General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Ribble Village Pharmacy, 200 Miller Road, Ribbleton, PRESTON, PR2 6NH

Pharmacy reference: 1118731

Type of pharmacy: Community

Date of inspection: 09/03/2020

Pharmacy context

This is a community pharmacy inside a medical centre. It is situated in the residential area of Ribbleton, east of Preston city centre. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a minor ailment service. The pharmacy supplies medicines in multi-compartment compliance aids for some people to help them take the medicines at the right time.

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 usually 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 share learning between members of the pharmacy team to help reduce the chances of similar mistakes happening again.

Inspector's evidence

There was a current set of standard operating procedures (SOPs) which were reviewed in July 2018 and their stated date of review was July 2020. Most members of the pharmacy team had signed to say they had read and accepted the SOPs, but a dispenser had not. So he may not always be aware about where responsibility lies. A daily checklist was completed to check compliance with a number of professional requirements, including fridge temperature records, weekly controlled drug (CD) balance checks, and display of responsible pharmacist (RP) notice.

The pharmacist was not able to show what records were made following a dispensing error. He said if he was made aware about an error, he would write all of the details down and refer it to the superintendent (SI) to follow up. Near miss incidents were recorded on a paper log and the records were reviewed each month by the SI. The pharmacist said members of the pharmacy team were emailed by the SI to share learning identified from the review of the near miss records. An action which had been recorded on the review included introducing a second checks when dispensing controlled drugs, such as morphine, to help identify any possible picking errors.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A dispenser was able to explain what their responsibilities were and was able to discuss the tasks which could or could not be conducted during the absence of a pharmacist. The RP had their notice displayed prominently. The pharmacy had a complaints procedure which was explained in the practice leaflet. Any complaints were recorded to be followed up by the SI. A current certificate of professional indemnity insurance was seen.

Records for the RP, private prescriptions, and emergency supplies appeared to be in order. But unlicensed specials did not always contain the required details about who the supply was made to and when. This information is necessary to provide an audit trail in the event of a concern about the medicine. Controlled drugs (CDs) registers were maintained with running balances recorded and usually checked each month. Two random balances were checked, and one was found to be accurate. Another balance was found to have an excess. The pharmacist had investigated the discrepancy and had rectified the records. A patient returned CD register was available, but records were not made at receipt of the medicines. So the pharmacy may not be able to show what should be present.

An information governance (IG) policy was available. Members of the pharmacy team had completed in-house IG training and each member had signed a confidentiality agreement. When questioned, a dispenser was able to describe how confidential waste was segregated to be destroyed by a waste carrier. A privacy notice was on display and described how patient's data was handled and stored by the pharmacy.

Safeguarding procedures were on display in the dispensary and included the contact details of the local safeguarding board. Members of the pharmacy team had completed in-house safeguarding training and pharmacy professionals had completed level 2 safeguarding training. A dispenser said she 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 some additional training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included two pharmacists – one of whom was the SI, and two dispensers. All members of the team had completed the necessary training for their roles. The normal staffing level varied due to the extended hours of opening. Between 9am and 6pm there was a pharmacist and a dispenser. And outside of these hours the pharmacist worked alone. There was a very low footfall into the pharmacy and the volume of work appeared to be managed. Staffing levels were maintained by a staggered holiday system.

Members of the pharmacy team completed some additional training, for example they had completed a training pack about Children's oral health. Training records were kept showing what training had been completed. But further training was not provided in a structured or consistent manner. So learning needs may not always be fully addressed.

A dispenser gave examples of how he would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines that were liable to abuse that he felt were inappropriate, and refer people to the pharmacist if needed. The pharmacist said he felt able to exercise his professional judgement and this was respected by members of the pharmacy team. A dispenser said he received a good level of support from the pharmacist and felt able to ask for further help if he needed it. He said the pharmacist would provide him with feedback about his work. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the SI or a director. The pharmacy was set targets for services such as MURs and NMS. The pharmacist said he did not feel under pressure to achieve these.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations.

Inspector's evidence

The pharmacy was clean 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 central heating. Lighting was sufficient. The staff had access to a kettle, microwave, separate staff fridge, and WC facilities.

A consultation room was available with access restricted by use of a lock. There was a desk, seating, and adequate lighting. But it was cluttered with stock and detracted from the professional image expected of a consultation room. The patient entrance to the consultation room was clearly signposted.

Outside of the medical centre’s opening hours, a separate entrance enabled access to the pharmacy via a small corridor. When the pharmacist worked alone, access to the pharmacy was restricted to use of a glass hatch. A bell was available for people to alert the pharmacist about their presence.

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.

Inspector's evidence

Access to the pharmacy was level and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Pharmacy practice leaflets gave information about the services offered and information was also available on the website. 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 and a range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and recorded in a delivery book. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. CDs were recorded in a separate carbon copy book for individual patients and a signature was obtained to confirm receipt.

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. Dispensed medicines awaiting collection were kept on a shelf using a numerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out.

Some prescriptions for tramadol and gabapentin issued in December 2019 were found not highlighted. And schedule 4 CDs were not routinely highlighted. So there was a risk that these medicines could be supplied after the prescription had expired. The pharmacist said he would also highlight high-risk medicines (such as warfarin, lithium and methotrexate) and counsel patients to check their latest blood test results. But details about counselling were not recorded, which would be a useful record in the event of a query or concern. 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 any patients who were at risk had been spoken to so that they were aware of the pregnancy prevention programme. And this had been recorded on their PMR.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacist or the patient's GP would 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 information was 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.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. The pharmacy was not yet meeting the safety features of the Falsified Medicine Directive (FMD), which is now a legal requirement. Equipment was installed but the pharmacy team had yet to commence routine checks of medicines. Stock was date checked on a 3-month basis. A date checking matrix was signed by staff as a record of what had been checked. 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 cabinets, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There were clean medicines fridges, each with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had been in 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. According to the stickers attached, electrical equipment had last been PAT tested in June 2019. 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. Equipment was kept clean.

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. Substance misuse clients were directed to the use of the consultation room to provide 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.