General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Ormskirk Pharmacy, 4 Derby Street, ORMSKIRK, Lancashire, L39 2BY

Pharmacy reference: 1125845

Type of pharmacy: Community

Date of inspection: 08/10/2019

Pharmacy context

This is a community pharmacy with two GP practices and another pharmacy located nearby. It is situated in the town centre of Ormskirk, in west Lancashire. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations and emergency hormonal contraception. A number of people receive their medicines in multi-compartment compliance aids.

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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. But they do not always record things that go wrong, so they may miss some learning opportunities.

Inspector's evidence

There was a current set of standard operating procedures (SOPs) which were issued in June 2019 and their stated date of review was July 2021. Members of the pharmacy team had signed to say they had read and accepted the SOPs.

Dispensing errors were recorded electronically. The pharmacy team were able to describe the process to log an error and what they would do to investigate it. The pharmacist said there were no recent examples of a dispensing error. Near miss incidents were also recorded electronically, but there were few records made over the last 4 months. The pharmacy team agreed it was unlikely that all incidents had been recorded. The pharmacist said she would highlight mistakes to staff at the point of accuracy check and ask them to rectify their own errors. A number of warning stickers were in different dispensary locations, for example different formulations of carbamazepine tablets. The trainee technician said the stickers were there to alert staff to picking errors.

Roles and responsibilities of the pharmacy team were described in individual SOPs. The dispenser was able to describe what his responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. The responsible pharmacist (RP) had their notice displayed. The pharmacy had a complaints procedure. A notice in the retail area advised people they could discuss any concerns or feedback with the pharmacy team. Complaints would be recorded to be followed up by the pharmacy manager or SI. A current certificate of professional indemnity insurance was on display in the pharmacy.

Controlled drugs (CDs) registers were maintained with running balances recorded. But there were infrequent audits. Three random balances were checked and two were found to be accurate. The other was found to have a deficit of 1 capsule. Following the inspection, the SI confirmed that the missing capsule had been accounted for. Patient returned CDs were recorded in a separate register. Records for the RP, private prescriptions, emergency supplies and unlicensed specials appeared to be in order.

An information governance (IG) policy was available. The pharmacy team completed IG training and had signed confidentiality agreements. When questioned, the dispenser was able to describe how confidential waste was segregated to be removed by a waste carrier. The pharmacy had a privacy notice which described how it handled and stored people's information.

Safeguarding procedures were included in the SOPs and these had been read by the pharmacy team. Registered staff had completed level 2 safeguarding training. Contact details of the local safeguarding board were on display in the dispensary. The technician said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✔ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete some additional training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included two pharmacists – one of whom was the SI and one was the manager, two pharmacy technicians, two trainee pharmacy technicians, and two dispensers – one of whom was a trainee. All of the pharmacy team were appropriately trained or on accredited training programmes. The normal staffing level was a pharmacist and two to three other staff. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system. The pharmacist said they would use locum dispensers in an emergency.

Members of the pharmacy team completed some additional training, for example they had recently completed a training pack about Children's oral health. Staff were allowed learning time to complete training. But further training was not provided in a structured or consistent manner. So some development needs may be missed.

The technician gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales she felt were inappropriate and refer people to the pharmacist if needed. The pharmacist manager said she felt able to exercise her professional judgment and this was respected by the SI and pharmacy team. The trainee technician said she got a good level of support from the pharmacy team and felt able to ask for further help if she needed it. There was an appraisal programme for members of the pharmacy team, but it had yet to be completed for some staff. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or SI. There were no service based targets set by the pharmacy.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. But the dispensary was cluttered which makes it more difficult to work effectively. A consultation room is available to enable private conversations.

Inspector's evidence

The size of the dispensary was sufficient for the workload, but it was cluttered. There were boxes on the floor and bags of medicines waiting for collection, which may become damaged. This presented a tripping hazard. The worktops were cluttered, which may make the dispensing operation less effective and could lead to errors. Customers were not able to view any patient sensitive information due to the position of the dispensary and access was restricted by the position of the counter. The temperature was controlled by the use of electric heaters. Lighting was sufficient. A sink was available within the dispensary and staff had access to a kitchenette and WC facilities.

A consultation room was available with access restricted by use of a lock. The space was generally clutter free with a computer, desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easy to access. And it generally manages and provides them safely. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. But the pharmacy team does not always know when they are handing out higher-risk medicines. So it might not always check that the medicines are still suitable, or give people advice about taking them.

Inspector's evidence

Access to the pharmacy was level via a single door and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Pharmacy practice leaflets gave information about the services offered. There was also information available on the website. Pharmacy staff were able to list and explain the services provided by the pharmacy. If the pharmacy did not provide a particular service, staff were able to refer patients using a signposting folder. The pharmacy opening hours were displayed at the entrance of the pharmacy and a range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and logged onto an electronic delivery management system. A mobile device was used to obtain electronic signatures from the recipient to confirm delivery. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. A separate signature was obtained from the recipient to confirm receipt of CDs. Some patients would consent for their delivery to be posted through their letterbox or left at an alternative location. A verbal risk assessment was completed and recorded on the person's record. But the risk assessments were not reviewed after any period of time. So the pharmacy could not provide assurances this practice continued to remain suitable.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up and the baskets were colour coded to help prioritise dispensing. Owing slips were in use to provide an audit trail if the full quantity could not be immediately supplied.

Dispensed medicines awaiting collection were kept on a collection shelf using an alphabetical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out.

Schedule 3 and 4 CDs were highlighted so that staff could check prescription validity at the time of supply. High-risk medicines (such as warfarin, lithium and methotrexate) were not routinely highlighted. So the pharmacy team may not be aware when they are being handed out in order to check that the supply is suitable for the patient. The staff were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist said she would speak to patients to check the supply was suitable but said there were currently no patients that met the risk criteria.

Some medicines were dispensed in multi-compartment compliance aids. The pharmacy team would

refer people to their GP to assess whether they were suitable for their medicines to be dispensed into a compliance aid. An electronic record was kept for each patient, containing details of their current medication. Any medication changes were confirmed with the GP surgery before making a note on the person's record. Hospital discharge sheets were sought and retained for future reference. Disposable equipment was used to provide the service, and the compliance aids were labelled with medication descriptions and a dispensing check audit trail. Patient information leaflets (PILs) were routinely supplied.

The pharmacy provided a seasonal flu vaccination service using a patient group direction (PGD). The PGD was available and had been signed by the relevant pharmacists providing the service. They had also completed their declaration of competence to show they had completed the necessary training to provide the service. Suitable equipment was available to provide the service.

Medicines were obtained from licensed wholesalers, with unlicensed medicines sourced from a specials manufacturer. The pharmacy was not yet meeting the safety features of the falsified medicine directive (FMD), which is now a legal requirement. Equipment was installed but the pharmacy team had yet to commence routine safety checks of medicines. Stock was date checked on a 3-month rotating cycle. A date checking matrix was signed by staff as a record of what had been checked, and shelving was cleaned as part of the process. Short dated stock was highlighted using a sticker and liquid medication had the date of opening written on.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There were clean medicines fridges, each with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had been in range for the last 3 months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the MHRA. But there were no records about when action was taken. So the pharmacy may not be able to demonstrate the action they had taken in response to alerts.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy's team members have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and drug tariff resources. All electrical equipment appeared to be in working order. According to the stickers attached, electrical equipment had been PAT tested in November 2018. There was a selection of liquid measures with British Standard and Crown marks. The pharmacy also had equipment for counting loose tablets and capsules, including tablet triangles, a capsule counter and a designated tablet triangle for cytotoxic medication. Equipment was kept clean by the pharmacy team.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the staff to move to a private area if the phone call warranted privacy. The consultation room was used appropriately; patients were offered its use when requesting advice or when counselling was required.

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.