General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Synergise Pharmacy, 56 Yarm Lane, STOCKTON-ON-TEES, Cleveland, TS18 1EP

Pharmacy reference: 1116088

Type of pharmacy: Community

Date of inspection: 31/07/2023

Pharmacy context

The pharmacy is on a high street in the suburbs of Stockton-on-Tees. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. They provide supervised consumption of medicines to a large number of people prescribed treatment for substance misuse. They provide medicines in multi-compartment compliance packs for some people. And they deliver medicines to people's homes. The pharmacy provides a seasonal flu vaccination service to people.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy doesn’t adequately manage all the risks associated with its services. It doesn’t have complete and up-to-date written procedures that reflect the pharmacy’s current practice. This includes how it manages providing supervised doses of medicines to people. This means team members may not always work safely and it may increase the risk of mistakes happening.
		1.2	Standard not met	Pharmacy team members do not have robust arrangements to learn from mistakes. They do not record or analyse their mistakes. And they do not routinely make changes to their practices to help make the pharmacy's services safer.
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 not all met	4.3	Standard not met	The pharmacy does not always store and manage its medicines appropriately. It does not properly label supervised doses of medicines for people. It does not have a robust system for checking expiry dates, and there are out-of-date medicines on the shelves. The pharmacy does not keep all its medicines in packs with batch number and expiry dates, which increases the risk of errors. And it does not always manage controlled drugs effectively.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance **Standards not all met**

Summary findings

The pharmacy does not adequately identify and manage all the risks associated with its services. It does not have written procedures for some of its activities to help make sure pharmacy team members manage work safely. And the procedures it does have are out of date and current pharmacy team members have not read them. So, team members are unclear about how to provide services safely in certain circumstances. Team members sometimes discuss mistakes they make in the dispensing process. But they do not record or analyse their mistakes, or routinely make changes to prevent mistakes happening again. So, they may miss opportunities to learn and make services safer. Pharmacy team members suitably protect people's confidential information. And they keep the records they must by law.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. The superintendent pharmacist (SI) had reviewed the SOPs in 2017, but they had not been reviewed and updated since then . And the pharmacy did not have SOPs for several key processes, which introduced risk. The areas not covered in the SOPs included the way team members responded to near-miss and dispensing errors, how they managed controlled drugs registers, and how they managed and prepared medicines dispensed as part of their busy substance misuse treatment service. And some of the ways of working in the pharmacy did not match the SOPs that were available. These included the way team members managed checking medicines expiry dates. The pharmacy did not have any records available to confirm that current pharmacy team members had read and understood the written procedures. One pharmacy team member, who had recently started working at the pharmacy, explained they had not read all of the SOPs available. And two trainee team members who had been working at the pharmacy since 2022, confirmed they had never read the SOPs.

Several of the pharmacy's benches where prescriptions were prepared were cluttered and untidy. Much of the clutter was caused by baskets containing prescriptions at various stages of the dispensing process. This increased the risks of team members making a near-miss or dispensing error. The pharmacy had not considered the risks of providing some services to people. Its busiest service was providing supervised consumption of medicines on a daily basis. The pharmacy did not have written procedures or documented risk assessments available to help team members to manage the risks of proving the service. This included guiding team members about preparing buprenorphine doses and the necessary labelling requirements when doses of medicines were to be supervised.

The pharmacy did not have any written procedures in place to help team members manage near miss errors they made, or dispensing errors, which were errors identified after the person had received their medicines. And pharmacy team members did not record their errors. They explained how the pharmacist told them when they had made a mistake. But they did not usually consider or discuss the causes of their mistakes to help identify changes they could make to improve safety. Team members explained how they had recently separated normal-release and modified-release metformin on the shelves to help prevent people picking the incorrect formulation. But the shelves where these medicines were stored contained the different formulations kept together. The pharmacy did not have any records of dispensing errors it had made. And team members could not provide any examples of any learning that had occurred or changes that had been made to make things safer in response to

these errors. This meant team members might miss out on opportunities to learn and make improvements to the pharmacy's services.

The pharmacy kept controlled drug (CD) registers as required by law. It kept running balances in these registers, and pharmacy team members audited some running balances against the physical stock quantities approximately each month. But there were some registers that had not been audited for several months, so any stock irregularities may be overlooked. The pharmacy kept a register of CDs returned by people for destruction. It maintained a responsible pharmacist (RP) record, which was complete and up to date. The pharmacist displayed their RP notice. Pharmacy team members monitored and recorded fridge temperatures. The pharmacy kept private prescription and emergency supply records, which were complete and in order.

Pharmacy team members explained that in the event of a concern about a vulnerable adult or child, they would refer their concerns to the pharmacist. One team member explained examples of signs that would raise their concerns. Pharmacy team members had not received any formal training on safeguarding. The responsible pharmacy said they had last completed training approximately two years ago but could not provide any evidence of this. There was documented procedure available in the pharmacy to help team members deal with a safeguarding concern, but it had not updated the procedure since 2017. Team members explained how they would use the internet to find out information about who to report their concerns to locally.

The pharmacy did not advertise its complaints procedure to people. Pharmacy team members explained how people usually provided verbal feedback. And any complaints were referred to the pharmacist to handle. The pharmacy had up-to-date professional indemnity insurance in place. It kept sensitive information and materials in restricted areas. And it collected confidential waste in bags that were taken by the SI for secure destruction using a local contractor. Pharmacy team members explained how they protected people's privacy and confidentiality. They gave examples of how they would be mindful of people's privacy when speaking to them about their medicines. And how they were careful not to leave sensitive documents, such as prescriptions, around the retail counter. The pharmacy did not have a documented SOP about confidentiality and data protection available in the pharmacy for the team members to refer to.

Principle 2 - Staffing ✔ Standards met

Summary findings

Pharmacy team members have the right qualifications for their roles and the services they provide, or they are enrolled on appropriate training courses. They complete some ad hoc ongoing training to keep their knowledge up to date. And pharmacy team members feel comfortable discussing ideas and issues.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were a locum pharmacist, who was working as the responsible pharmacist (RP), one qualified dispenser, an overseas pharmacist working as a dispenser, two trainee dispensers and an administrator. The team managed the workload adequately during the inspection. Pharmacy team members completed training ad hoc by reading various materials and discussing topics with the RP and SI. Pharmacy team members could not give any examples of any training they had completed recently. The pharmacy did not have an appraisal or performance review process for team members. Team members explained they would raise any learning needs informally with the RP or SI, who would teach them or signpost them to appropriate resources.

Pharmacy team members felt comfortable raising professional concerns with the RP and the pharmacy's SI, who worked at the pharmacy regularly. And they were confident that their points would be considered. The pharmacy did not have a whistleblowing policy. Pharmacy team members had some knowledge of organisations outside the pharmacy where they could raise professional concerns, such as the NHS or GPhC. Pharmacy team members communicated with an open working dialogue during the inspection. The SI did not ask pharmacy team members to meet any performance related targets.

Principle 3 - Premises ✔ Standards met

Summary findings

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

Inspector's evidence

The pharmacy was generally well maintained. Its area for preparing prescriptions was large and provided plenty of bench space for team members to use. But some of these benches were cluttered and untidy, and the pharmacy team members did not make the most efficient use of the space available. The pharmacy's floors and passageways were mostly free from clutter and obstruction. The pharmacy kept equipment and stock on shelves throughout the premises. The pharmacy's retail area was sparsely stocked. There were several empty shelving bays placed at random and pushed to the side in the retail area, which did not help give people a sense of professionalism.

The pharmacy had a private consultation room, which was clearly signposted, and pharmacy team members used the room to have private conversations with people. The pharmacy also had a separate entrance which led to a room at the side of the pharmacy, where team members supervised people taking their medicines. There was a clean, well-maintained sink in the dispensary used for medicines preparation. There was a staff toilet, with a sink with hot and cold running water and other hand washing facilities. The pharmacy kept its heating and lighting to acceptable levels

Principle 4 - Services **Standards not all met**

Summary findings

The pharmacy does not always store and manage its medicines appropriately. It does not always label medicines in accordance with the law. And it does not have a robust process for checking the expiry date of medicines. So, it may not be able to adequately ensure the safety of its medicines. Pharmacy team members provide some people with advice and information about high-risk medicines. But they do not always routinely provide people with written information to help them take and manage their medicines safely. The pharmacy sources its medicines from reputable suppliers. And people are generally able to access the pharmacy's services.

Inspector's evidence

The pharmacy had a documented procedure for checking stock for short-dated and expired medicines. But it did not match the process being carried out by pharmacy team members. The pharmacy did not have any records available of any expiry date checking being completed. When questioned, the responsible pharmacist (RP) explained they had completed some checks in approximately February 2023, and they had highlighted medicines that were due to expire in the following six months. But these checks had not been recorded. And they could not confirm which areas they had checked and which they had not. The RP explained how they checked medicines expiry dates when they performed their final accuracy check of a prescription. But they did not know if this was the process followed by other pharmacists who worked at the pharmacy. After a search of the shelves, the inspector found four expired medicines with various expiry dates from March 2023 onwards. None of these packs had been highlighted to identify them as being short dated. This meant there was a risk of people being provided with out-or-date medicines. Several containers were found on the shelves in the dispensary containing medicines that had been removed from their original packaging. Some of these bottles had labels attached giving information about the medicine and its strength. But none of the labels showed a batch number or expiry date of the medicines in the containers. This meant that there was a risk of these medicines not being removed from stock and supplied to people after they had expired or after they had been recalled by the manufacturer. Pharmacy team members explained how they received alerts and recalls from manufacturers, and they explained what they would do in the event of a product recall. But they did not record these recalls or the action they had taken so there was no audit trail.

The pharmacy used an automatic pump system to dispense daily doses of methadone for people. Pharmacy team members calibrated the pump each day by dispensing a set quantity of methadone into a measuring cylinder to ensure the pumped quantity matched the amount requested. The measuring cylinder team members used was dirty. It had a significant build-up of sticky methadone residue that indicated it had not been cleaned for some time, which could affect the accuracy of the calibrations. .

Team members provided supervised doses of methadone and buprenorphine to people in unlabelled containers. They provided methadone to people in an unlabelled plastic cup. The local substance misuse service also prescribed buprenorphine tablets to people and always requested the pharmacy to crush the tablets before supervising people taking them. The pharmacist explained how team members crushed the tablets and provided them to people on an unlabelled medicine spoon. This meant the team members were unable to refer to this when administering to check the person's details or enable people to confirm the strength of medicine, the dose prescribed, or see any cautionary and advisory warnings associated with their medicines. This could also increase the risk of pharmacy team members

providing medicines to the wrong people.

The pharmacy supplied medicines to people in multi-compartment compliance packs when requested. It attached backing sheets to the packs, so people had written instructions of how to take their medicines. Pharmacy team members included descriptions of what the medicines looked like, so they could be identified in the pack. But they did not routinely provide people with patient information leaflets about their medicines each month. They only provided leaflets to people when their medicines were newly prescribed. Pharmacy team members documented any changes to medicines provided on their electronic patient medication record (PMR).

The pharmacist counselled people receiving prescriptions for valproate if appropriate. And they checked if the person was aware of the risks if they became pregnant while taking the medicine. They also checked if the person was on a pregnancy prevention programme. The pharmacy delivered medicines to people, and it recorded the deliveries it made. 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. The pharmacy obtained medicines from licensed wholesalers. It stored medicines on shelves, and it kept all stock in restricted areas of the premises where necessary. The pharmacy had adequate disposal facilities available for unwanted medicines, including CDs. Pharmacy team members monitored the minimum and maximum temperatures in the fridge where medicines were stored each day, and they recorded their findings. The temperature records seen were within acceptable limits.

The pharmacy had access from the street via a small step. It did not have a ramp available to help people access the premises, such as people who used a wheelchair. Pharmacy team members explained that people usually knocked on the window to attract their attention, and they would go to the door to help them. The pharmacy displayed its opening hours, and it had a leaflet available that explained the services offered and how to contact the pharmacy.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy generally has the necessary equipment available for the services it provides. It manages and uses its equipment in ways that protect people's confidentiality.

Inspector's evidence

The pharmacy mostly had the equipment it needed to provide the services offered. The resources it had available included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and use of the internet. The pharmacy had some clean, well-maintained measures available for medicines preparation. It had a separate set of measures for measuring methadone, but these were not always cleaned properly. It had suitable containers available to collect and segregate its confidential waste. It kept its password-protected computer terminals and bags of medicines waiting to be collected in the secure areas of the pharmacy, away from public view.

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.