General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Loves Farm Pharmacy, 5 Kester Way, ST. NEOTS, Cambridgeshire, PE19 6SL

Pharmacy reference: 1125347

Type of pharmacy: Community

Date of inspection: 16/09/2019

Pharmacy context

The pharmacy is situated in a small parade of shops in a new residential area of the town. It dispenses medicines against both NHS and private prescriptions and provides flu vaccinations in season. The pharmacy also runs a travel clinic which can provide yellow fever vaccinations. There is a private on-line GP service. The pharmacy dispenses medicines in multi-compartment compliance packs for some people living at home and supplies medicines to a care home.

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	Good practice	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 ✔ Good practice

Summary findings

Members of the pharmacy team work to professional standards and identify and manage risks effectively. They are clear about their roles and responsibilities. The pharmacy keeps its records up to date. Overall, it manages and protects information well and it tells people how their private information will be used. The team members understand how they can help to protect the welfare of vulnerable people. They log any mistakes they make during the pharmacy processes. But these records have not been reviewed in recent months. So the pharmacy may be missing opportunities to find any patterns or trends and learn from these to improve their processes.

Inspector's evidence

The pharmacy had standard operating procedures. They covered the services that were offered by the pharmacy. A sample was chosen at random and these had been reviewed within the last two years. They were signed by the pharmacy's team members to indicate they had been read. The superintendent pharmacist regularly worked in the pharmacy and was able to observe whether the standard operating procedures were being followed by staff, which meant that there was additional oversight of compliance.

Near misses were recorded and individually discussed within the team. But there had been no analysis of trends since April 2019. Look-alike sound-alike medicines had been separated when they became a problem, such as amiloride and amplidipine.

The pharmacy conspicuously displayed the responsible pharmacist notice. The responsible pharmacist record required by law was up to date and filled in correctly. The pharmacy team members were aware of their roles and they were observed asking the pharmacist for advice.

The pharmacy asked for people's views about its services annually in the NHS survey and had taken steps to make their smoking cessation service provision more prominent. It now used posters as well as staff being more pro-active in highlighting the service to potential users. The pharmacy had professional indemnity and public liability insurances in place.

The pharmacy team recorded private prescriptions and emergency supplies in a book but the details of the prescriber and the date of the prescription were not always recorded. The controlled drugs registers were up to date and legally compliant. The team did regular checks on the recorded balance and actual stock of controlled drugs to ensure that there were no missing entries. Fridge temperatures were recorded daily and were within the recommended range.

Confidential material was kept in the dispensary, where it could not be accessed by unauthorised people, and in the consultation room. As the room was kept unlocked there was potential for it to be accessed without the staff present being aware. The pharmacist said that they would address this as a matter of urgency. Confidential waste was segregated and then shredded before disposal. There was a notice explaining to customers about their rights under the General Data Protection Regulation (GDPR).

The pharmacist had undertaken safeguarding training and had access to the local telephone contact numbers for safeguarding teams in the area. The staff had also had some training on the subject, and when asked said that they would convey any concerns to the pharmacist for advice, in the first instance.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough qualified staff to provide safe services. Its staffing rotas enable it to have good handover arrangements and effective staff communication. Some training is provided by the company and staff find this useful to help keep their skills and knowledge up to date.

Inspector's evidence

During the inspection there was a pharmacist, a dispenser and a counter assistant present. They all had suitable qualifications for the roles they undertook. The superintendent pharmacist was said to go to the pharmacy regularly when he was the responsible pharmacist on Saturdays.

The staff were provided with pharmacy magazines, which helped keep them up to date with new products and services. They also took part in training provided by the sister company of the pharmacy and were provided with regular newsletters. The dispenser was quite new in post and said that she had made a lot of suggestions about ways to change the dispensing processes to make them flow better. Some of these had been implemented and were improving waiting times for customers. All staff had regular appraisals.

The company did not set any targets for staff which might interfere with their ability to act in a professional way.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are clean and provide a safe, secure and professional environment for people to receive healthcare. However, the storage of some information could be improved.

Inspector's evidence

The pharmacy was clean, tidy and bright. There was adequate space for the services provided. The care home medicines were dispensed in a separate area so this activity did not impinge on the safe running of the walk-in and repeat dispensing processes. There were adequate hand washing and toilet facilities in the pharmacy.

The consultation room was quite tidy, but there was a lot of equipment on the desk which made it look cluttered. There was some confidential information on the shelving, which could be accessed by people in the room.

The pharmacy was air conditioned.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's working practices are safe and effective, and it gets its medicines from reputable sources. The services provided add benefit to their patients. Pharmacy team members are helpful and give advice to people about where they can get other support. The vaccination service provides people with easy access to meet their needs. And the pharmacy uses technology to reduce the chance of medication errors. The pharmacy team gives advice and support to help people use their medicines properly. But it doesn't always provide the information leaflets that it should. So, some people may not have all the information that they need to take their medicines safely.

Inspector's evidence

Access to the pharmacy was level from the raised area outside the pharmacy. This meant the premises could be accessed by wheelchair users. The pharmacy itself and the consultation room were spacious enough to accommodate a wheelchair. Services were advertised in the windows of the pharmacy.

The pharmacy used a dispensing audit trail to identify who had dispensed and checked each item. The use of baskets helped to ensure that prescription items were kept together and were easy to move from one area of the dispensary to another. Prescriptions where the person was waiting were put into red baskets to highlight this fact.

People on some high-risk medicines were monitored appropriately. But others taking lithium or methotrexate, who brought their own prescriptions into the pharmacy or had their prescription on repeat, were not always asked about any recent blood tests or their current dose. So, the pharmacy could not show that it was always making the right checks with people in accordance with good practice. People in the at-risk group who were receiving prescriptions for valproate were not routinely counselled about pregnancy prevention. But the pharmacy did have the warning stickers and cards available and said that they would start to use them.

Schedule 4 controlled drug prescriptions were not highlighted to staff who were to hand them out. This would have helped them to ensure that they were not given out more than 28 days after the date on the prescription.

Some people were being supplied their medicines in multi-compartment compliance packs. The packs were labelled with the information the person needed to take their medicines in the correct way. And they also had tablet descriptions to identify the individual medicines. But no patient information leaflets were supplied, meaning that people receiving their medicines in this way could not easily access the information provided by the manufacturer. People receiving packs were divided into four weekly groups and there was a list of packs to be dispensed each week. Each person had a summary sheet showing any changes to their medicines and where the medicines were to be placed in the packs. This meant that if staff were off work due to illness or holidays the rest of the team would know which packs needed to be dispensed and when the person usually took their medicines.

The care home was supplied medicines in their original containers, using a computerised system. This entailed a prescription item being selected on the computer and then the product being scanned before the label was produced. This label also had a unique bar code on it so that when it was administered, the person and medicine would be checked against the administration charts in the home to ensure

that the right medicines was being given to the correct person. The system therefore checked that the correct item had been supplied against the prescription. But it had been found to be very time consuming and so was not being rolled out for all dispensing. The pharmacy was in talks with the computer supplier to allow it to comply with the needs of the Falsified Medicines Directive.

The pharmacy used CityDoc to provide patient group directions which enabled it to supply travel medicines and vaccines. It was reported that the local surgeries often signposted people to the pharmacy for vaccinations when it was not possible for them to receive them there. The pharmacist reported that some people left the vaccinations until the last minute, and sometimes they would not be effective until half way thought their holiday. If this was the case she would explain to the person the risks and discuss whether or not it was appropriate for them to go ahead with the vaccination.
The pharmacy also had a link, via the internet, with a private GP. However due to the cost to people there was not much uptake. There was equipment supplied which could take blood pressure, pulse, peak flow and other measurements to help the GP to diagnose.

The pharmacy got its medicines from licensed wholesalers, stored them in dispensary drawers and on shelves in a tidy way. There were ‘use first’ stickers on the shelves and boxes to indicate items which were short dated. Regular date checking was done. Drug alerts were received, actioned and filed appropriately to ensure that recalled medicines did not find their way to people who used the pharmacy.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy generally has the right equipment for its services. It makes sure its equipment is safe to use.

Inspector's evidence

The equipment for GP consultations was regularly checked for accuracy.

The pharmacy had a separate triangle marked for use with methotrexate tablets ensuring that dust from them did not cross contaminate other tablets.

There were various sizes of glass, crown-stamped measures, with separate ones labelled for methadone use, reducing the risk of cross-contamination.

The pharmacy had access to up-to-date reference sources. This meant that people could receive information which reflected current practice.

Electrical equipment was regularly tested for safety.

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.