General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Alton Pharmacy, 68 High Street, ALTON, Hampshire, GU34 1ET

Pharmacy reference: 1122109

Type of pharmacy: Community

Date of inspection: 11/02/2020

Pharmacy context

This is a community pharmacy in the centre of Alton. It is one of 40 under the same ownership. As well as NHS essential services the pharmacy provides Medicines Use Reviews (MURs), New Medicines Service (NMS) and a prescription delivery service. It also provides multi-compartment compliance packs for people living in the local community and nursing homes. In addition, the pharmacy provides seasonal flu vaccinations, emergency hormonal contraception (EHC) and drug misuse support services, including the supervised consumption of methadone and buprenorphine. The pharmacy also has a travel vaccination and malaria prophylaxis service.

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	2.5	Good practice	The pharmacy's team memebers support each other well. They work together to improve the efficiency and quality of services for people
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 ensures that its working practices are safe and effective. Its team members understand their roles and responsibilities. They listen to people's concerns and keep their information safe. They discuss any mistakes they make and share information to help reduce the chance of making mistakes in future. The pharmacy has adequate insurance in place to help protect people if things do go wrong. But the pharmacy is not thorough enough in the way that it captures information which will help the team to learn and improve.

Inspector's evidence

Staff worked under the supervision of the responsible pharmacist (RP) whose sign was displayed for the public to see. There was a set of standard operating procedures (SOPs) in place. And staff had read and signed the SOPs relevant to their roles. The pharmacy had procedures for managing risks in the dispensing process. All incidents, including near misses, were discussed at the time and recorded. The team also had periodic meetings to review and discuss its mistakes and find ways of preventing a reoccurrence. The company had recently changed its system for recording near misses. And had changed from a paper system to an electronic one (Pharmapod), which staff were still getting used to using. They found that the new system's main drawback was that in order to use it they needed access to a dispensary computer which would often interrupt the dispensing process. And so, they had resorted back to paper records. In recent months, near miss records did not explain how the mistake might have happened, or what actions were taken as a follow up. It was also unclear what staff had learned or what they would do differently next time. So, although all near misses were discussed at the time, follow up activity was not fully captured and available for review. The pharmacy had recently had several near misses involving selection of the incorrect form of medicine. But how this was to be addressed was not specifically mentioned in the records. So, there was still scope for the team to use the near miss recording system to help them improve their dispensing procedures.

However, this was small close-knit team and it was clear that discussions about the tasks in hand were integral to the day to day running of the pharmacy. The pharmacist described how stocks of various look-alike, sound-alike drugs (LASAs) such as esomeprazole and escitalopram and esomeprazole tablets and capsules, had been separated to different shelves. Olanzapine had been separated from omeprazole by placing it alongside products beginning with Z. Stocks had been re-organised and separated in this way to help catch the attention of staff and prevent them from being selected incorrectly. The pharmacy also received a weekly communication from the superintendent (SI) office. The communication shared information on common mistakes to help raise the team's awareness.

The pharmacy had a documented complaints procedure. A SOP for the full procedure was available for reference. Where possible, customer concerns were dealt with at the time by the regular pharmacist. And formal complaints were recorded on the pharmapod system where they could be viewed electronically by the superintendent and head office staff. But staff said complaints were rare. The manager described being made aware of difficulties with the way in which the pharmacy managed its repeat prescription service. And as a result, all staff were being retrained so that their use of the system was consistent and in line with procedure. This training had also been extended to weekend staff and was ongoing. The team described how they ordered the same brands of medicines for certain people to help meet their needs. Notes were added to patients' patient medication records (PMRs) as a reminder

for staff. The pharmacy had professional indemnity and public liability arrangements so, they could provide insurance protection for staff and customers. Insurance arrangements were in place until 31 December 2020 when they would be renewed for the following year.

All the necessary records were kept and were in order including Controlled Drug (CD) registers and records for private prescriptions, emergency supplies and unlicensed ‘Specials'. RP records were also generally in order but not all locums were entering the time at which their responsibilities ceased. The pharmacy had records for CDs which had been returned by people, for destruction. Records of returned CDs were kept for audit trail and to account for all the non-stock CDs which RPs had under their control.

Staff had had been trained on information governance and confidentiality. Discarded labels and tokens were disposed of in a confidential waste bin for collection by a licensed waste contractor. Completed prescriptions were stored in the dispensary where patient details could not be viewed from customer areas. The pharmacist and dispenser had completed level 2 CPPE training for safeguarding children and vulnerable adults. Other dispensing staff had achieved level 1 and remaining staff briefed. All staff had completed dementia friends training. The pharmacy team had not had any specific safeguarding concerns to report. Contact details for the relevant safeguarding authorities were available online.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy team manages the workload safely and effectively and team members work well together. They support each other well. They are able to provide feedback to one another to improve the pharmacy's services.

Inspector's evidence

On the day of the inspection services were managed by the regular responsible pharmacist (RP) and a manager who was also a trained medicines counter assistant (MCA). The rest of the team consisted of a dispenser, two trainee dispensers and a MCA. Staff were observed to work well together, each attending to their own tasks and assisting one another when required. They were up to date with the daily workload of prescriptions and customers were attended to promptly.

The dispenser described being able to raise concerns. She described having regular, informal discussions with the pharmacist and her other colleagues. She said she could make suggestions as to how things could be improved. She described how she had suggested that the team should try to improve communications with its nursing homes. Particularly with regard to improving the way that interim prescriptions were managed. And asking nursing home staff to let the pharmacy know in advance about any patient allergies or when there was a new resident who may require a multi-compartment compliance pack. Two members of the team set off to a meeting at one of the nursing homes during the inspection. The meeting was set up to find better ways of working together so that the pharmacy could improve its service.

The pharmacist felt supported in his role. He was set targets to increase prescription volume. But he said these did not compromise patient care. He said that he would always provide an MUR or an NMS consultation for patients who needed them. But he was able to prioritise his own tasks.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises are generally clean, tidy and organised. They provide a safe, secure environment for people to receive healthcare services. But the pharmacy does not have enough storage space. This means that the pharmacy did not look as tidy and organised as it could.

Inspector's evidence

The pharmacy had a bright modern appearance. It had a reinforced glass door with full height windows to either side. There was a small seating area for waiting customers and a consultation room. The consultation room was available for private consultations and additional services such as MURs. The door to the room was just behind and to the side of the counter so that it could be easily accessed by customers. But the consultation room door had been left open during the inspection. And cupboards in the room were unlocked even although they held files and folders containing patients' personal information. Also, in the consultation room, the computer screen had been left on while still showing patient names and prescription details. But the room was very close to the counter. And the risk of anyone entering the room and seeing any of this information, was low, as there was usually a member of staff present. But staff maintained that the cupboards were normally kept locked and the computer screen switched off when not in use. Flattened cardboard boxes had been stacked behind counter, giving the counter area an untidy appearance. Staff said the cardboard had been placed there temporarily due to a general lack of space.

Pharmacy (P) medicines were stocked on the back wall behind the counter. Completed prescriptions were stored on shelving inside the dispensary where names and addresses on prescription bags could not be viewed from customer areas. The pharmacy had a relatively spacious dispensary, which was on a raised level, up a short flight of stairs behind the counter. The dispensary had a clear work flow. It had a U-shaped, run of dispensing surface. Approximately 12 metres in length. Most of the dispensing and checking took place took place on an area of dispensing surface closest to the counter and shop floor. Work surfaces were well utilised, and there was not much free space for dispensing. There appeared to be a general lack of storage space with full work tops and tote boxes stacked up and used for storing stock for nursing homes. Bulky items, ordered in for prescriptions, had to be placed on the floor until they were dispensed. Printer paper and bags were also stacked on an area of floor space.

The rear of the premises had a small workstation for administrative and management tasks. It also had a staff area, stock storage facilities and a sturdy back door. Access to the dispensary was authorised by the Pharmacist. In general, the pharmacy was clean and organised and had a professional appearance. Shelves and worksurfaces were generally clean. But the floor did not appear to have been vacuumed, swept or mopped for some time. As there was a significant amount of dust and debris on it. But overall the pharmacy had a professional appearance. Its stocks included a range of baby care, healthcare, beauty and personal care items.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy generally provides its services safely and effectively. And it generally gives people the advice and information they need to help them use their medicines properly. The pharmacy usually manages its medicines safely. But it is not always thorough enough in the way it checks that its medicines are all fit for purpose.

Inspector's evidence

A selection of the pharmacy's services was advertised at the front window. But, the list of services was not fully up to date and did not advertise the pharmacy's travel services. The pharmacy had a small range of information leaflets for customer selection. The pharmacy had step-free access and an automatic door and aisles were wide and kept clear of obstructions. The consultation room was small but just big enough for wheelchair access, which meant that wheelchair users could access services requiring a private consultation, such as a MUR. The pharmacy's healthy living pharmacy display area was displaying the previous month's NHS message on antibiotics awareness.

There was a set of SOPs in place and in general, staff appeared to be following them. CD stock was audited regularly as per the CD SOP although not weekly. But the quantity of stock checked (Longtec 10mg tablets) matched the running balance total in the CD register. Multi-compartment compliance aids were provided for people who needed them. Patient information leaflets (PILs) were offered to patients with new medicines but were not provided regularly with repeat medicines. And the medication in the compliance aids were not all given a description, including colour and shape, to help people identify them.

The pharmacy had procedures for targeting and counselling all female patients taking sodium valproate. The RP said he had conducted an audit where he had checked the pharmacy's records for any patients in the at-risk group taking the drug. And he had provided warning cards and booklets as appropriate. All packs of sodium valproate in stock bore the updated warning label, and the pharmacist had extra warning labels to apply to packs if needed. The pharmacy had up-to-date PGDs and service specifications for both the private travel vaccination services. The pharmacist would explain to people what they could expect when receiving a vaccination and asked them to complete a consent form. The pharmacist kept records of the consultation for each vaccination, including details of the product administered. The pharmacy had procedures in place for managing an anaphylactic response to vaccinations.

The pharmacy obtained its medicines and medical equipment from: AAH, Alliance Healthcare, Phoenix and Sigvaris. And it obtained its unlicensed 'specials' from BCM and IPS or Rokshaw. All suppliers held the appropriate licences. Stock was generally stored in a tidy, organised fashion. Although there was an amber dispensing bottle containing loose tablets which had been placed back into stock without adequate labelling. The pharmacy had two CD cabinets and a fridge for storing medicines for safe custody, or cold chain storage as required. Fridge temperatures were read and recorded daily. Stock was regularly date checked and records kept. Short-dated stock was highlighted. But there was a pack of Intuniv 1mg tablets, expiring at the end of the current month, which had not been highlighted. The pharmacy had the equipment for scanning products in accordance with the European Falsified Medicines Directive (FMD) but had yet to obtain the software. So staff were aware of FMD

requirements but were not yet scanning products with a unique bar code.

The pharmacy disposed of its waste medicines in the appropriate containers for collection by a licensed waste contractor. But staff did not have a list of hazardous waste to refer to or a separate container, so they could ensure that they were disposing of all medicines appropriately. Drug recalls and safety alerts were generally responded to and records were kept. The pharmacy had identified packs of affected batches in the recent recall for ranitidine 150mg and 300mg tablets. The affected batches were retrieved from stock and returned to the wholesalers.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. In general, the pharmacy uses its facilities and equipment to keep people's private information safe.

Inspector's evidence

The pharmacy had the measures, tablet and capsule counting equipment it needed. Measures and tablet triangles were of the appropriate BS standard and clean. Staff took precautions to help prevent cross contamination by using a separate triangle for counting loose cytotoxic tablets. And amber dispensing bottles were usually stored with their caps on to prevent contamination with dust and debris. CD denaturing kits were used for the safe disposal of CDs. Staff had access to up-to-date information sources in the form of a BNF, a BNF for children and the drug tariff. Pharmacists also used a range of online information sources including Web MD, the BNFs online and the NHS, NICE and EMC websites.

There were four computer terminals available for use, two in the dispensary, one in the consultation room one on counter. All computers had a PMR facility, were password protected and were generally out of view of patients and the public. It was noted that the RP was used his own smart card when working on PMRs. Staff used their own smart cards to maintain an accurate audit trail and to ensure that access to patient records was appropriate and secure. Patient sensitive documentation was stored out of public view in the pharmacy and confidential waste was collected for safe disposal.

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.