General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Saltaire Pharmacy, 30 Bingley Road, Saltaire, SHIPLEY, West Yorkshire, BD18 4RS

Pharmacy reference: 1108926

Type of pharmacy: Community

Date of inspection: 25/04/2019

Pharmacy context

The pharmacy is in a parade of shops on a high street in the village of Saltaire. It is open 100-hours per week, opening early in the morning and closing late at night. And, it is open seven days a week. The pharmacy team mainly provide NHS dispensing and sell a range of over-the-counter medicines. And offer services including medicines use reviews (MUR) and the NHS New Medicines Service (NMS). They provide a substance misuse service, including supervised consumption to seven people, and multi-compartmental compliance packs to approximately 20 people. The pharmacy provides its services to a varied local population. The pharmacy has new owners who took over at the beginning of September 2018.

Overall inspection outcome

✔ **Standards met**

Required Action: None

Follow this link to find out what the inspections possible outcomes mean

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 procedures to in place to identify and manage risks. It keeps them up to date. The pharmacy has systems in place to manage complaints. And it maintains the pharmacy records it must by law. Pharmacy team members read and follow the procedures. They know how to keep people's information secure. But, they are unsure about what to do if there is a concern about a vulnerable child or adult. The team members record and discuss mistakes that happen. They use this information to learn and make changes to help prevent similar mistakes happening again. But they don't always discuss or record enough detail about why these mistakes happen. So, they may miss opportunities to improve.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. The previous owner had implemented the procedures in 2016. And, the new superintendent pharmacist (SI) had reviewed and amended them in September 2018. The pharmacy had scheduled the next review of the procedures for September 2020. Pharmacy team members had read and signed the SOPs since the review in 2018.

The pharmacist highlighted near miss errors made by the pharmacy team when dispensing. Pharmacy team members had been encouraged to record their own mistakes. But, the pharmacist said they usually recorded the mistakes. The pharmacy team discussed the errors made. But, they did not discuss or record much detail about why a mistake had happened. They usually said rushing or misreading the prescription had caused the mistakes. And, their most common change after a mistake was to double check next time. The pharmacist analysed the data collected about mistakes every month. But, she said the analysis was not recorded. So, she could not reflect on the changes made last month to see if they had reduced the type of error identified. The pharmacy had separated medicines with similar names and packaging to help prevent mistakes when selecting medicines. And, the pharmacist had given the team a briefing about common look alike and sound alike medicines to be aware of.

The pharmacy had a procedure to deal with complaints handling and reporting. It had a practice leaflet available for customers in the retail area which clearly explained the company's complaints procedure.

The pharmacy had a clear process for dealing with dispensing errors that had been given out to people. It recorded incidents on a template reporting form. The pharmacy team had not made any mistakes since the new owners had started. And there were no records available of mistakes made by the previous owner's team. So, the inspector could not assess the quality of dispensing error handling and reporting.

The pharmacy defined the roles of the pharmacy team members in each SOP. Each procedure was colour coded. And each colour represented different levels of qualification. For example, the steps that the pharmacist was responsible for was highlighted with one colour. And the steps that could be done by a dispenser were highlighted in another colour.

The pharmacy had up to date professional indemnity insurance in place. They had a certificate of insurance displayed. And it expired in January 2020.

The pharmacy kept controlled drug (CD) registers complete and in order. It kept running balances in all registers. And they audited these against the physical stock quantity weekly, including methadone. It kept and maintained a register of CDs returned by people for destruction. And it was complete and up to date. The pharmacy maintained a responsible pharmacist record on paper. And it was complete and up to date. The pharmacist displayed their responsible pharmacist notice to people. The pharmacy team monitored and recorded fridge temperatures daily. They kept private prescription records in a paper register, which was complete and in order. And, they recorded emergency supplies of medicines in the private prescription register. They recorded any unlicensed medicines supplied, which included the necessary information in the samples seen.

The pharmacy kept sensitive information and materials in restricted areas. It positioned computer terminals away from public view. And they were password protected. They stored medicines waiting to be collected in the dispensary, also away from public view. And, confidential waste was collected in white bags. The bags were sealed when they were full. And they were collected by a contractor and sent for destruction. The pharmacy team had been trained to protect privacy and confidentiality. The SI had delivered the training verbally. Pharmacy team members were clear about how important it was to protect confidentiality. And there was a procedure in place detailing requirements under the General Data Protection Regulations (GDPR). There was no evidence that the pharmacy had been assessed for GDPR compliance.

When asked about safeguarding, a dispenser was unsure about the symptoms that would raise their concerns. But, they explained how they would refer to the pharmacist. The pharmacist said she would assess the concern. And she would refer to the SI or local safeguarding teams for advice. The pharmacy had contact details available for the local safeguarding service. It also had guidance documents available for the team. But, there was no detailed procedure about what to do in the event of a concern. The pharmacist had completed distance learning with the Centre for Pharmacy Postgraduate Education (CPPE) in 2018. Other pharmacy team members had not trained.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy team members have the right qualifications and skills for their roles and the services they provide. They complete training ad-hoc. They reflect on their own performance informally. And discuss any training with the pharmacist. But, they don't complete regular planned training. And they don't have a formal process to discuss their performance or individual training needs. So, it may be difficult to tailor learning to the needs of the person and to make sure their knowledge and skills are up to date. The pharmacy team do not always establish and discuss specific causes of mistakes. This means they may miss chances to learn from errors and make changes to make things safer. The pharmacy team members can discuss issues and act on ideas to support the delivery of services. But, there is no whistleblowing policy in place. So, they may not be clear about how to raise concerns anonymously.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were a pharmacist and a dispenser. Pharmacy team members completed training ad-hoc by reading various trade press materials. And by having regular discussions with the pharmacists about current topics. The pharmacy did not have an appraisal or performance review process. The dispenser said that any needs he had would be discussed with the pharmacist informally and they would support him to achieve his goals.

The dispenser explained that he would raise professional concerns with the pharmacist or superintendent pharmacist (SI). He said he felt comfortable raising a concern. And confident that his concerns would be considered, and changes would be made where they were needed. The pharmacy did not have a whistleblowing policy.

The pharmacy team communicated with an open working dialogue during the inspection. The dispenser said he was told by the pharmacist when he had made a mistake. The discussion that followed did not fully explore why he had made the mistake. But, he said he would always try and change something to prevent the mistake happening again.

Pharmacy team members explained a change they had made after they had identified areas for improvement. They had updated people's information on the labels attached to bags of dispensed medicines. This had helped them to more clearly identify is someone required a delivery. They had also introduced a text messaging system. The system was used to alert people when there were medicines at the pharmacy for them to collect.

The pharmacy owners and SI did not ask the team to achieve any targets.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean and properly maintained. It provides a suitable space for the health services provided. And the pharmacy has a room where people can speak to pharmacy team members privately.

Inspector's evidence

The pharmacy was clean and well maintained. All areas of the pharmacy were tidy and well organised. And the floors and passage ways were free from clutter and obstruction. There was a safe and effective workflow in operation. And clearly defined dispensing and checking areas. It kept equipment and stock on shelves throughout the premises. The pharmacy also had a cellar. The cellar was used for storage. And it was kept tidy and organised.

The pharmacy had a private consultation room available. The pharmacy team used the room to have private conversations with people. The room was signposted by a sign on the door.

There was a clean, well maintained sink in the dispensary used for medicines preparation. There was a WC which provided a sink with cold running water and other facilities for hand washing. The pharmacy team confirmed they washed their hands at the dispensary sink after using the toilet. The owner advised plans were in place to install hot water in the toilet. He explained that they were trying to find a plumber to complete the work. And gave an assurance that hot water would be installed in the toilet as soon as possible.

Heat and light in the pharmacy was maintained to acceptable levels. The overall appearance of the premises was professional, including the exterior which portrayed a professional healthcare setting. The professional areas of the premises were well defined by the layout and well signposted from the retail area.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy is accessible to people. And it generally provides its services safely and effectively. It stores, sources and manages medicines safely. But, the pharmacy team don't always label stock medicines correctly. So, they may miss medicines that have expired or been recalled. The pharmacy team members dispense medicines into devices to help people remember to take them correctly. They provide information with these devices to help people know when to take their medicines and to identify what they look like. But, they do not always provide accurate information about the medicines supplied. The team takes some steps to identify people taking high-risk medicines. And it provides them with some advice. But the team don't have any written information for people to take away. So, people may not have correct information they need to help them take their medicines safely.

Inspector's evidence

The pharmacy was accessible via stepped access from the street. It had no ramp available and there was no bell or information to tell people how to attract staff attention of they needed help. The pharmacy team were able to make large print labels to help people with visual impairment. And they would write a conversation if necessary with someone with hearing impairment.

Pharmacy team members signed the dispensed by and checked by boxes on dispensing labels. This was to maintain an audit trail of staff involved in the dispensing process.

The pharmacy supplied medicines in multi-compartmental compliance packs when requested. It provided descriptions of the medicines supplied on the packaging. And provided people with patient information leaflets about their medicines each month. But, on one example of a pack, the descriptions given did not match the medicines supplied. The pharmacy team documented any changes to medicines provided in packs on the patient's electronic record. They explained that changes were usually communicated to them in writing. And they kept the notifications to refer to later. The dispenser picked the medicines prescribed from shelves. The items were then checked by the pharmacist before the packs were assembled. The dispenser explained this was to help identify any mistakes early and prevent wastage. The pharmacist carried out a clinical check of each prescription. And reconciled the prescriptions against the prescriptions and the records of packs previously supplied. They the rectified any discrepancies by contacting the GP. The dispenser assembled the packs once the checks were completed. The pharmacy team used a tracker to keep a record of where each pack was in its four-week cycle. They recorded on the tracker when the prescription had been ordered, when it was received, when the packs were assembled and when they were supplied to the patient.

The pharmacy team used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up.

Pharmacy team members checked medicine expiry dates every 13 weeks. And records were seen. The highlighted any short-dated items with a sticker on the pack up to three months in advance of its expiry. And they recorded expiring items on a monthly stock expiry sheet, for removal during their month of expiry. But, sometimes the sheets were unclear about whether items were due for removal or had been removed.

The pharmacy obtained medicines from four licensed wholesalers. It stored medicines tidily on shelves. And all stock was kept in restricted areas of the premises where necessary. It had adequate disposal facilities available for unwanted medicines, including controlled drugs (CDs).

The pharmacy team kept the contents of the pharmacy fridge tidy and well organised. They monitored minimum and maximum temperatures in the fridge every day. And they recorded their findings. The temperature records seen were within acceptable limits.

Some amber bottles were found on the shelves containing medicines that had been removed from their original packaging by mistake during dispensing. The labels on the bottles stated what the medicines were and their strength. Most also recorded the product expiry date. But, they did not give information about the batch number and some also did not record the expiry date of the product. So, the pharmacy would not be able to identify if the product was out of date or had been the subject of a product recall.

The pharmacist said that she would provide the necessary information to someone presenting a prescription for valproate that was at-risk during pregnancy. She said she would also check whether they were taking adequate pregnancy prevention. The pharmacy did not have a supply of information material to provide to people of the necessary warning labels to attach to dispensed valproate. The dispenser said he had recently had a discussion with the pharmacist about methotrexate. They had discussed the risks of taking methotrexate and the importance of the strength and the weekly dose frequency.

The pharmacy team were aware of the introduction of the Falsified Medicines Directive to help identify counterfeit medicines. But, the pharmacy did not have the right equipment, software or procedures in place to help it comply with the new law.

The pharmacy delivered medicines to people. It recorded the deliveries made and asked people to sign for their deliveries. The delivery driver left a card through the letterbox if someone was not at home when they delivered. The card asked people to contact the pharmacy to arrange a re-delivery. The team highlighted bags containing CDs with a sticker on the bag and on the driver's delivery sheet.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the necessary equipment available, which it properly maintains. And it manages and uses the equipment in ways that protect confidentiality.

Inspector's evidence

The pharmacy had the equipment it needed to provide the services offered. The equipment available included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and full use of the internet.

The pharmacy team obtained equipment from the licensed wholesalers used. And they had a set of clean, well maintained measures available for medicines preparation. They used a separate set of measures to dispense methadone.

The dispensary fridge was in good working order. And the team used it to store medicines only.

Access to all equipment was restricted and all items were stored securely.

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.