General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Dale Pharmacy Ltd, 218 Bebington Road, BIRKENHEAD, Merseyside, CH42 4QF

Pharmacy reference: 1123447

Type of pharmacy: Community

Date of inspection: 15/01/2020

Pharmacy context

The pharmacy is situated amongst a small number of other retail shops in Rock Ferry, near to the town of Birkenhead. The pharmacy premises are accessible for people, with adequate space in the retail area. It has a consultation room available for private conversations. The pharmacy sells a range of over-the-counter medicines and dispenses private and NHS prescriptions. And it supplies medication 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	1.2	Good practice	The pharmacy records and analyses adverse dispensing incidents to identify learning points which are then incorporated into day to day practice to help manage future risk.
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 has written procedures to help make sure the team provide services effectively. But they are past their date of review, so they may not always match the current ways of doing things. Members of the pharmacy team are clear about their roles and responsibilities. They record their mistakes so that they can learn from them. And act to help stop the same sort of mistakes from happening again.

Inspector's evidence

There were standard operating procedures (SOPs) for the services provided, with sign off sheets showing that members of the pharmacy team had read and accepted them. Some of the SOPs had last been reviewed in 2016 and were past the stated date of review. Roles and responsibilities of the pharmacy team were set out in SOPs. A member of the pharmacy team was able to clearly describe her duties. Dispensing incidents were recorded on the incident reporting section of the computer patient medication record (PMR). These incidents were reviewed by the superintendent (SI) and shared with the team. Near miss errors were discussed with the member of the pharmacy team at the time and were recorded in a near miss log. They were reviewed for trends and patterns every four to eight weeks, with the outcome of the review shared with the pharmacy team. Indapamide and imipramine had been separated on the dispensary shelves following a dispensing error. The pharmacy team also provided other examples of stock medication being highlighted after near miss errors occurring. For example, tramadol and trazadone.

The correct responsible pharmacist (RP) notice was displayed conspicuously in the pharmacy. A complaints procedure was in place. But details about it were not on display so people may not always know how they can raise concerns. The pharmacy technician explained that she aimed to resolve complaints in the pharmacy at the time they arose, but she would involve the pharmacist if necessary. A customer satisfaction survey was carried out annually. The pharmacy technician explained that some patients had provided negative feedback about the stock availability. She said the pharmacy had a good working relationship with the local GP practices and the GPs would change the medication prescribed when there were long-term manufacturing problems.

Insurance arrangements were in place. And a current certificate of professional indemnity insurance was displayed. The private prescription record, emergency supply record, unlicensed specials record, responsible pharmacist (RP) record and the CD register were in order. A balance check for a random CD was carried out and found to be correct. Patient returned CDs were recorded appropriately.

Confidential waste was placed into a bag and collected by an authorised carrier. Confidential information was kept out of sight of patients and the public. An information governance policy was in place and team members had read and signed confidentiality agreements as part of their employment contracts. The computers were password protected, screens were positioned so that they were facing away from customers. Assembled prescriptions awaiting collection were stored so that patient

information was not visible. A privacy notice was displayed.

The pharmacist had completed level 2 safe guarding training. There were details of local safeguarding contacts present, but there was no safeguarding SOP in place. So, it may be more difficult for the pharmacy team to understand the correct procedure to follow in the event of a concern arising.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Team members receive feedback about their performance to help them improve. And they feel able to act on their own initiative and use their professional judgement. But the lack a structured approach to ongoing training could mean their skills and knowledge may not always be up to date.

Inspector's evidence

There was the superintendent (SI) pharmacist, a pharmacy technician and a dispenser on duty. The pharmacy technician and dispenser had completed accredited training courses for their roles, with their certificates displayed. The pharmacy team were busy providing pharmacy services. They appeared to work well together and manage the workload adequately.

A member of the pharmacy team spoken to said the pharmacist was supportive and was more than happy to answer any questions they had. She explained that she kept up-to-date by reading any new SOPs and she had completed online training modules periodically. Training records for team members were kept. The pharmacy team were aware of a process for whistle blowing and knew how to report concerns if needed. Members of the pharmacy team had received an appraisal with the pharmacist in the last year. And they were also provided with information informally from the pharmacist.

The dispenser was clear about her role. She knew what questions to ask when making a sale and when to refer the patient to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and was clear what action to take if she suspected a customer might be abusing medicines such as co-codamol, which she would refer to the pharmacist for advice. The pharmacist explained that there were no targets or incentives set for team members.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean and tidy. It is a suitable place to provide healthcare. It has a consultation room so that people can have a conversation in private.

Inspector's evidence

The pharmacy was clean and tidy. It was free from obstructions and had a waiting area. A member of the pharmacy team said that dispensary benches, sink and floors were cleaned regularly, but no record was kept. The temperature in the pharmacy was controlled by an air conditioning unit in the retail area and electrically operated heating units in the dispensary. Lighting was adequate.

The pharmacy's boiler had recently been condemned and this had been reported to the pharmacy owner, for a replacement to be arranged. The central heating system was not operational and there was no running hot water, which may not provide a suitable working environment for the team. The pharmacy team used hot water from boiling the kettle when necessary and for cleaning purposes. Pharmacy team facilities included a microwave, kettle, toaster, WC with wash hand basin and antibacterial hand wash. There was a consultation room available which was uncluttered and clean in appearance.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are accessible to most people and they are generally well managed, so people receive their medicines safely. But members of the pharmacy team do not always know when high-risk medicines are being handed out. So, they may not always make extra checks or give people advice about how to take them. The pharmacy team stores medicines appropriately and carries out some checks to help make sure that medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was a selection of healthcare leaflets. The pharmacy team were clear about what services were offered and where to signpost to services they did not provide. The opening hours were displayed near the entrance. The work flow in the pharmacy was organised into separate areas, with dispensing bench space and a checking area for the pharmacist. Baskets were used in the dispensary to separate prescriptions to reduce the risk of medicines becoming mixed up during dispensing.

A member of the pharmacy team demonstrated that prescriptions containing schedule 2 CDs had a sticker included on the assembled bag of medication. She explained that this was to act as a prompt for team members to take the CD from the CD cabinet and include it with the rest of the assembled prescription at the time of supply. Prescriptions containing schedule 3 or 4 CDs were not routinely highlighted, which may increase the possibility of supplying a CD on a prescription that had expired. Prescriptions with high-risk medicines such as warfarin, methotrexate or lithium were not routinely highlighted so the team would not always know when these medicines were being handed out. The team was aware of the risks associated with the use of valproate during pregnancy. The pharmacy had carried out an audit of patients prescribed valproate and had not identified any patients who met the risk criteria. The pharmacy had patient information resources available to supply with valproate.

The pharmacy provided medicines in multi-compartment compliance aids to some people who resided in their own homes. A member of the pharmacy team provided a detailed explanation of how the multi-compartment compliance aid service was managed. Details of any changes to medication were added to the computer patient medication record (PMR) and the printed list of repeat medication used as a reference was updated. Disposable equipment was used. Individual medicine descriptions were included on the compliance aid packs and patient information leaflets were provided with each medication supplied.

The pharmacy offered a prescription delivery service to some people. It kept a delivery record for all prescriptions delivered and people were routinely asked to sign for receipt of their prescription delivery. Separate CD delivery records were kept. If a person was not at home when the prescription delivery attempt was made, a note advising them of the failed delivery was left and the prescription medicines

were returned to the pharmacy.

Stock medicines were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock was stored tidily. Date checking was carried out periodically and a record was kept. No out-of-date stock medicines were found present from a number that were sampled. CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits. There was a clean fridge used to store medicines, equipped with a thermometer. The minimum and maximum temperature was being recorded daily and the record was complete.

The pharmacy team were aware of the Falsified Medicines Directive (FMD). The pharmacy had a 2D barcode scanner and FMD software installed, but the team were not yet decommissioning FMD compliant medicine packs. Therefore, the pharmacy was not complying with legal requirements. Alerts and recalls were received via NHS and MHRA email notifications. These were actioned on by the pharmacist or pharmacy team member and a record was kept.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. And it is used in a way that protects privacy.

Inspector's evidence

The pharmacy had copies of the up-to-date BNF and BNFc. The pharmacy team used the internet to access websites for up to date information. For example, Medicines Complete. Any problems with equipment were reported to the pharmacist. All electrical equipment appeared to be in working order, but it had not been PAT tested for safety. So, this may lead to team members using equipment that was not effectively maintained.

There was a selection of liquid measures with British Standard and Crown marks. The pharmacy had equipment for counting loose tablets and capsules, including tablet triangles. The computers were password protected with the screens positioned so that they were not visible from the public area of the pharmacy.

What do the summary findings for each principle mean?

✔ 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.