General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: New Hall Lane Pharmacy, 270 New Hall Lane, PRESTON, PR1 4ST

Pharmacy reference: 1116346

Type of pharmacy: Community

Date of inspection: 28/04/2021

Pharmacy context

This is a community pharmacy located in a residential area of Preston. It is situated on a major route between the city centre and the M6 motorway. The pharmacy dispenses NHS prescriptions, and provides a range of services including seasonal flu and travel vaccinations, a minor ailment service and emergency hormonal contraception. Some 'General Sales List' medicines are sold online. The pharmacy also employs an optician on Sundays to offer eye tests in the consultation room, and staff make appointments for this service during the week. Enforcement action has been taken against this pharmacy, which remains in force at the time of this inspection, and there are restrictions on the provision of some services. The enforcement action taken allows the pharmacy to continue providing other services, which are not affected by the restrictions imposed.

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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. They record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again.

Inspector's evidence

There was a set of standard operating procedures (SOPs) for the pharmacy's services. Members of the pharmacy team had signed to confirm they had read and understood the SOPs. Various checklists were on the wall of the dispensary to monitor compliance with a number of professional requirements. These included fridge temperature records, expiry date checks, and the completion of near miss records. The checklist was initialled once the tasks had been completed.

Dispensing errors were recorded on a standardised form and reviewed by the SI. The pharmacy technician said the SI would investigate the error and share his findings with the pharmacy team. Near miss incidents were recorded on a paper log. The pharmacy technician explained that records of near miss incidents were reviewed to help identify any common trends, and this was discussed with members of the pharmacy team. The pharmacist would also highlight mistakes to staff at the point of accuracy check and ask them to rectify their own errors. Examples were seen of action which had been taken following reviews of errors, such as highlighting the dispensary location of azathioprine and azithromycin.

A responsible pharmacist (RP) notice was prominently displayed in the retail area. Roles and responsibilities of the pharmacy team were described in individual SOPs. A dispenser was able to explain what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. The pharmacy had a complaints procedure and a notice in the retail area advised people they could discuss any concerns or feedback with the pharmacy team. A current certificate of professional indemnity insurance was on display.

Records for the RP, private prescriptions, emergency supplies and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were maintained electronically. Running balances were usually checked at least once a month, but the pharmacy team had fallen behind in completing these checks for the previous two months. Two random balances were checked, and both did not match the recorded balance. Immediately after the inspection, the superintendent (SI) confirmed the discrepancies had been resolved and the records amended. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was in place. The pharmacy team had received in-house IG training and each member of the team had signed a confidentiality agreement. Confidential waste was segregated to be removed by a waste carrier. A privacy notice was on display in the retail area and described how people's data was handled and stored by the pharmacy.

Safeguarding procedures were included in the SOPs. Members of the pharmacy team had in-house

safeguarding training and the pharmacist said he had completed level 2 safeguarding training. Contact details for the local safeguarding board were available. Members of the pharmacy team said they would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✔ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete training to help them keep their knowledge up to date.

Inspector's evidence

The SI worked at the pharmacy as the regular pharmacist. The pharmacy also employed a pharmacy technician, two dispensers – one of whom was in training, a new starter, and a driver. An admin assistant was employed to cover sales of general sales list (GSL) medicines sold through the Amazon Marketplace. Their role involved telephone calls, paperwork, and postage of general sales list medicines. All members of the team had completed the necessary training for their roles. The normal staffing level was a pharmacist, and one to two dispensers. The volume of work appeared to be adequately managed.

Members of the pharmacy team completed some additional training. This included training presentations from one member of the pharmacy team about a particular over the counter topic each week during their team meeting. The pharmacist was present to ensure the information provided was accurate. Some training was also completed online using e-learning packages. There were some training records kept but were incomplete. So the pharmacy may not always be able to show how individual learning needs for members of the pharmacy team are being identified. A dispenser knew the questions she should ask when selling a pharmacy only medicine and said if she thought a sale may not be appropriate, she would refer to the pharmacist.

The pharmacy team kept some records to show prescribing interventions, advice they provided to people for self-care, and the number of people who were signposted to other services. Examples seen of these included when sales were refused and the reason why. The dispenser said the pharmacy team worked well, and the SI was supportive and was happy to answer any questions she had. Staff had regular appraisals and were provided feedback about their work. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the SI. There were no formal targets set for professional services.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are suitable for the services provided and steps have been taken to make the premises COVID secure. A consultation room is available to enable private conversations.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload and access to it was restricted by use of a gate. Customers were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled by the use of air conditioning units. Lighting was sufficient. The staff had access to a kitchenette and WC facilities.

A consultation room was available with access restricted by use of a lock. The space was clutter free with a computer, desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted. A separate consultation room was used for the substance misuse service.

Perspex screens had been installed at the medicines counter to help prevent the spread of infection, and only three people were permitted in the retail area at any one time. Markings were used on the floor to help encourage social distancing. Staff were wearing masks and were all completing twice-a-week lateral flow test to check for any asymptomatic COVID infections. Hand sanitiser was available.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. People receive advice and counselling when collecting their prescriptions to help make sure they understand how to take their medicines.

Inspector's evidence

Access to the pharmacy was level via a single door and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Various posters and electronic displays gave information about the services offered. Pharmacy staff were able to list and explain the services provided by the pharmacy. If the pharmacy did not provide a particular service staff were able to refer patients elsewhere using a signposting folder. The pharmacy opening hours were displayed at the entrance of the pharmacy, and a range of leaflets in the retail area provided information about various healthcare topics.

GSL medicines for national delivery were sent by Royal Mail services using a tracked service. Where the value of the medicines was greater than £20, the pharmacy would use the Royal Mail Signed For service, which required a signature upon delivery. The pharmacy also had a local delivery service, mainly used for NHS services. This had been adapted in response to current COVID guidance. The delivery driver would leave the patient's bag of medicines at the door, knock, and stand back to allow social distancing whilst the patient picked up the bag. The driver would wait for the recipient to pick up the bag. If there was no answer the medicines would be returned to the pharmacy. A paper record was kept.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied. Dispensed medicines awaiting collection were kept on a collection shelf using an alphabetical retrieval system. At the pharmacist’s checking bench there was a sign encouraging pharmacists to use stickers to highlight certain medicines. These included when fridge or CD safe storage items needed to be added. And when one of the medicines was a schedule 3 or 4 CD, so that staff could check prescription validity at the time of supply. High-risk medicines (such as warfarin, lithium and methotrexate) were also highlighted. The staff were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist said he would speak to any patients who were at risk to make sure they were aware of the pregnancy prevention programme, but he was not aware of any patients who met the risk criteria. Staff were seen to confirm the patient's name and address when medicines were handed out.

Some dispensed medicines were supplied in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacy would complete a DDA assessment or refer them to their GP to complete an assessment about their suitability. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge sheets were sought, and previous records

were retained for future reference. Disposable equipment was used to provide the service, and the compliance aids were labelled with medication descriptions and a dispensing check audit trail. Patient information leaflets (PILs) were routinely supplied.

The pharmacy used a GP-led private service 'MedicSpot'. This enabled people to book a video consultation inside the pharmacy's consultation room to speak to a GP. The doctors were GMC registered and the service was regulated by the CQC. If a prescription was deemed necessary, the prescription was electronically sent to the pharmacy to be dispensed. The service was also providing COVID-19 'Fit to Fly' private PCR testing. People would book the test through the MedicSpot website, collect it from the pharmacy and perform the test off-site. The test would be placed into transportable receptacle by the person completing the test and placed into a collection bin in the pharmacy. Any questions from people would be referred back to the MedicSpot service. MedicSpot would relay any results back to the patient and so the pharmacy was acting only in the capacity of a collection /drop off point. The service was UKAS registered and the SI highlighted the guidance from UKAS which indicated he did not require UKAS accreditation or need to complete a self-declaration.

A 'methameasure' electronic measuring pump was used to dispense methadone mixture. The pump was kept clean and calibrated each morning using three measures. People's photos were stored on the computer to help ensure the correct dose was given to the correct person. Methadone was supplied in either a labelled cup or a bottle, depending whether it was for supervised consumption or to be taken away.

Stock medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Stock was checked on a 3-monthly basis. Records were kept showing what had been checked, and shelving was cleaned as part of the process. Short dated stock was highlighted using a sticker and liquid medication had the date of opening written on. Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. The medicines fridges were clean, and each was equipped with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had been in the required range for the last 3 months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the MHRA. Alerts were printed, action taken was written on, initialled and signed before being filed in a folder.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and drug tariff resources. All electrical equipment appeared to be in working order. Stickers indicated they had been PAT tested in June 2020. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for methadone. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. The electronic methadone pump was cleaned and calibrated each day.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the staff to move to a private area if the phone call warranted privacy. The consultation room was used appropriately; patients were offered its use when requesting advice or when counselling was 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.