General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Gaiger Chemist, 296 High Street, SUTTON, Surrey, SM1 1PQ

Pharmacy reference: 1121909

Type of pharmacy: Community

Date of inspection: 09/04/2019

Pharmacy context

This is a Healthy Living Pharmacy (HLP) in the suburban high street of Sutton, and is open six days a week. It dispenses NHS and private prescriptions, sells over-the-counter medicines and provides health advice. It also supplies medicines in multi-compartment compliance aids (blister packs or trays) for those who may have difficulty managing their medicines.

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	2.1	Good practice	There is evidence that staffing levels are continually reviewed to ensure that they remain appropriate. Team members do not appear to be pressurized, and are able to complete tasks properly and effectively in advance of deadlines.
		2.2	Good practice	New employees have a structured induction programme to prepare them for work in the pharmacy. Protected time is provided for staff to learn while they are at work. Records show that team members complete regular ongoing training, relevant to their roles, to help keep their skills and knowledge up to date.
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

Members of the pharmacy team are clear about their roles and responsibilities. They work to professional standards, identifying and managing risks effectively. The pharmacy generally logs the mistakes it makes during the dispensing process. It reviews those logs on a regular basis, learns from them and takes action to avoid problems being repeated. The pharmacy keeps its records up to date and these show that it is providing safe services. But the pharmacy does not always carry out regular checks on some of its medicines to make sure that the records match what is in stock. So it makes it harder to see if any are stolen or if a mistake is made. It manages and protects confidential information well and it tells people how their private information will be used. The team members also understand how they can help to protect the welfare of vulnerable people. The pharmacy has adequate insurance in place to help protect people if things do go wrong.

Inspector's evidence

There are up-to-date Standard Operating Procedures (SOPs) in place to underpin all professional standards. The dispenser is responsible for most of the record-keeping in the pharmacy and was currently in the process of updating the SOPs. The staff have not yet signed all of them but signed copies of the original SOPs were all in order.

Errors and near misses are recorded and then reviewed monthly. The monthly safety reports are then collated to produce an annual safety report. The staff were aware of “Look Alike Sound Alike” (LASA) drugs and explained that they took extra care when selecting those. They are currently reorganising the shelving and starting to use the LASA stickers to highlight those items. In addition to the more commonly recognised LASAs, they had also identified some of their own including sulfasalazine and sulfasalazine GR tablets for particular care. They had also rearranged lunch breaks to improve workflow as a result of analysing their monthly safety reports.

They had recently conducted an audit of owings and out-of-stocks and have produced some template letters for patients and for GPs as a result. They use these to alert GPs to shortages and to suggest available alternatives. They ask patients for their phone numbers so that they can update them regarding availability of their medicines.

Staff were able to describe what action they would take in the absence of the responsible pharmacist (RP), and they explained what they could and could not do. They outlined their roles within the pharmacy and where responsibility lay for different activities. There was a roles and responsibilities matrix in place. All dispensing labels were signed by two people to indicate who had dispensed the item and who had checked it. The responsible pharmacist notice was clearly displayed for people to see, although it hadn’t been changed from the previous day. The RP record was seen to be generally in order, but three entries didn’t show when the RPs responsibilities ceased for the day.

Results of the latest Community Pharmacy Patient Questionnaire (CPPQ) were available on the nhs.uk site for patients to see. The pharmacy complaints procedure was detailed in the practice leaflets and on a notice displayed near the pharmacy counter.

A certificate of professional indemnity and public liability insurance from the National Pharmacy

Association (NPA) was also on display for patients to see. Private prescription records and emergency supply records were maintained electronically and were mostly complete and correct. However, there were a number of emergency supplies outstanding which did not appear to have been redeemed against a prescription. The pharmacist explained that any prescriptions that had already been requested would be chased up, and re-requested if necessary. The pharmacist said that he would check the emergency supply entries once a week from now on to ensure that they did not build up in future.

Stock balances of Fentanyl 12mcg and 25mcg patches were checked and found to be correct. Records of CDs returned by patients were seen to be made upon receipt and subsequent destruction documented and witnessed. The pharmacy had received written authorisation from the local Controlled Drugs Accountable Officer (CDAO) to destroy a list of specified out of date CDs, and all was seen to be in order. Records of unlicensed “specials” were seen to be complete.

All staff were able to demonstrate an understanding of data protection and had undergone General Data Protection Regulation (GDPR) training. They were able to provide examples of how they protect patient confidentiality, for example inviting them into the consulting room when discussing sensitive information. Delivery sheets were kept as a record of delivery, and a separate signature page was used to avoid inadvertent breaches of confidentiality. Bags containing completed prescriptions in the prescription retrieval system were not visible to patients waiting at the counter. Confidential waste is kept separate from general waste and shredded onsite. The annual Data Security and Protection (DSP) toolkit had been completed on time, and a privacy notice was on display. The dispenser is the named Information Governance (IG) lead for the pharmacy. She explained that she is currently planning a physical risk assessment reviewing security arrangements, collection and delivery of prescriptions and computer password security.

There are safeguarding procedures in place and contact details of local referring agencies were available using the NHS safeguarding app. All staff have undergone safeguarding level 1 training, all registrants have been trained to level 2 and all staff were dementia friends. The dispenser is the named safeguarding lead for the pharmacy.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are well trained, and have a good understanding about their roles and responsibilities. They can make suggestions to improve safety and workflows where appropriate. And they respond well when things go wrong to make their services safer.

Inspector's evidence

This team was a mix of new and experienced staff, all of whom appeared to be working well together. There was one part-time dispenser, one EU qualified pharmacist working as a dispenser, in addition to the responsible (superintendent) pharmacist and a second pharmacist on duty at the time of the inspection. In the event of staff shortages, part-time staff would increase their hours to make up the difference. Training records were seen confirming that all staff had either completed or were undertaking the required training. Each week they had a “30-minute tutor” session with the pharmacist covering product updates or new product launches.

New starters undergo an induction programme, provided by Avicenna, with the dispenser. All staff also complete the medicines counter assistant training before going on to complete NVQ2 dispensing assistant training. Staff training records were seen to confirm this. Appraisals are carried out annually by the dispenser on the other dispensing staff, and hers is carried out by the superintendent.

Staff were seen asking appropriate questions when responding to requests or selling medicines. The second pharmacist confirmed that he was comfortable with making decisions and does not feel pressurised to compromise his professional judgement.

Team members were involved in open discussions about their mistakes and learning from them. Team members said that they could raise concerns and that there is a whistleblowing policy available for them if needed. There are targets in place but they are applied reasonably and don’t impact upon their professional decision-making.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are clean and open-looking with plenty of space. The pharmacy provides a safe, secure and professional environment for people to receive healthcare services.

Inspector's evidence

The pharmacy premises are clean and tidy, and there is sufficient space to work safely and effectively. The temperature in the pharmacy was maintained at a comfortable level by a heating/air-conditioning system and is suitable for the storage of medicines

There is a small consultation room for confidential conversations, consultations and the provision of services. The door was kept locked when not in use. The dispensary sink was clean and has hot and cold running water. The sinks and toilet areas were clean and well maintained.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and manages medicines safely, and so makes sure that all the medicines it supplies are fit for purpose. It takes steps to identify people supplied with high risk medicines so that they can be given extra information they need to take their medicines safely. However, the pharmacy doesn't currently have a hazardous waste bin to dispose of hazardous waste medicines and this may increase the risk to staff and the environment. The pharmacy responds well to drug alerts or product recalls to make sure people only get medicines or devices which are safe. It keeps a record of the checks it makes to keep people safe.

Inspector's evidence

The pharmacy provides a range of services which are accessible to a wide range of people. Patients are signposted elsewhere for services not provided in the pharmacy. The pharmacy has a signposting folder containing details of a number of local service providers. It has step-free access and a wide-open space between the door and the counter, allowing easy access for wheelchair users. The pharmacy has staff fluent in Arabic, Gujarati and Italian.

Controls were seen to be in place to reduce the risk of picking errors, such as separating some of the LASAs, and the use of baskets to keep individual prescriptions separate. Owings tickets were in use when medicines could not be supplied in their entirety. Patients are then phoned to advise them when their medication would be ready, especially if they have been difficult to obtain.

Prescriptions in retrieval awaiting collection are clearly marked to indicate if further intervention is required when handing them out, eg additional counselling or items in the fridge. CDs are highlighted, including schedule 4s such as zopiclone to ensure that they are not handed out after their 28-day validity.

Monitored Dosage System (MDS) blister packs or trays are dispensed towards the rear of the dispensary, away from distractions. Each patient has an individual record sheet showing their current medicines and dosage times. There was also a forward planner containing a re-ordering schedule and the delivery schedule for the one-weekly and four-weekly MDS trays. The trays were seen to be labelled complete with product descriptions. Patient Information Leaflets (PILs) were not always provided as patients did not want them. The inspector pointed out that this is a legal requirement and that patients should be given a PIL with their MDS trays.

Staff were aware of the risks involved in dispensing valproates to women who may become pregnant, and all such patients were counselled and provided with leaflets and cards highlighting the importance of having effective contraception. An audit identified just one woman in the at risk group who was counselled accordingly. The counselling was seen to have been recorded on their PMR. Patients on warfarin are routinely asked for their INR records, but the local anticoagulant clinic just issues them with a ticket which most people don't have them with them.

Medicines are obtained from licensed wholesalers including AAH, Alliance, Phoenix, Colorama and DE South. The pharmacy was not yet compliant with the Falsified Medicines Directive (FMD) and was still

trying to decide which system to use.

Routine monthly date checks were seen to be in place, with a detailed matrix showing the sections to be checked. No packs were found to contain mixed batches. Bottles of liquid medicines were suitably annotated with the date of opening, except for methadone oral solution. Fridge temperatures were recorded daily and seen to be within the two to eight degrees Celsius range.

Pharmacy medicines are displayed behind the medicines counter to avoid unauthorised access and/or self-selection. Patient-returned medicines are screened by placing them in a tray to ensure that any CDs are appropriately recorded, and that there are no sharps present. There were no purple-lidded containers for separate disposal of hazardous medicines. Patients with sharps are signposted to the local council for disposal. DOOP containers were seen for the safe disposal of CDs.

The pharmacy receives drug alerts and recalls from the MHRA, which were seen to be kept in a well organised file. Each alert was annotated with any actions taken, the date and initials of those involved. The pharmacy equipment and facilities were seen to be appropriate for the services provided. The consultation room was clean and tidy.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the right equipment for the range of services it provides and it makes sure that it is properly maintained. The pharmacy keeps people’s private information safe.

Inspector's evidence

The pharmacy has a set of clean crown-stamped conical measures, and a separate measure for methadone. There was also a separate counting triangle for cytotoxics such as methotrexate.

All computer screens are positioned so that they are not visible to the public, and they were seen to be password protected. Individual NHS smartcards were in use, and passwords are not shared. Team members were seen to take the phone to the rear of the dispensary when discussing sensitive matters on the phone. There were up-to-date reference books available and the pharmacy has internet access.

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.