General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Well, Biddulph Primary Care Centre, Wharf Road, Biddulph, STOKE-ON-TRENT, ST8 6AG

Pharmacy reference: 1117869

Type of pharmacy: Community

Date of inspection: 23/04/2024

Pharmacy context

This busy community pharmacy is located in a Primary Care Centre. Most people who use the pharmacy are from the local area. A home delivery service is available for house-bound people. The pharmacy dispenses NHS prescriptions, and it sells a range of over-the-counter medicines. And it provides a seasonal flu vaccination service and some other NHS funded services including the Pharmacy First Service. Around 60-70% of prescriptions are sent to the company's hub to be dispensed.

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 asks its customers for their views and feedback. Members of the pharmacy team are clear about their roles and responsibilities. The team follows 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

The pharmacy had up-to-date standard operating procedures (SOPs) for the services provided which were accessible in an electronic format. Each member of the pharmacy team had a personal record of the training they had completed which included the SOPs they had read and accepted. The pharmacy manager alerted team members if there were any new SOPs for them to read. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their role. Team members were wearing uniforms and name badges showing their role. The name of the responsible pharmacist (RP) was displayed as required by the RP regulations.

The pharmacy team recorded dispensing incidents and near miss errors electronically on the intranet. This could be viewed at the pharmacy superintendent's (SI) office. A dispenser explained that they were reviewed by the SI team and learnings were shared within the company. The dispenser confirmed that the pharmacy team discussed near misses when they occurred and took actions to help avoid re-occurrences. For example, the dispensary shelves had been rearranged so that look-alike and sound-alike drugs (LASAs) were clearly separated. And alert stickers had been placed in front of some LASAs so extra care would be taken when selecting these. Clear plastic bags were used for assembled CDs and insulin to allow an additional check at hand out.

There was a SOP for dealing with complaints. A 'Customer Care' notice was on display in the retail area of the pharmacy which gave the details of head office, in case of a complaint and it also encouraged customers to give feedback. Professional indemnity insurance was in place.

The private prescription register, the RP record, and the controlled drug (CD) register were electronic and appeared to be appropriately maintained. Records of CD running balances were kept and these were regularly audited. Two CD balances were checked and found to be correct. Patient returned CDs were recorded and disposed of appropriately.

Team members completed training on confidentiality and had read the pharmacy's data protection policy. Confidential waste was collected in designated bags which were collected by a specialised disposal company. A dispenser correctly described the difference between confidential and general waste. A privacy statement was on display, in line with the General Data Protection Regulation (GDPR). The pharmacy sent people's prescriptions to the hub pharmacy in Stoke without obtaining explicit consent from the person. Details of the hub pharmacy were on some of the labelling. But people were assumed to have 'opted in' unless they objected at which point their record was changed to 'opted out', so their prescription was dispensed locally at the pharmacy.

The RP had completed level two training on safeguarding. Other members of the team had completed safeguarding training at a level appropriate to their role. The delivery driver said he would voice any concerns regarding children and vulnerable adults to the pharmacist working at the time. A dispenser gave examples of action she had taken when she had safeguarding concerns, which included referring a person to their GP and contacting the local crisis team. The pharmacy had a chaperone policy, and this was highlighted to people. The pharmacy provided a safe space for victims of domestic abuse, and there was a notice highlighting this. Pharmacy team members had completed training on domestic abuse, to improve their awareness and understanding of this.

Principle 2 - Staffing ✔ Standards met

Summary findings

Pharmacy team members work well together in a busy and challenging environment. They have the right training and qualifications for the jobs they do. Team members are generally comfortable providing feedback to their manager and they receive informal feedback about their own performance.

Inspector's evidence

There was an RP, two NVQ2 qualified dispensers (or equivalent) and a delivery driver on duty at the time of the inspection. The staffing level appeared adequate for the volume of work during the inspection and the team were observed working collaboratively with each other and the people who visited the pharmacy. There were two other qualified dispensers on the pharmacy team who were not present. Planned absences were organised so that no more than one person was away at a time. There was a small relief team, but other branches in the area were often short staffed, so the pharmacy generally had to rely on their own team. Some team members were available to work extra hours, if necessary, but overtime was closely monitored and was sometimes refused by the area manager. The pharmacy team described staffing levels as challenging at times, but they did their best to prioritise the workload and often started work early to try to get in front for the day.

Pharmacy team members carried out training using the company's online training platform. Team members carrying out the services had completed appropriate training. A dispenser demonstrated a record of her completed training which included topics such as controlled drug management, antimicrobial stewardship, and the NHS Pharmacy First service. Training was audited by head office and the pharmacy manager alerted to any outstanding training. The dispenser said she didn't usually get time to complete training at work, so completed it at home. The driver completed deliveries for three separate branches. He explained that he had read relevant SOPs and carried out the required training for his role. This was overseen by his line manager in the delivery team. The RP was a locum pharmacist. He had carried out some Pharmacy First consultations at the pharmacy. He confirmed that he was competent to carry out this service and he had read and signed the Patient Group Directions (PGDs) and a declaration of competence.

Communication within the company was via the intranet. The pharmacy manager checked this when he was working in the pharmacy and cascaded messages to the rest of the pharmacy team. Other members of the pharmacy team checked it when he was absent. The company had a formal appraisal process to discuss team members performance and development, but some team members hadn't had an appraisal for several years. A dispenser confirmed she sometimes received informal feedback from the pharmacy manager, and she felt comfortable talking to them about any concerns she had. The team didn't have regular meetings, but discussed professional issues on a daily basis as they arose. There was a whistleblowing policy.

The pharmacists were empowered to exercise their professional judgement and could comply with their own professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine, because they felt it was inappropriate. Targets were set for most of the service provided and were very important in the organisation. The RP said he was a locum pharmacist, so he didn't feel under as much pressure as the rest of the pharmacy team to achieve targets.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides a suitable environment for people to receive healthcare services. It has a private consultation room so people can receive services in private and have confidential conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy premises, including the shop front and facia, were reasonably clean and in a good state of repair. The retail area was free from obstructions, professional in appearance and had a waiting area with six chairs. The temperature and lighting were adequately controlled. The pharmacy was situated in a purpose-built modern building and had been fitted out to a high standard. Staff facilities included a tearoom with a small kitchen area and a WC with a wash hand basin and hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water. Hand washing notices were displayed above the sinks. Hand sanitizer gel was available. There was a consultation room equipped with a sink. It was uncluttered, clean and professional in appearance. The availability of the room was highlighted by a sign on the door. This room was used when carrying out services such as the NHS Pharmacy First service and when customers needed a private area to talk.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are generally well managed and easy for people to access. The pharmacy sources, stores, and supplies medicines safely. And it carries out appropriate checks to ensure medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including people with mobility difficulties and wheelchair users. There were two entrances into the pharmacy with double size automatic doors. There was a hearing loop in the consultation room. Services provided by the pharmacy were advertised in the retail area. There was a range of healthcare leaflets and posters providing healthy living advice on subjects such as obesity and weight loss. The pharmacy team was clear what services were offered and where to signpost people to a service not offered. For example, supplying medicines in compliance aid packs.

The home delivery service was offered free of charge. The pharmacy was limited to twelve deliveries each day, so the team prioritised house-bound people. There was a robust electronic audit trail. The delivery driver recorded the name of the person taking in the medicine, and the date and the time were recorded automatically. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy. The delivery driver described the delivery process which was in line with the SOP. The pharmacy offered a managed repeat prescription service. People collecting their medicines from the pharmacy were asked for their requirements for next time when they collected their medication. Requirements were checked again at hand-out to reduce the risk of stockpiling and medicine wastage. It was assumed that people who usually received their prescriptions by delivery required all their medicines each time, so there was a risk that they sometimes might receive medication that they didn't require. A dispenser explained that because the delivery service had become limited, they now had more contact with people who received their medication by delivery, and they used this opportunity to confirm what medication they required.

Space was quite limited in the dispensary, but the workflow 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. New Medicine Service (NMS) stickers were used to highlight people who would benefit from that service. 'Pharmacist' or 'therapy check' stickers were used to highlight when counselling was required such as those containing valproate. The team were aware of the requirements for a Pregnancy Prevention Programme to be in place and that people who were prescribed valproate should have annual reviews with a specialist. The RP was aware that medicines containing valproate should be supplied in original containers to ensure people in the at-risk group were given the appropriate information and counselling.

A dispenser explained what questions she asked when making a medicine sale and when to refer the person to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and understood what action to take if she suspected a customer might be abusing medicines such as a codeine containing product.

CDs were stored in a large CD cabinet which was securely fixed to the floor. The keys were under the control of the RP 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. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled.

Recognised licensed wholesalers were used to obtain medicines and appropriate records were maintained for medicines ordered from 'Specials.' Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and recorded electronically. This was audited by head office. Short-dated stock was highlighted. Dates had been added to opened liquids with limited stability. Expired medicines were segregated and placed in designated bins. Alerts and recalls were received electronically and could also be viewed directly from the intranet. These were read and acted on by the pharmacy manager or a member of the pharmacy team in their absence, and the action taken was recorded for reference.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. Equipment is appropriately monitored and maintained so that it is safe to use.

Inspector's evidence

The pharmacist could access the internet for the most up-to-date reference sources. The RP said he used an App on his mobile phone to access the electronic British National Formulary (BNF) and BNF for children, as the internet could sometimes be unreliable.

There were two clean medical fridges for storing medicines. 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 and had been PAT tested. A sharps bin and other equipment required for the flu vaccination service was available in the consultation room. There was suitable blood pressure testing equipment, including equipment for testing ambulatory blood pressure. Weight scales and a height measure were available and there was a record to show that the weight scales had been recently calibrated. 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 a range of clean equipment for counting loose tablets and capsules. Medicine containers were appropriately capped to prevent contamination.

Computer screens were positioned so that they weren’t visible from the public areas of the pharmacy. Patient medication records (PMRs) were password protected. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted privacy.

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.