General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Bennetts End Pharmacy, Bennetts End Surgery, Gatecroft, HEMEL HEMPSTEAD, Hertfordshire, HP3 9LY

Pharmacy reference: 1109009

Type of pharmacy: Community

Date of inspection: 02/09/2024

Pharmacy context

This is a community pharmacy located inside a GP surgery in Hemel Hempstead, Hertfordshire. The pharmacy is open for 100-hours every week. The pharmacy dispenses NHS and private prescriptions and sells a limited range of over-the-counter medicines. It offers the New Medicine Service (NMS), a local delivery service, blood pressure testing and Pharmacy First. And the pharmacy provides many people's medicines inside multi-compartment compliance packs if they find it difficult to manage their medicines at home.

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 suitably identifies and manages the risks associated with its services. Members of the pharmacy team regularly monitor the safety of their services by recording their mistakes and learning from them. And the pharmacy suitably protects people's confidential information. It also largely maintains its records as it should.

Inspector's evidence

The pharmacy premises only re-opened last year after a fire. The adjacent GP surgery subsequently closed during this period and the pharmacy was situated inside temporary premises. The inspector was told that because of this, staff left and as other pharmacies in the area have closed, this has increased the workload for the current team. This was, therefore, a busy pharmacy.

The pharmacy was clean. The team processed and assembled prescriptions in different areas to the responsible pharmacist (RP). Staff processed prescriptions in batches which helped manage the workload. Baskets were used to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. Once staff generated the dispensing labels, there was a facility on them to help identify who had been involved in the dispensing process and team members routinely used these. The team had set jobs. This included different staff generating dispensing labels, picking stock and dispensing prescriptions which helped identify mistakes. A rota was also on display where different staff were responsible for answering the phone at set times. This ensured the phone was always answered and queries dealt with effectively. Multi-compartment compliance packs were prepared in a very small section to one side, which afforded privacy for staff who prepared them. It also helped prevent mistakes occurring from distractions as it was away from the main dispensary. However, at the inspection, baskets containing prescriptions and medicines which needed assembling were present on most dispensing benches, but this was observed to be work in progress. The premises were also small (see Principle 3) compared to the volume of dispensing which made storage of medicines and paperwork as well as dispensing tasks challenging.

Incidents were managed by the pharmacist and the RP's process was suitable. Near miss mistakes were recorded by staff when they occurred and formally reviewed. The team separated certain medicines and common mistakes, medicines such as ones which looked-alike or sounded-alike (LASA) were also highlighted.

Team members understood their roles and responsibilities well. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display although the details were not clearly visible from where people stood to be served. The pharmacy had current standard operating procedures (SOPs) to help provide team members with operational guidance and how they could complete their tasks appropriately. Some were in the process of being updated. Pharmacy staff had read them. They had also signed to confirm that this had taken place, that they understood and would follow them.

The RP had been trained to level two to safeguard the welfare of vulnerable people and details about local safeguarding agencies were displayed in the consultation room. However, only trained staff had completed formal training for this to level one. Despite this, staff in training could still recognise signs of

concern and knew who to refer to in the event of a concern, but this knowledge had been gained from their previous employment.

The pharmacy's team members had been trained to protect people's confidential information. Confidential material was stored and disposed of appropriately. Sensitive details could not be easily seen from the hatch where people were served. Computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions.

Records of controlled drugs (CDs), unlicensed medicines, emergency supplies and records verifying whether fridge storage temperatures had remained within the required range had been completed appropriately. On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Records of CDs that had been returned by people and destroyed at the pharmacy were also maintained and the pharmacy had suitable professional indemnity insurance arrangements in place. However, supplies made against private prescriptions had not always been documented with the correct details in the electronic private prescription register. Missing, incomplete or incorrect information about prescribers were seen to have been recorded. This was discussed at the time.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy's team members have a range of skills, and experience. They are suitably trained or now undertaking the appropriate training. And they are knowledgeable about the medicines they sell. But the pharmacy delivers ongoing training in an unstructured way. This could affect how well the team conduct tasks and adapt to change with new situations.

Inspector's evidence

Staff at the inspection included a regular and part-time RP, two trained dispensing assistants, two apprentices and a trainee dispenser who was enrolled on appropriate formal training. In total, the pharmacy had five dispensing staff, most of whom were full-time and two apprentices. Staff wore name badges and uniforms. They said that the pharmacy was normally a few days behind with the workload during the week, but that this situation was manageable as they usually caught up by the end of the week. The inspector was told that completing additional services on top of this could sometimes be stressful.

The apprentices knew which activities could or could not take place in the absence of the RP and were suitably knowledgeable about the medicines which could be purchased over the counter. People were asked appropriate questions before they were sold and if unsure or if people requested more than one product, staff checked with the RP. However, at the point of inspection, neither of the apprentices had been enrolled onto any accredited training for their role. This was therefore not in line with the GPhC's 'Requirements for the education and training of pharmacy support staff'. This specifies that support staff must be enrolled on a training course as soon as practically possible and within three months of starting their role. One apprentice had worked at the pharmacy for several months, the other apprentice said that she had worked here for the past four and a half months. However, confirmation was received following the inspection that the company had subsequently enrolled both members of staff onto the appropriate accredited training.

Staff were observed to be organised, working well and independently from the RP as far as they could. The team received updates from the RP, the area manager was said to have changed recently and was in the process of providing more training resources for staff. Team members currently had access to limited material to help with ongoing training and it did not appear to have been delivered in a structured way. Whilst staff could easily provide feedback, performance reviews had not taken place for some time.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises provide an adequate environment to provide healthcare. The pharmacy is secure and presented appropriately. And it has a separate space where confidential conversations or services can take place.

Inspector's evidence

The pharmacy premises were attached to the GP surgery and included an area outside the pharmacy premises where people could wait for their prescriptions. The pharmacy consisted of a small dispensary which was made up of two sections, one of which was smaller than the other. The back section of the dispensary was enclosed and not visible from the hatch which was used to serve people. The front area contained a limited range of P medicines. As they were kept and stored within the dispensary, this restricted access by self-selection. Some areas of the pharmacy were therefore screened well which provided privacy when dispensing prescriptions but there was limited space for staff to carry out dispensing tasks safely. The pharmacy also had a signposted consultation room available for services and private conversations. This was accessible from two entry points, one of which led into the dispensary. The space was of adequate size for services, it was somewhat cluttered which detracted from the overall professional look and use of the room, but it was still functional. The premises overall, were presented appropriately, bright, and suitably ventilated. The ambient temperature was suitable for the storage of medicines. The pharmacy was secured against unauthorised access.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy sources its medicines from reputable suppliers. It stores and manages its medicines well. The pharmacy keeps appropriate records to verify how its services are being run. And the pharmacist regularly carries out interventions. This helps ensure people receive and take their medicines correctly. But the pharmacy's team members are not documenting any details to help verify that people with higher-risk medicines are provided with the right advice to take their medicines safely.

Inspector's evidence

The pharmacy was open for 100-hours every week which helped people access their medicines easily. Leaflets and posters about the pharmacy's services as well as its opening times were clearly advertised. The area outside the pharmacy consisted of clear, open space which helped people with restricted mobility or using wheelchairs to easily access the pharmacy's services. Some staff spoke different languages which could assist people whose first language was not English and written communication was used for people who were deaf or partially deaf. There were also a few car parking spaces outside.

The RP routinely provided advice, carried out interventions and offered additional services. Many interventions had been carried out with details seen to have been regularly recorded that involved a range of issues. The pharmacy also provided the Advanced NHS service, Pharmacy First. The service specification, and Patient Group Directions (PGDs) to authorise this were readily accessible and had been signed by the RP. Suitable equipment was present which helped ensure that the service was provided safely and effectively. The RP had also been trained on how to use them.

The pharmacy supplied medicines inside compliance packs to many people who lived in their own homes. Staff ordered prescriptions on behalf of people. They identified any changes that may have been made, maintained individual records to reflect this and queried details if required. All the medicines were removed from their original packaging before being placed into the compliance packs. The compliance packs were sealed as soon as they had been prepared. Descriptions of the medicines inside the packs were provided and patient information leaflets (PILs) were routinely supplied. Staff wore gloves when they prepared them and routinely obtained discharge information from hospitals so that changes could be easily verified.

The pharmacy offered a local delivery service and the team kept records about this service. Failed deliveries were brought back to the pharmacy, notes were left to inform them about the delivery and no medicines were left unattended.

Staff were aware of the additional guidance when dispensing sodium valproate and the associated Pregnancy Prevention Programme (PPP). They ensured the relevant warning details on the packaging of these medicines were not covered when they placed the dispensing label on them, and the pharmacy had identified people in the at-risk group who had been supplied this medicine. The pharmacy also had appropriate educational material to provide to people upon supply of this medicine. Prescriptions for other higher-risk medicines were actively identified and details about relevant parameters, such as blood test results were asked about. But there were no records kept about this.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Medicines were

stored in an organised way. CDs were stored under safe custody and the keys to the cabinet were maintained in a way which prevented unauthorised access during the day as well as overnight. The team checked medicines for expiry regularly, short-dated medicines were routinely identified and on randomly selecting some of the pharmacy's stock, there were no medicines seen which were past their expiry date. Dispensed CDs and temperature-sensitive medicines were also stored within clear bags. This helped to easily identify the contents upon hand-out. Medicines which were returned to the pharmacy by people for disposal, were accepted by staff, and stored within separate containers. This did not include sharps which were redirected appropriately.

The pharmacy team received drug alerts by email. However, at the point of inspection, most alerts received during the past month had not been opened or seen to have been actioned. The RP explained that she had been on leave during this period. This risked the pharmacy holding and potentially supplying affected batches of medicines or devices. Following the inspection, confirmation was received that the relevant checks and action had subsequently been taken to rectify this situation.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the appropriate range of equipment and facilities it needs to provide its services safely. Its team members keep the equipment clean and use them in a way which helps keep people's confidential information safe.

Inspector's evidence

The pharmacy's equipment included access to current reference sources, triangle tablet and capsule counters, standardised conical measures for liquid medicines, appropriately operating pharmacy fridges and a legally compliant CD cabinet. The pharmacy's equipment was clean. Computer terminals were password protected and their screens faced away from people using the pharmacy. This helped prevent unauthorised access. The pharmacy also had portable telephones which meant that conversations could 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.