General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Everetts Pharmacy, 11 London Road, Horndean, WATERLOOVILLE, Hampshire, PO8 0BN

Pharmacy reference: 1124265

Type of pharmacy: Community

Date of inspection: 13/08/2019

Pharmacy context

This is a community pharmacy located in the village of Horndean near Portsmouth in Hampshire. The pharmacy dispenses NHS and private prescriptions. It provides some services such as Medicines Use Reviews (MURs) and the New Medicine Service (NMS). And it provides multi-compartment compliance aids for people 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

Overall, the pharmacy's working practices are safe and effective. Members of the pharmacy team monitor the safety of their services by recording mistakes and learning from them. They can and do proactively protect the welfare of vulnerable people. And, team members maintain the pharmacy's records, in accordance with the law. The pharmacy generally protects confidential information appropriately. But, its team members are sharing their NHS smart cards to access electronic prescriptions and their passwords are easily accessible. This makes it more difficult for them to control access to people's records and keep information safe.

Inspector's evidence

The pharmacy's workload was predominantly through prescriptions that were for collection or delivery. Some walk-in trade was seen at the inspection, this was manageable, and staff were up to date with the workload. The pharmacy was organised. The dispensary's workspaces were clear of clutter. Prescriptions and multi-compartment compliance aids were processed on the back workstation and bench and the responsible pharmacist (RP) conducted the final accuracy-check on a separate bench. This helped to reduce distractions.

Staff routinely recorded their near misses, they were collectively reviewed every month, details were shared with the team during a briefing and patient safety reports were routinely completed as part of the review. This identified key learning points. Staff explained that medicines with similar names or packaging were identified and highlighted. One member of staff had created bespoke and laminated caution notes to place in front of stock. This helped to identify potential risks and included highlighting salbutamol and salmeterol and Incruse as well as Relvar. There was information on one wall to identify look-alike and sound-alike medicines (LASA's) as well as details about common serious incidents.

Details about the pharmacy's complaints procedure was on display and a documented complaints process was available. The RP handled incidents, her process was in line with this. Relevant details were also reported to the National reporting and Learning System (NRLS). Previous reports were seen completed.

A range of documented standard operating procedures (SOPs) were present to support the provision of services. They were reviewed in 2019. Team members roles and responsibilities were defined within the SOPs. Staff in the main, had signed to confirm that they had read the SOPs, but it was not clear if the post office staff had signed the SOPs. Team members understood their roles and responsibilities and knew the activities that were permissible in the absence of the RP. The correct RP notice was on display and this provided details of the pharmacist in charge of operational activities, on the day.

Staff could identify signs of concern to safeguard vulnerable people, they were trained by the RP and would inform him in the event of a concern. The pharmacist was trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE). There was an SOP to support the process and relevant local contact details for the safeguarding agencies were readily available. The pharmacy had completed the seven elements required for them to become dementia friendly and staff were also trained as dementia friends.

There was information on display to inform people about how their privacy was maintained, and no confidential material was left within public facing areas. Confidential waste was segregated before being shredded and dispensed prescriptions awaiting collection were stored in a location where sensitive information could not be seen. Staff were trained on the EU General Data Protection Regulation (GDPR). Summary Care Records were accessed for emergency supplies, consent was obtained verbally from people for this and written records were also seen from 2018. However, one member of staff was using another team member's NHS smart card to access electronic prescriptions. The latter was not present at the inspection and her password was known and used in her absence.

Records relating to the pharmacy's services were compliant with statutory requirements. This included most of the RP record, records of private prescriptions, unlicensed medicines, emergency supplies and a sample of registers seen for controlled drugs (CDs). Balances for CDs were checked every month and details seen recorded to verify this. On randomly selecting CDs held in the cabinet, their quantities matched balances that were recorded in the corresponding registers. The maximum and minimum temperatures for the fridge were checked every day to verify that they remained within the required temperature range. Staff kept a record of CDs that had been returned by people and destroyed at the pharmacy. The pharmacy's professional indemnity insurance arrangements were through the National Pharmacy Association (NPA) and this was due for renewal after 31 May 2020.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members understand their roles and responsibilities. They keep their skills and knowledge up to date by completing regular training.

Inspector's evidence

The pharmacy dispensed approximately 4,000 prescription items every month with 25 people receiving their medicines inside multi-compartment compliance aids. In addition to the Essential Services, MURs and the NMS, the pharmacy also provided Emergency Hormonal Contraception (EHC), administered influenza vaccinations during the season and could provide the Pharmacy Urgent Repeat Medicines (PURM) service. There was an expectation to complete around three MURs per day and 250 MURs annually. There was no pressure described as applied to achieve this.

Staff present at the inspection included a regular, locum pharmacist and a trained dispensing assistant. There was also another trained dispensing assistant, the regular pharmacist, a delivery driver and two members of the post office team who worked on the counter. Of the latter, one was enrolled onto accredited training with the NPA, the second was seen at the end of the inspection and explained that she had worked in the pharmacy for just under three months and the regular pharmacist had mentioned placing her onto an accredited training course. Staff covered each other as contingency for annual leave or absence. They wore name badges although their certificates of qualifications obtained were not seen.

They were a small team and described verbally discussing relevant information. Appraisals were conducted annually to monitor staff performance and progress. There was a staff handbook available and comprehensive locum information compiled as guidance for them. Staff asked relevant questions to obtain necessary information before selling over-the-counter (OTC) medicines and they checked sales with the RP when required. Ongoing training for the team was through reading the SOPs, taking instructions from the pharmacists, reading trade publications and literature from drug manufacturer representatives as well as using online resources such as Virtual Outcomes to keep their knowledge current.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises are clean, secure and provide an appropriate environment to deliver healthcare services.

Inspector's evidence

The pharmacy premises were contained within a large unit where the pharmacy was situated to the left-hand side of the entrance with a post office on the right-hand side. Staff explained that the previous SPAR supermarket had moved out the previous year. The retail space was large and spacious. The dispensary was also of a suitable size, with plenty of space for dispensing processes to take place safely. Workspaces were kept clear of clutter, the pharmacy was clean, professional in appearance, well maintained, bright and well ventilated.

A signposted consultation room enabled services and private conversations to take place. It was of a suitable size for this purpose. The room was attached to the dispensary with an entrance from here as well as from the shop floor. The latter was kept closed and locked through key coded entry. There was no confidential information present within the room. Pharmacy (P) medicines were stored behind the front counter and this restricted their self-selection.

Principle 4 - Services ✔ Standards met

Summary findings

In general, the pharmacy provides its services safely and effectively. The pharmacy team is helpful and team members ensure that their services are readily accessible to people with different needs. The pharmacy obtains its medicines from reputable sources and generally stores them appropriately. But, team members don't always identify prescriptions that require extra advice. And, they don't always record enough information to show that they have considered the risks when some medicines are supplied inside compliance aids. This makes it difficult for them to show that appropriate advice has been provided when these medicines are supplied.

Inspector's evidence

Entry into the pharmacy was via steps and a ramp. There was an automatic front door with clear, open space inside the premises and wide aisles. This facilitated easy access for people using wheelchairs. Staff described using the consultation room, speaking clearly, slowly, checking understanding or providing written details if required for people who were partially deaf. A magnifying glass was available for people who were visually impaired, and the pharmacy team could print labels with a larger font size.

The pharmacy's opening hours were listed on the front door and there were two seats available for people waiting for prescriptions. Documented information to signpost people to other organisations was present. Service specifications and Patient Group Direction (PGD) paperwork was readily available and the latter was signed by authorised pharmacists. Staff explained that they ran regular health campaigns to raise people's awareness, this included providing information about children’s oral health. Relevant information was displayed near the post office due to the higher footfall in this area.

Licensed wholesalers were used to obtain medicines and medical devices. This included AAH, Alliance Healthcare, Colorama, Phoenix and Doncaster. Unlicensed medicines were obtained through Novartis or Quantum Specials. The team was aware of the process involved with the European Falsified Medicines Directive (FMD). The pharmacy was registered with SecurMed, scanners were present, staff were trained by the regular pharmacist, but the pharmacy was not yet complying with the process.

Medicines were stored in an organised manner and were date-checked for expiry every few months. There was a schedule in place to verify the process. There were no date-expired medicines seen or mixed batches. However, short-dated medicines were not identified using any means. Highlighting medicines that were approaching expiry to help visually alert the team was discussed during the inspection. In general, CDs were stored under safe custody. Medicines were stored evenly and appropriately within the pharmacy fridge. Drug alerts were received by email and through wholesalers. The team checked for stock and acted as necessary. However, there was no audit trail seen or located to verify the process. Staff thought records were kept but were unable to bring up the email system to verify this.

Once accepted, the team stored returned medicines requiring disposal within appropriate receptacles. There was a list available for the team to identify hazardous and cytotoxic medicines. People bringing back sharps for disposal were referred to the local council and CDs returned for destruction were brought to the attention of the RP. Relevant details were entered into a CD returns register.

The pharmacy team used baskets to hold each prescription and associated medicines. This prevented any inadvertent transfer from occurring. Dispensed prescriptions awaiting collection were attached to bags. Staff could identify fridge items and CDs (Schedules 2-4) as they were highlighted. Uncollected medicines were removed every three months.

Staff were aware of risks associated with valproates, this medicine was stored in a separate drawer with details about the safety alert placed in front of it. There was relevant literature available that could be provided to females at risk, upon supply and according to staff, no prescriptions for females at risk had been seen. However, prescriptions for higher-risk medicines were not routinely identified to enable routine counselling or relevant parameters to be checked. The RP stated that people receiving these medicines from the pharmacy were occasionally asked about details when she handed out prescriptions. People prescribed warfarin were not asked about the International Normalised Ratio (INR) and no details were documented to verify that this had occurred.

The pharmacy provided a delivery service and records were kept of this. This included highlighting fridge and CDs. Signatures were obtained from people when they were in receipt of their medicines. Failed deliveries were brought back with a note left to inform people about the attempt made and medicines were not left unattended.

Compliance aids were supplied to people after the RP assessed people's suitability for this. Prescriptions were ordered by the pharmacy and when they were received, details were cross-referenced against records on the pharmacy system to help identify changes or missing items. Queries were checked with the prescriber and audit trails were maintained to verify this. Compliance aids were not left unsealed overnight, staff supplied Patient Information Leaflets (PILs) routinely and provided descriptions of the medicines within the aids. Mid-cycle changes involved the aids being retrieved and new ones being supplied.

Not all medicines were de-blistered and removed from their outer packaging before being placed into the compliance aids. Staff were dispensing Epilim still within its original foil and placing this inside the compliance aids for four weeks supply at a time. They were aware of stability concerns with this medicine and of the potential risks of supplying it in this way. They explained that this was necessary so that people could take their medicines as prescribed by their doctor. Counselling had been provided to ensure that the outer packaging was removed before taking the tablets, but there were no details documented to confirm this. Nor was there any evidence that the pharmacy had carried out a risk assessment to support this activity.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

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

Inspector's evidence

The pharmacy held necessary equipment and current versions of reference sources. Equipment included counting triangles, a medical fridge, a legally compliant CD cabinet and a range of clean, crown-stamped conical measures for liquid medicines. Computer terminals were positioned in a way that prevented unauthorised access and the team used cordless phones. This meant that conversations could take place away from the retail space if required. A shredder was available to dispose of confidential waste. The dispensary sink used to reconstitute medicines was clean. There was hand wash here as well as hot and cold running water available. Lockers were available for the team to store their personal belongings.

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.