when dispensed and checked.

Coloured stickers were used to highlight fridge items and CDs in schedule 2 and 3. Prescriptions for schedule 4 CDs were annotated to highlight the 28-day expiry. Prescriptions containing high-risk medicines or paediatric medicines were also highlighted with stickers. The RP described that he provided additional information to patients receiving lithium, warfarin and methotrexate at the first dispensing. He highlighted prescriptions that he had identified as requiring additional counselling by a pharmacist. Details of significant interventions were not routinely recorded on the patient medication record (PMR). Substance misuse services were provided for three people. The RP said he liaised with the prescriber or the key worker to report erratic pick-ups and to discuss any other concerns about users of the service.

The pharmacy was a Healthy Living Pharmacy and provided additional advice to people on living healthy lifestyles. It had a health promotion zone displaying leaflets and information on both locally and nationally relevant topics. There was a poster displayed to support the current national campaign of ‘Help Us to Help You’.

The pharmacy had completed the audit of people at risk of becoming pregnant whilst taking sodium valproate as part of the Valproate Pregnancy Prevention Programme. Stickers were available for staff to highlight the risks of pregnancy to women receiving prescriptions for valproate. Information booklets and cards were available to be given to eligible women.

Multi-compartment compliance aids were prepared by the pharmacy for approximately 35 people based in the community. A sample of compliance aids was inspected. Each compliance aid had an identifier on the front, and dispensed and checked signatures were completed, along with a description of tablets. Patient information leaflets (PILs) were not always supplied each month. 'When required' medicines were dispensed in boxes and the dispenser was aware of what could and could not be placed in trays. A record of any changes made was kept on the patient information sheet, which was available for the pharmacist during the checking process.

The dispensary shelves used to store stock were organised and tidy. The stock was arranged alphabetically. Date checking was undertaken each week and the entire dispensary was checked every 3 months. Spot checks revealed no date expired stock or mixed batches. Prescriptions containing owings were appropriately managed, and the prescription was kept with the balance until it was collected. Stock was obtained from reputable sources including Alliance, AAH and Colorama, OTC direct and Waymade specials. Invoices were seen to this effect. Records of recalls and alerts were seen and were annotated with the outcome and the date actioned.

Staff were aware of the Falsified Medicines Directive (FMD). The pharmacy had the hardware, software and scanners to be FMD compliant. They were not routinely scanning products as they had found things were not often on the database. They would check the anti-tampering device on each medicine was intact during the dispensing process.

CDs were stored in accordance with legal requirements in an approved cabinet. Denaturing kits were available for safe destruction of CDs. Expired CDs were clearly marked and segregated in the cabinet. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures were recorded. The dispensary fridge was clean, tidy and well organised and records of temperatures were maintained. The maximum and minimum temperatures were within the required range of 2 to 8 degrees Celsius.

Logs were kept of deliveries made to people in their own homes with appropriate signatures. Confidentiality was maintained when obtaining signatures. A dispenser described the process followed in the event of failed deliveries to ensure that patients received their delivery in a timely manner, particularly those considered to be vulnerable, and this was found to be adequate.

Patient returned medication was dealt with appropriately. Confidential patient information was removed or obliterated from patient returned medication.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It keeps these clean and tidy. Computers and telephones are used in a way that protects people's private information.

Inspector's evidence

Validated crown-stamped measures were available for liquids, with separate measure marked for the use of controlled drugs only. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked for cytotoxics. All equipment, including the dispensary fridge, was in good working order and PAT test stickers were visible. The dispensary sink was clean and in good working order.

Reference sources were available and the pharmacy could also access up-to-date information on the internet. Computers were positioned so that no information could be seen by members of the public and phone calls were taken away from public areas. Dispensed prescriptions were stored in a retrieval system on shelves with no details visible to people waiting.

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.