General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Chemist Corner, 3 Brook Lane, OLDHAM, OL8 2BD

Pharmacy reference: 1110431

Type of pharmacy: Internet / distance selling

Date of inspection: 20/02/2020

Pharmacy context

This pharmacy provides its services from a closed unit on the corner of a busy road in a residential area. People cannot visit the pharmacy in person. The pharmacy dispenses and delivers NHS prescriptions to people's 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 manages risks to make sure its services are safe, and it acts to improve patient safety. It completes the records that it needs to by law and it asks its customers for their views and feedback. The team has written procedures on keeping people's private information safe and team members understand how they can help to protect the welfare of vulnerable people.

Inspector's evidence

There were up-to-date standard operating procedures (SOPs) for the services provided, with signatures showing that members of the pharmacy team had read and accepted them. Roles and responsibilities were set out in SOPs. The pharmacy team members were performing duties which were in line with their role. The name of the responsible pharmacist (RP) was on display.

There was a SOP for dealing with an incident and a SOP for near misses. The pharmacist superintendent (SI) said there had not been any recent dispensing errors but she would record any error on the patient medication record (PMR) system, which had a facility for recording incidents, and submit a report to the National Reporting and Learning System (NRLS). Near misses were recorded on a log and a documented review was carried out quarterly and discussed with the pharmacy team. Action points were recorded. For example, 'extra concentration during busy periods', 'regular breaks' and 'no two staff members off at the same time'. An annual patient safety report was completed, and the current priorities were 'trying to further minimise near misses', 'continue with regular meetings' and 'continued improvement in communication with locums and part time staff'. 'Check strength' alert labels were on the dispensary shelves in front of several medicines including gabapentin, pregabalin and Epilim, and the different forms of metformin had been placed on separate shelves following near misses. Clear plastic bags were used for assembled fridge lines to allow an extra check before delivery.

There was a SOP for dealing with customer complaints. The phone number of the pharmacy was clearly displayed on the website and there was a 'contact us' link. The SI said most feedback was that people had not received their preferred brand of medication, when a generic had been prescribed, so they kept specific brands in stock for certain patients, in a separate part of the dispensary. An annual customer satisfaction (CPPQ) survey was carried out. Questionnaires were sent out with the delivered medication and collected at the next delivery. The results from previous surveys were not available on the pharmacy's website, so people might know the outcome of the survey, or what action the pharmacy had taken in response to it.

Insurance arrangements were in place. A current certificate of professional indemnity insurance was on display in the pharmacy. The RP record, private prescription records and the controlled drug (CD) register were appropriately maintained. CD running balances were kept and regularly audited. Two CD balances were checked and found to be correct. Adjustments to methadone balances were attributed to manufacturer's overage following an assessment to see if the adjustment was within a reasonable range. Patient returned CDs were recorded and disposed of appropriately.

There was an information governance (IG) SOP covering confidentiality and data protection. Members

of the pharmacy team had completed training on the General Data Protection Regulation (GDPR) and signed confidentiality agreements. Confidential waste was collected in a designated place and shredded at the end of each day. A dispenser correctly described the difference between confidential and general waste.

There was a children and vulnerable adult protection policy. The SI had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 training on safeguarding. A dispenser explained that if he had any safeguarding concerns, he would report them to the pharmacist. The delivery drivers had been instructed to report any concerns regarding vulnerable adults to the pharmacist, but they had not carried out any formal training on safeguarding, so might not recognise some of the warning signs. Some team members had completed training on dementia, but the delivery drivers had not. The SI said she would consider providing them with training on dementia and safeguarding, as they were the only members of the team who had face-to-face contact with the patients.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy team members have the right qualifications for the jobs they do, and they get some ongoing training to help them keep up to date. The team members work well together, and they are comfortable providing feedback to their managers.

Inspector's evidence

The SI was working as the responsible pharmacist and there was an NVQ2 qualified dispenser (or equivalent) and a delivery driver on duty at the time of the inspection. The staff level was adequate for the volume of work during the inspection and the team were observed working collaboratively with each other. There were two additional qualified dispensers and a second delivery driver on the pharmacy team, although they were not present at the inspection. Planned absences were organised so that not more than one person was away at a time. The dispensers worked extra hours when required to cover absences. The SI worked in the pharmacy three days each week and a regular locum pharmacist worked the other days.

There were training records showing that the dispensers had completed some training since completing their qualifications. For example, training on: the Medicines and Healthcare products Regulatory Agency (MHRA) ranitidine recall; rescheduling of gabapentin and pregabalin; an eat well guide and asthma management. The team had also read the GPhC Guidance for Registered Pharmacies Providing Pharmacy Services at a Distance. One of the dispensers was on the NVQ3 dispensing assistant course and another one had shown an interest in commencing this course. Counter skill modules were available and some of the team had read these although a record was not kept of this training. The pharmacy team were not usually involved in selling over-the-counter medicines, so some of that train ing was not relevant to their role.

Team members were given formal reviews every six months where performance and development were discussed and were given positive and negative feedback informally by the SI. Day to day issues were discussed as they arose. A dispenser felt there was an open and honest culture in the pharmacy. He was comfortable admitting errors and said he tried to learn from them. He said he would feel comfortable talking to the SI about any concerns he might have, and the team were free to make suggestions or criticisms informally. There was a whistleblowing policy.

The SI felt empowered to exercise her professional judgement and could comply with her own professional and legal obligations. Targets were not set, and she didn’t feel under any pressure to carry out additional services such as MURS.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are clean and provide a safe, secure and professional environment for people to receive healthcare services from. The pharmacy‘s website provides essential information about its services.

Inspector's evidence

The pharmacy was closed to the public and the front door locked automatically when closed. The pharmacy premises were clean and in a reasonable state of repair. The lighting was adequate, and the temperature was appropriate for the storage of medicines. The pharmacy had a portable heater and cooler to help control the temperature. Major maintenance problems would be reported to the landlord, but smaller problems which required a quick response would be dealt with locally. The premises were very small consisting of one triangular shaped room which was accessed directly from the front door. There was no back door.

There was a dispensary sink for medicines preparation and it was also used for washing hands. There was a small boiler for hot water above the sink. The pharmacy did not have a WC or kitchen facilities. Members of the pharmacy team lived close by and went home at lunch time so used their own facilities.

The pharmacy website (www.chemistcorner.co.uk) contained the pharmacy’s GPhC registration number, name of owner, name of SI and address of the physical pharmacy. It carried the MHRA EU internet logo which authorised HI Weldricks Ltd to sell medicines on its behalf. The SI said no sales had been made through this website, that she was aware of. The name and physical address of Weldricks who supplied these medicines was not prominently displayed on the pharmacy’s website, so this might be misleading to people and was not in line with GPhC guidance. However, people were informed that the third party was used before the transaction was completed.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's prescription services are generally well managed, so people receive their prescribed medicines safely. The pharmacy gets its medicines from licensed suppliers. And it carries out some checks to ensure medicines are in good condition and suitable to supply.

Inspector's evidence

People receiving the services of the registered pharmacy did so outside of the premises. Patients could communicate with the pharmacist and staff via the telephone or by e-mail messages. Services provided by the pharmacy were advertised in the window of the pharmacy and on the website. The pharmacy team were clear what services were offered, and healthy living and signposting information was available on the website. The pharmacy supported healthy living campaigns, such as alcohol awareness and children's oral health, and used a tally chart to record this activity. Leaflets were sent out to patients who they thought might find the information useful. Staff were multilingual, speaking different dialects of Urdu and Punjabi which helped some of the non-English speaking members of the community.

The pharmacy offered a managed prescription ordering service, and patients were contacted before their prescriptions were due each month, to check their requirements. All prescriptions were delivered, but signatures were not always obtained from the recipient unless the medication was a CD, so there was not always a clear audit trail in the event of a query or problem. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy. Methadone solution was delivered to around eight patients from instalments prescriptions (non-supervised). A risk assessment had been completed for the process and there was a SOP in place. An audit trail was maintained for these supplies. The SI said this arrangement was on an individual basis and the patients had been referred by the local drugs and alcohol team. The delivery driver explained that he only left the methadone with the patient themselves, unless he had received prior authority from the pharmacist, and said he would not deliver the medication if he had any concerns, such as the patient appearing to be under the influence of alcohol.

Space was very limited in the dispensary, but the work flow was organised into separate areas with a designated checking area. The dispensary shelves were well organised, neat and tidy. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available. Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. The SI said she would telephone patients if counselling was required, but she did not usually record this. The team were aware of the valproate pregnancy prevention programme. An audit had been carried out and one patient in the at-risk group had been identified. The patient had been sent a valproate care card and patient guide, but the SI had not yet been able to have a conversation with her about pregnancy prevention.

Around 30 patients received their medication in multi-compartment compliance aid packs, and these were reasonably well managed, with separate files for patients receiving their packs weekly or monthly.

Details of changes to the packs were recorded, including the date of the change, but the name of the person confirming the changes was not always recorded, so there might not be a full audit trail in the event of a problem or query. Medicine descriptions were included on the labels to enable identification of the individual medicines and the SI confirmed that packaging leaflets were supplied, so patients and their carers could easily access the information they needed. Disposable equipment was used.

CDs were stored in a CD cabinet which was securely fixed to the wall. The keys were under the control of the responsible pharmacist during the day and stored securely overnight. Date expired, and patient returned CDs were segregated and stored securely. Patient returned CDs were destroyed using denaturing kits.

Recognised licensed wholesalers were used for the supply of medicines and appropriate records were maintained for medicines ordered from 'Specials'. No extemporaneous dispensing was carried out. The pharmacy was not compliant with the Falsified Medicines Directive (FMD). They had the hardware and the software and were registered with SecurMed, but were not scanning to verify or decommission medicines. The SI said they had not got into the habit of using the system yet, especially as many of the medicines did not have active codes. Medicines were stored in their original containers. Date checking was carried out and documented. Dates had been added to opened liquids with limited stability.

Alerts and recalls were received from the NHS, wholesalers and the MHRA. They were read and acted on by a member of the pharmacy team and any action taken was recorded. They were retained in a designated file to be able to respond to queries.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide.

Inspector's evidence

Current versions of British National Formulary (BNF) and BNF for children were available and the pharmacist could access the internet for the most up-to-date information. There was a clean medical fridge. The minimum and maximum temperatures were being recorded regularly and had been within range throughout the month. All electrical equipment appeared to be in good working order. PMRs were password protected. There was a selection of clean glass liquid measures with British standard and crown marks. Separate measures were marked and used for methadone solution. The pharmacy had clean equipment for counting loose tablets and capsules, with a separately marked tablet triangle that was used for cytotoxic drugs. Medicine containers were appropriately capped to prevent contamination.

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.