General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Integro Pharmacy, Unit 4 The Alpha Centre, North Lane, ALDERSHOT, Hampshire, GU12 4RG

Pharmacy reference: 1120906

Type of pharmacy: Hospital

Date of inspection: 22/05/2019

Pharmacy context

This is a pharmacy that provides services at a distance and is located on an industrial estate in Aldershot in Hampshire. The pharmacy dispenses NHS and private prescriptions. It supplies medicines to care homes and some people receive multi-compartment compliance aids, if they find it difficult to take their medicines on 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 generally manages risks appropriately. Pharmacy team members deal with their mistakes responsibly. But, they may not be recording all the details or routinely reviewing them. This could mean that they may be missing opportunities to spot patterns and prevent similar mistakes happening in future. And, the pharmacy does not provide people with information on how they can complain. This makes it harder for people to know who to raise concerns with and could mean that the pharmacy misses opportunities to improve its services. Whilst the pharmacy team has some understanding of data protection, the team don't understand how they can help to protect the welfare of vulnerable people. So, they may not know how to respond to concerns appropriately.The pharmacy does not always maintain records that must be kept, in accordance with the law. This means that team members may not have all the information they need if problems or queries arise.

Inspector's evidence

There was a range of documented Standard Operating Procedures (SOPs) present to support the services being provided. They had been reviewed and implemented in 2018/19, staff had read and signed them, and the manager explained that the pharmacy was still in the process of aligning the SOPs to their current practice. As such, some of the SOPs, did not match the pharmacy's actual practice (such as using stickers to identify short-dated medicines – see Principle 4). Staff knew the activities that could be undertaken in the absence of the RP, they described calling the superintendent pharmacist to wait for further instruction and no dispensing activity would occur. The correct notice for the Responsible Pharmacist (RP) was on display and this provided details of the pharmacist in charge of operational activities.

Dispensing for the care homes, Monitored Dosage Systems for people in the community, processing of prescriptions and the final check for accuracy by the RP all took place within segregated areas. This helped to prevent errors or distractions occurring. The pharmacy team kept all the work stations clear of clutter. Their workload was observed to be manageable and organised.

Staff recorded their near misses, however, the action taken within the log, stated that the situation had been "changed" only, there was no root cause identified or recorded and review of near misses was not routine. Details of this process were last documented in 2017/18. There was also little information provided about how internal processes had changed in response to near misses.

The RP and pharmacy manager handled incidents, there was a documented complaints procedure present and the pharmacy's complaints process was on display in the pharmacy. However, as this was a pharmacy that was closed to the public and as there was no online website available for the pharmacy at the point of inspection, there were no details available to people using the pharmacy's services (see Principle 4).

The RP's process for handling incidents involved apologising, checking relevant details, identifying the root cause and ways to minimise this re-occurring in future, completing a pharmacy incident report and submitting details to the National Reporting and Learning System (NRLS). If anything had been taken incorrectly, prescribers were informed in writing about the situation and outcome. Documented details of previous incidents were present, and the team could demonstrate how processes had subsequently changed to make the pharmacy safer.

The pharmacy routinely obtained feedback from the care homes that it provided medicines to. This was verbally and through questionnaires that were sent to them annually. Results from the last survey were available at the pharmacy and demonstrated that 100% of the respondents rated the pharmacy as very good or excellent. Outstanding points were due to the homes receiving their medicines on time, the timings of acute deliveries and the efficiency provided by the pharmacy team in chasing missing items and resolving queries.

The team segregated confidential waste before it was disposed of by an authorised carrier and staff were trained on the EU General Data Protection Regulation. There was also documented information in place to provide guidance to the team on maintaining people's privacy.No members of the pharmacy team could identify and safeguard vulnerable people at the point of inspection. There was an SOP in place to provide guidance and information as well as contact details of relevant agencies. The latter was readily available. The RP was trained to level 1 via the Centre for Pharmacy Postgraduate Education (CPPE). Following the inspection, an email was received from the RP, who confirmed that staff had now read and signed the SOP.

There were Service Level Agreements in place with the care homes to define the working relationships between them.Records of unlicensed medicines were held in line with statutory requirements and the RP record was complete. However, the latter consisted of loose sheets and there was a risk that records could be lost, or entries inadvertently introduced.

A sample of registers seen for Controlled Drugs (CDs) were in general, compliant with the Regulations, although odd crossed out entries were seen. Balances for CDs were checked with every transaction and every three months. On selecting a random selection of CDs held in the cabinet (Fentanyl and Zomorph), only the former's quantity corresponded to the balance stated in the register. Following the inspection, email confirmation was received to verify that the latter's quantity had been reconciled and that this was due to an error in calculating the balance. The register to record details of returned CDs and their destruction was maintained in full.

Records of private prescriptions were seen with missing prescriber details.Professional indemnity insurance for the services provided was through Numark and due for renewal after September 2019.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. In general, members of the pharmacy team understand their roles and responsibilities. But, once they have completed basic training, the pharmacy does not provide them with many resources or training materials to help keep their knowledge and skills up to date. This could affect how well they care for people in the future and the advice they give.

Inspector's evidence

The pharmacy dispensed approximately 7,000 prescription items, with eight people receiving Monitored Dosage Systems (MDS) in the community and medicines were supplied to 37 care homes. Staff present included the RP who was also the superintendent pharmacist, the pharmacy manager who was undertaking accredited training for the NVQ2 in dispensing with Buttercups and three dispensing assistants, two of whom were enrolled in accredited training and the third was fully trained. One of the two delivery drivers was also seen. There was also another trainee dispensing assistant who was also undertaking accredited training with Buttercups. Certificates of some of the team's qualifications obtained were seen.

Staff in training completed course material at home and at work, formal appraisals were held every month and to assist with training needs, team members described taking instruction from the RP, using emails and documented information from the National Pharmacy Association as well as reading information from a trade publication. There were no formal targets in place to achieve services.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises provide an adequate environment to deliver its services. But, the team is keeping a dog onsite, this is unhygienic, and the pharmacy is not a suitable environment to keep a pet.

Inspector's evidence

The pharmacy premises consisted of a ground floor warehouse unit, that comprised of open space with a kitchenette/staff area, a sectioned office to one side and another room where medicines were stored on shelves. The premises were clean except for the latter area. At the inspection, this room was being used to house a puppy during the daytime, the room was sectioned off with a gate in place to prevent the animal from obtaining access into the rest of the unit. No medicines were within its reach and totes that were present in the room were empty, however the latter were seen to have been gnawed at. This situation was discussed at the inspection. The inspector was told that this was a temporary measure, the dog had only been at the pharmacy for the past week because it was currently unwell, and an assurance was provided that it would be removed going forward.

The pharmacy was sufficiently ventilated and suitably lit. Temperature control systems were in place to assist with the former. There was ample space available to store medicines and assemble MDS trays for care homes and people in the community.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy obtains medicines from reputable sources, but it doesn't always make sure that they are safe to use. It stores some medicines in poorly labelled containers. This makes it harder for the team to check the expiry date, assess the stability or take any necessary action if the medicine is recalled. Most of the pharmacy's services are delivered in a safe manner. But, team members do not always identify prescriptions that require extra advice. This makes it difficult for them to show that appropriate advice has been provided when these medicines are supplied.

Inspector's evidence

The pharmacy's website was currently under construction and hence the services on offer, were not being advertised. The GPhC's requirements and guidance on pharmacies providing services at a distance were discussed at the time and according to the pharmacy manager, the website was previously up and running. Counselling occurred over the phone to people in their home or to care home staff, the team provided printed information/leaflets where required, this included information to promote health and details of interventions were logged. As the pharmacy was not open on weekends, the RP explained that she was available over the weekend to provide advice or to deal with queries and this included responding by email. A 24-hour service was therefore provided.

During the dispensing process, baskets were used to segregate prescriptions and prevent the inadvertent transfer of items. The pharmacy used colour co-ordinated baskets for different homes as an additional safeguard and team members prioritised their workload on a noticeboard. Staff used two different dispensing audit trails to verify their involvement in processes. The first was through a facility on generated labels and the second involving placing their details on a separate sheet which highlighted who had dispensed the items. In addition, a list of residents was used by staff when assembling and accuracy-checking, they crossed off details as they worked. The process for care homes and MDS trays involved prescriptions being processed, the pharmacy manager then selected the stock before it was passed to staff to assemble.

Care homes: Two of the care homes were supplied with original packs, the remainder received medicines inside trays. The care homes ordered their own prescriptions, the pharmacy used a system where details of their requests were recorded and could be viewed by the pharmacy team. Once prescriptions were received by the pharmacy, they used lists of residents, repeat requests and medication records on the system to confirm if any items were missing. They then sent emails to the homes to query missing items or changes and kept records to verify this. Details of any advice provided by fax or email was also retained. Medication Administration Records (MAR) and the pharmacy's system recorded details of allergies or sensitivities. Patient Information Leaflets (PILs) were routinely provided, the pharmacy provided care homes with a link to the electronic Medicines Compendium (eMC) so that they could obtain this information readily as well as providing them with current versions of some reference sources. Interim or mid-cycle items were provided by the pharmacy or if, occasionally dispensed at another pharmacy, the pharmacy was informed so that records could be updated.

The RP described checking references, liaising with the GP and providing advice or alternatives in liquid form, if the pharmacy was approached to provide advice regarding covert administration of medicines

to care home residents. Details were documented and retained to verify this. Drug alerts were passed to staff at the homes to ensure affected stock was not present. There were some residents within the care homes prescribed higher-risk medicines, limited details were provided to the team and for the majority, the pharmacy did not obtain information about relevant parameters such as blood test results. This included the International Normalised Ratio (INR) level for residents prescribed warfarin.

MDS trays: Prescriptions were ordered by the pharmacy for people living in their own homes. Staff cross-referenced details against prescriptions to identify changes and missing items, they checked with the prescriber and maintained records to verify this. All medicines were de-blistered into trays with none left within their outer packaging. PILs were provided with every supply. Descriptions of medicines inside trays were provided. There were no people with higher-risk medicines and mid-cycle changes involved trays being retrieved, amended, re-checked and re-supplied.

Deliveries: The pharmacy's delivery drivers had read SOPs and described shadowing another member of staff as part of their training. Audit trails were maintained to verify when and where medicines were delivered, and this included identifying fridge items and CDs. Signatures were obtained from care home staff or people in their homes upon receipt of the delivery. People were contacted prior to delivery and failed deliveries were brought back to the pharmacy to await further instruction.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as AAH, Phoenix, B&S Colorama and Alliance Healthcare. Unlicensed medicines were obtained from the latter three wholesalers. Staff were aware of the processes involved with the European Falsified Medicines Directive (FMD), they were not fully set up to comply with the process, but the pharmacy was registered with SecurMed, there was documented guidance in place to assist the team as well as relevant equipment present such as scanners.

Medicines were stored in an organised manner on shelves, there were no medicines stored on the floor or date-expired medicines seen. Medicines were date-checked for expiry every few months and a schedule was in place to demonstrate the process. Staff explained that they removed short-dated stock with less than three months expiry. CDs were stored under safe custody and the keys to the cabinet were maintained in a manner that restricted unauthorised access.

Several mixed batches of medicines were present as well as medicines that were de-blistered/removed from their original containers and either, stored inside the original pack with no relevant details to identify the contents or poorly labelled (with no batch number or expiry date). Staff were aware of the risks associated with valproate, an audit was conducted to identify any females at potential risk. The RP explained that one resident was identified, and counselling occurred. The pharmacy had access to relevant material to provide to people if required.

Medicines requiring disposal by people or from the care homes were collected by the delivery driver and appropriate containers were used for storage. People requesting sharps to be disposed of, were referred to the local council and returned CDs were brought to the attention of the RP. Relevant details were entered into a CD returns register, the medicines were segregated and stored in the CD cabinet prior to destruction. The pharmacy held a waste license that enabled transportation of waste and evidence of this was seen.

There was a process in place to respond to drug alerts, the pharmacy team received them via email, stock was checked, action was recorded and taken if necessary. A full audit trail was maintained to verify the process.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely.

Inspector's evidence

The pharmacy was equipped with current versions of reference sources and had access to online resources. It also held a range of equipment to enable it to provide services effectively. This included counting triangles and a separate one for cytotoxic medicines, tweezers as well as pill cutters.

The sink used to reconstitute medicines was clean. There was hot and cold running water as well as antibacterial hand wash was in place. The CD cabinet conformed to statutory requirements. The fridge stored medicines that required cold storage within the appropriate range.

The team held their own NHS smart cards to access electronic prescriptions which they took home with them overnight. Computer terminals were password protected with individual passwords used to access. There were also lockers available for staff to store their personal belongings.Trolleys and fridges were loaned to the homes and in the event of a breakdown, the pharmacy arranged for a replacement.

At the inspection, plastic measures were being used to reconstitute liquid medicines. After discussing the use of standardised measures, the plastic ones were immediately disposed of and the RP located a set of glass, conical measures to be used for this purpose, going forward.

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.