General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: C.G Harrison Chemist, 7 Kennedy Parade, Twist Way, Slough, SL2 2BF

Pharmacy reference: 1124525

Type of pharmacy: Community

Date of inspection: 06/08/2020

Pharmacy context

This is an independent community pharmacy situated alongside other local shops in a residential area on the outskirts of Slough. It dispenses mainly NHS prescriptions and it sells a range of over-the-counter (OTC) medicines. The pharmacy supplies some medicines in multi-compartment compliance packs, to help make sure people take them at the correct time and it offers a home delivery service. The inspection was undertaken during the COVID-19 pandemic.

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 suitably manages the risks associated with its services and it keeps the records it needs to by law. The pharmacy team monitors the safety of the services by recording and learning from its mistakes, and it protects people's private information. And team members understand their role in supporting and protecting vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) covering the main operational tasks and activities. Those SOPs checked had been reviewed and updated in November 2019. Records indicated that most of the pharmacy team members had read and agreed them. The counter assistant had not managed to read all of them but said she would make time to do this, but she clearly understood how to complete tasks relevant to her role and when to refer to the pharmacist.

Work areas in the dispensary were well organised and there were risk management processes in relation to the pharmacy's dispensing processes. Baskets were used to separate prescriptions during the assembly process to prevent them becoming mixed up. Dispensing labels were initialled by team members involved in the assembly and checking process, which assisted with investigating and managing any mistakes. Some near misses had been documented; the records had some gaps, but the dispenser said they always discussed any mistakes so they could make changes if needed, such as separating different medicine strengths to prevent picking errors. The pharmacist explained how she would manage dispensing errors and make sure the pharmacy manager and the pharmacist owner were informed, so any learning could be shared.
The superintendent confirmed COVID-19 staff risk assessments had been completed although these were not seen at the time of the inspection. The pharmacist was wearing a mask and gloves, but other team members were not using any personal protective equipment (PPE) by choice, although they had access to it. Team members were working in different areas of the pharmacy at the time of the inspection, so they were complying with social distancing guidelines.

A notice was displayed in the retail area explaining how people could make a complaint. During the pandemic, the pharmacist felt most people had been understanding and supportive of the pharmacy team. The team sometime received 'thank you' cards complimenting them on the service received. However, they did have some challenging customers. A notice was displayed in the window stating abuse would not be tolerated by the staff.

The pharmacy had current professional indemnity insurance arranged with the NPA. A responsible pharmacist (RP) notice was displayed and this was visible from the counter. A log was maintained on the patient medication record system (PMR). The team maintained all the other records required by law including private prescription and emergency supply records, controlled drugs (CD) registers and specials records. A sample of records checked found these were in order. CD registers included running balances and these were checked periodically. Only pharmacists handled CDs requiring safe custody and a balance checked was found to match to amount held in stock.

Team members understood the principles of data protection and confidentiality. Pharmacists used individual NHS smartcards to access the spine. Confidential paper waste was segregated and shredded.

Confidential material was stored appropriately so it was not accessible to the public.

The pharmacist had completed level 2 safeguarding training. The team members were aware of potential issues and the signs to look for. The pharmacist recalled one occasion when she had concerns about a person frequently requesting emergency hormonal contraception and she had reached out to offer support. Local safeguarding contacts were accessible, and a sexual exploitation checklist issued by the local council was available in the dispensary.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to provide its services. Team members work under the supervision of a pharmacist and they have access to appropriate training courses. But the lack of structured staff management processes and ongoing training means the pharmacy might not always identify and support gaps in their skills and knowledge.

Inspector's evidence

At the time of the inspection a regular locum pharmacist was working with a dispenser and a counter assistant which was the usual staff profile. They pharmacist said they had been busy during the first couple of months of the pandemic, but the workload was now more manageable, and they were coping well.

The pharmacy manager had been in post for a number of years and worked as the regular responsible pharmacist five days a week. The pharmacist owner was contactable by phone if needed. The pharmacy also employed another part-time counter assistant and a dedicated driver had been recruited to help with deliveries during the pandemic.

Holidays were planned to make sure they had enough cover. Staff occasionally worked extra hours if needed. All team members had remained fit and well during the pandemic. The dispenser had completed a medicines counter course and was in the process of completing the final stages of the dispensary assistant’s course with the support of the pharmacy manager. The counter assistant was enrolled on a medicines counter assistant’s course and was working her way through it. There were no formal staff management processes such as induction or appraisal processes or ongoing training programme. However, the team members said they felt comfortable raising issues or discussing concerns. No commercial targets were set for the team.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides a professional environment for the delivery of healthcare services.

Inspector's evidence

The pharmacy was situated in a modern purpose-built retail unit. It was spacious, bright and professional in appearance. Fittings were suitably maintained. All areas were clean and well organised. There was a retail area, counter and large open-plan dispensary with enough bench space for the volume and nature of the work. A Perspex screen was fitted to the counter to help maintain social distancing when serving people.

The layout of the dispensary meant team members could easily work more than two metres apart. Extra cleaning was being undertaken regularly in order to minimise the risks related to the transmission of COVID 19. Different areas were used for certain activities. A small room off the dispensary had been fitted for storing compliance packs and extra bench space had been added to the front workstation so there was a designated area for the assembly of CDs.

A spacious well-equipped consultation room was accessible from the retail area. There was a room at the back of the dispensary used as a stock room which had a staff kitchen area and toilet with handwashing facilities.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easy to access, and it manages them appropriately to help make sure that people receive suitable care. The pharmacy obtains medicines from licensed suppliers and the team manages them effectively to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy entrance had double doors and the threshold was level so suitable for wheelchairs and buggies. The pharmacy was open 9am until 6pm Monday to Friday, and 9am until 2pm on Saturdays. A sign in the window reminded people of the symptoms of Coronovirus and what to do if they felt unwell. Notices also informed people that only one person should enter the pharmacy at a time so social distancing could be maintained.

The pharmacy team was focused on managing the dispensing and retail activities. Dispensed medicines were appropriately labelled, and these were bagged and kept with the prescription forms or token, so this could be referenced when handing the medicine out. Prescriptions were kept to one side if counselling was required. Pharmacists were able to access the summary care record if needed and the pharmacist felt this was useful when resolving issues. She felt they had received a lot of additional queries during the pandemic as local surgeries had not always been contactable.

A large number of people received their regular medication in compliance packs. The dispenser said this was usually following referral from their doctor, but the pharmacist undertook his own assessment to check it was the most suitable option. The team had comprehensive records for each person receiving a compliance pack and there were clear audit trails for each stage of the process. Packs were prepared in advance and they were clearly labelled. Medication descriptions were included and patient information leaflets (PILs) were supplied each month.

The team had experienced an increased demand for home deliveries since the pandemic which their own driver had managed to cope with. Deliveries were recorded to provide an audit trail. The recipient was asked to sign for deliveries that included CDs but not necessarily for other items, so these may be harder to track.

The pharmacy continued to offer supervised consumption for some people receiving substance misuse treatment and the team worked closely with the local drug and alcohol team. The service was managed by the pharmacist and any concerns or more than three missed doses were reported to the prescriber. The pharmacist had targeted a couple of people on new medicines for the New Medicine Service, but they were not routinely offering additional services. The dispenser and pharmacist were aware of the risks associated with the use of valproate during pregnancy. An alert reminding them of this had been stuck to the shelf containing the relevant stock, and the relevant patient literature was available.

The counter assistant understood the restrictions when selling codeine based medicines over-the-counter. The pharmacist said they did not sell codeine linctus because of concerns about abuse, and they were wary about selling other medicines liable to abuse such as Phenergan.

The pharmacy obtained its medicines from licensed wholesalers and suppliers. The pharmacy team could scan medicines whilst dispensing but the pharmacist reported numerous error codes, so the pharmacy was not fully compliant with the Falsified Medicines Directive. Stock was well organised and stored in manufacturer's packaging. A random sample of stock was checked, and no expired medicines were found and short-dated packs were clearly marked. The dispenser showed the date checking matrix they used to make sure all stock was checked periodically. There were dedicated bins in the rear stock room so waste medicines could be segregated, and there was a separate cytotoxic waste bin. Bins were collected periodically by a specialist waste contractor.

The fridge in the dispensary was equipped with a thermometer. The fridge maximum and minimum temperatures were recorded daily, and records on the PMR showed they were within the required range. Controlled drugs were appropriately stored in the cabinet. Obsolete CDs were segregated, and an authorised destruction had been completed relatively recently. Drug and device alerts were received by email and printed out. Recent alerts were seen which had been dated and signed to show they had been actioned.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. The pharmacy team stores and uses these in a way that protects people's privacy.

Inspector's evidence

The pharmacy team had access to the internet and reference sources, including a recent edition of the BNF. Glass calibrated measures were available for measuring liquids when dispensing. Separate measures were marked for use with CDs. Counting triangles were available for counting loose tablets. The pharmacy had disposable medicine containers for dispensing purposes, and these were stored appropriately. The large CD cabinet was sufficient for the volume of stock.

Electrical equipment appeared to be in working order. A large medical fridge was used to store cold chain medicines. Computer systems were password protected and screens were located out of public view. Telephone calls could be taken out of earshot of the counter if needed. Extra hand sanitiser, face masks, gloves and cleaning materials were available for staff to use to help with infection control during the COVID-19 pandemic.

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.