General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Ahmeys Pharmacy, 150 Oxford Road, Cowley, OXFORD, OX4 2EA

Pharmacy reference: 1115951

Type of pharmacy: Community

Date of inspection: 03/10/2019

Pharmacy context

The pharmacy is located in a parade of businesses in a residential area. It dispenses NHS and private prescriptions, sells over-the-counter medicines and provides health advice. The pharmacy dispenses medicines in multi-compartment compliance aids for people who have difficulty managing their medicines. Services include prescription collection and delivery, substance misuse, aesthetic skin treatments and travel medicines.

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	1.2	Good practice	The pharmacist reviews and monitors the safety and quality of pharmacy services.
2. Staff	Standards met	2.2	Good practice	Continuous learning and development are encouraged and supported.
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's working practices are safe and effective. The pharmacy team makes sure that people have the information they need so that they can use their medicines safely. The pharmacy manages risk and keeps people's information safe. The pharmacy has written procedures to make sure the team works safely. The pharmacy generally keeps the records it needs to so that medicines are supplied safely and legally. The pharmacy team members understand how they can help to protect vulnerable people.

Inspector's evidence

Near misses were recorded and reviewed. There were planned weekly meetings to discuss near miss and review staff competencies. An annual patient safety reviews (PSR) was completed. 'Lookalike, soundalike' (LASA) medicines had been separated on the dispensary shelves to reduce picking errors including two strengths gabapentin following near miss incidents. Prednisolone tablets were stored in a separate location from other medicines in line with NHS Oxfordshire policy.

Workflow: the pharmacist explained that a clinical and stock check was undertaken on receipt of the prescription. Baskets were in use to separate prescriptions and medicines during the dispensing process. Labels were generated from scanning the bar code on the prescription and medicines were picked from reading the prescription. Interaction labels were printed and shown to the pharmacist. Dispensing labels were attached to instalment cups of methadone prior to supply and supervision of consumption. The pharmacist performed the final check of all prescriptions prior to completing the dispensing audit trail to identify who dispensed and checked medicines. There was a procedure for dealing with outstanding medication. The original prescription was retained, and an owing slip was issued to the patient. For "manufacturer cannot supply" items the patient was asked how urgently they required the medication and the doctor was contacted to arrange an alternative if necessary.

Multi-compartment compliance aids were prepared for a number of domiciliary patients and two care homes. The pharmacy managed prescription re-order on behalf of some patients. The care homes re-ordered medicines via a medicine's re-order chart. The pharmacy liaised with the prescriber when a new patient was identified who would manage taking their medicines more effectively via a compliance aid.

There was a patient record folder of information being updated at the time of the visit and notes were recorded on the patient medication record (PMR). Labelling included a description to identify individual medicines and patient information leaflets were supplied with each set of compliance aids. High-risk medicines such as controlled drugs (CDs), alendronate and sodium valproate were supplied separately from the compliance aid and patients/carers were counselled on how best to take the medicine. The dates of CD prescriptions were managed to ensure supply within 28-day validity of the prescription. Levothyroxine and lansoprazole were supplied in compartments positioned to ensure they were taken before other medication or food. Special instructions were highlighted on the backing sheet.

There was a set of standard operating procedures (SOPs) with a review date of April 2019 in which staff were trained and undergoing re-training at the time of the visit. The staff member who served at the medicines counter said he would not give out a prescription or sell a P medicine if the pharmacist were

not on the premises. The annual community pharmacy patient questionnaire was due to be undertaken at the time of the visit.

To protect patients receiving services, there was professional indemnity insurance in place provided by NPA expiring April 2020. The responsible pharmacist notice was on display and the responsible pharmacist log was completed. Records for private prescriptions, emergency and 'specials' supplies were generally complete although some prescriber details were not always recorded as required. Patient group directions (PGDs) were online and seen to be in date.

The pharmacist was a pharmacist independent prescriber (PIP) specialising in treating minor illness including urinary tract and throat infection and dermatological conditions such as cellulitis. During a consultation, patient consent was recorded and notes on medical history. Diagnosis could be confirmed with a doctor if necessary and a prescription was issued if within the PIP competency. The patient had the choice to take the prescription elsewhere to be dispensed. Documentation included the SOP, a list of minor ailments, doctor referral forms and patient history form. The pharmacist said he reflected on the consultation and followed up the patient the next day. Secure messages were sent, and the pharmacist could evidence any information given in the course of the treatment.

Although the service was temporarily suspended, the pharmacist provided an aesthetic skin treatment service. There was a face-to-face consultation with the patient and before and after pictures were taken. A prescription was sent to a different pharmacy who supplied the aesthetic products. Treatment was refused for static face lines, where surgery was required, allergy or infection. Information was recorded on an iPad and only the pharmacist had access to these records. The patient could sign the iPad when giving consent.

The CD registers were complete and the balance of CDs was audited regularly. A random check of actual stock of two strengths of MST reconciled with the recorded balance in the CD registers. Footnotes correcting entries were not always signed and dated. Invoice number and supplier name but not address was recorded for receipt of CDs. Methadone registers were electronic and complete. A random check of FP10MDA entries complied and the prescription was endorsed at the time of supply.

Staff had signed confidentiality agreements and were aware of procedures regarding General Data Protection Regulation (GDPR). The Data Security and Protection toolkit had been completed. Confidential waste paper was collected for safe disposal and a cordless phone enabled a private conversation. Staff used their own NHS cards. The pharmacy computer was password protected and backed up regularly. Staff had undertaken safeguarding and dementia friends training and the pharmacists were accredited at level 2 in safeguarding training.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. The pharmacy team works effectively together and are supported in keeping their knowledge up to date. They are comfortable about providing feedback to the pharmacist.

Inspector's evidence

Staff comprised: one regular full-time pharmacist, two full-time and one part-time dispensers also accredited as medicines counter assistants, two medicines counter assistants enrolled on accredited training courses and one part-time delivery person.

On an ongoing basis, the pharmacist provided training by discussing areas to improve and encouraging leadership skills in staff. Staff were given over-the-counter (OTC) product information and questioned about when to refer people asking to purchase medicines by asking WWHAM questions and establishing a patient history. One dispenser was enrolled on Buttercups pharmacy technician training course. Along with training as a PIP, the pharmacist had undertaken a dissection course to improve his knowledge of anatomy to support the minor illness and aesthetics skin treatment services. The pharmacist had a support network of different physicians to refer to when necessary.

There were planned documented appraisals to monitor staff performance. Staff were able to feedback suggestions to improve services and included reviewing the pharmacy layout and better handling of patient conversations. There was a whistleblowing policy. The pharmacist said targets and incentives were not set in a way that affected patient safety and wellbeing.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are generally clean and suitable for the provision of its services. The consultation room is used regularly so people can have a conversation in private. The pharmacy prevents people accessing the premises when it is closed.

Inspector's evidence

The premises were generally clean and presented a professional appearance. There was a wide door at the entrance and a seating area for people who were waiting. The public retail area of the pharmacy was spacious and well lit including natural light. There was an 'island' bench in the centre of the dispensary providing additional workbench space and a side room where multi-compartment compliance aids were prepared and stored. The dispensary sink required treatment to remove lime scale. The lavatory area was generally clean and handwashing equipment was provided. The consultation room was spacious and protected patient privacy. There was sufficient lighting and air conditioning.

Principle 4 - Services ✔ Standards met

Summary findings

People with a range of needs can access the pharmacy's services. The pharmacy generally provides its services safely. The pharmacy gets its medicines from reputable sources to protect people from harm. The pharmacy team takes the right action if any medicines or devices need to be returned to the suppliers. The pharmacy team makes sure that medicines are stored securely at the correct temperature so that medicines supplied are safely and effectively. The pharmacy's team members are helpful and give advice to people about where they can get other support. They also make sure that people have all the information they need so that they can use their medicines safely.

Inspector's evidence

There was wheelchair access and a seating area at the entrance to the pharmacy. Large font labels could be printed to assist visually impaired people and there was a hearing loop to assist hearing impaired people. Staff could converse in Urdu, Malay and Chinese to assist patients whose first language was not English. Patients were signposted to other local services including supply of emergency hormonal contraception and other pharmacies and the genito-urinary medicine clinic.

Although there were no patients in the at-risk group at the time of the visit, the pharmacist was aware of the procedure for supply of sodium valproate to people in the at-risk group and information on the pregnancy prevention programme (PPP) would be explained and an intervention recorded. The pharmacists explained the procedure for supply of isotretinoin to people in the at-risk group. Although prescriptions were issued locally for 28 days' supply, the prescriber would be contacted regarding prescriptions for more than 30 days' supply of CD. Moving forward, the pharmacist gave an assurance that interventions would be recorded on the patient medication record (PMR) of checks that medicines were safe for people to take and showing appropriate counselling was provided to protect patient safety.

For schedule 4 CDs, the pharmacist said that moving forward, the date would be highlighted so the CD was supplied within the 28-day validity of the prescription. When supplying warfarin, people were asked for their record of INR, range of INR and dose of warfarin along with blood test due dates. Advice was given about side effects of bruising and bleeding. Advice was given about over-the-counter medicines and diet containing green vegetables and cranberries which could affect INR. People taking lithium were asked about dates of blood tests, advised to take the same brand of lithium and side effect of a metallic taste in the mouth. People taking methotrexate were reminded about the weekly dose, when to take folic acid and to seek medical advice if they developed an unexplained fever.

Regarding the minor illness service provided by the pharmacist, the patient was followed up and re-assessed after diagnosis and commencing treatment. The patient could also call the pharmacist for 24 hours after the consultation. If appropriate, the pharmacist completed a referral form with reasons for referral, symptoms and referred the patient to the doctor. For the travel clinic, advice given to people was documented and a copy was given to the patient and the doctor and a copy was retained at the pharmacy. Care homes were visited and an annual audit to monitor the service was conducted of medicine administration records.

The pharmacy was working towards healthy living status. Audits were conducted including for referral

for prescription of a proton pump inhibitor for gastric protection while taking a non-steroidal anti-inflammatory drug (NSAID) and use of inhalers in the treatment of asthma.

Medicines and medical devices were delivered outside the pharmacy. There was a delivery sheet for CDs and non-CD deliveries and patient signatures were obtained where possible indicating a successful delivery. The delivery person had trained in the delivery procedure. Medicines delivered to the care homes had to be checked and signed for by care home staff.

Medicines and medical devices were obtained from Alliance, AAH, Phoenix and Lexon. Floor areas were mostly clear, and stock was stored on the dispensary shelves. Stock was date checked and recorded monthly. Short-dated stock was highlighted. No date-expired medicines were found in a random check. Liquid medicines were generally marked with the date of opening and medicines were generally stored in original manufacturer's packaging. Cold chain items were stored in the medical fridge. Uncollected prescriptions were cleared from retrieval monthly. Patients were contacted regarding uncollected prescriptions. Waste medicines were stored separate from other stock. Falsified medicines directive (FMD) hardware and software had been installed at the time of the visit. A record of responses to drug alerts and recalls was maintained.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it offers. The pharmacy uses equipment and facilities to protect private information.

Inspector's evidence

Current reference sources included BNF, Pathology of Skin and assorted medical text books. There were standard glass measures to measure liquids including separate marked measure for methadone. The Methasoft was cleaned and re-calibrated daily. The medical fridge was in good working order. Minimum and maximum temperatures were monitored daily and found to be within range two to eight Celsius.

The CD cabinets were fixed with bolts. The blood pressure monitor was due for re-calibration. Minor illnesses service equipment included an electronic stethoscope, otoscope, thermometer and oximeter. There were disposable gloves to wear when in examining a patient with a minor illness. There was a sharps bin for vaccination and other sharps disposal. The resuscitation kit included adrenaline injection devices. Confidential waste paper was collected for safe disposal and a cordless phone enabled a private conversation. Staff used their own NHS cards. The pharmacy computer was password protected and backed up regularly.

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.