General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Woodlands Pharmacy, 82 Botley Road, OXFORD, OX2 0BU

Pharmacy reference: 1126086

Type of pharmacy: Community

Date of inspection: 12/08/2019

Pharmacy context

This is a community pharmacy located along a busy main road close to the centre of Oxford. The pharmacy dispenses NHS and private prescriptions. It provides advice about over-the-counter (OTC) medicines and some services such as Medicines Use Reviews (MURs). And, it supplies multi-compartment compliance aids to some 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 manages most risks in an appropriate manner. It has written instructions to help with this. Pharmacy team members deal with their mistakes responsibly. And, they understand how to protect the privacy of people. But, some of the pharmacy's instructions are missing. This could mean that team members may not be clear on the pharmacy's current processes. Not all of the team members understand how to protect the welfare of vulnerable people. And, the pharmacy is not always recording enough detail about some of its records, in accordance with the law.

Inspector's evidence

The pharmacy's workload was manageable, it was very organised and this included the way its stock was stored. The pharmacy's work benches were kept clear of clutter. There was an additional dispensary at the rear that was used to assemble and accuracy-check multi-compartment compliance aids. This helped reduce errors from distractions. Pharmacists and staff worked in separate areas in the main dispensary, but prescriptions were dispensed directly onto the bench without baskets being used. To help prevent mistakes, staff explained that they processed prescriptions one at a time, they only assembled a few prescriptions at a time, they did not allow them to build up for the responsible pharmacist (RP) and they ensured that enough space was left between them.

The RP routinely recorded details about the team's near misses. Staff described being passed back their mistakes for them to identify and to rectify this. The RP explained that he took time with each member of staff to ensure they learnt from their errors, a discussion about the situation was held at the time to reinforce the learning and to identify the root cause. As the team had completed their courses, the RP had noticed that the number of mistakes being made had also reduced. Look-alike and sound-alike (LASA) medicines were identified with caution notes placed in front of stock as an additional visual alert.

The near misses were previously reviewed collectively every month with details recorded and previous annual safety reports were seen. However, there were no details recorded about the review process recently. Ensuring this information was routinely recorded was discussed with the RP so that the pharmacy could demonstrate that this process was occurring on an ongoing basis.

Incidents were handled by the pharmacists and the RP's process involved apologising, using the consultation room, checking relevant details, rectifying the situation, documenting information and reporting to the National Reporting and Learning System (NRLS) if required. There was information on display to inform people about the pharmacy's complaints procedure. According to the RP there had been no dispensing incidents since his employment commenced. The pharmacy had submitted details about complaints received in the last year to the local NHS England area team and although there were forms available to capture details about incidents, there was no documented complaints procedure.

In general, the pharmacy held most of the documented standard operating procedures (SOPs) required to support its services. Staff had read and signed the SOPs. Their roles were defined within them and although there was no information available to verify when they were last reviewed, the RP who was also the superintendent, confirmed that he had reviewed the SOPs in April 2019. Ensuring the SOPs were clearly annotated with this information was discussed during the inspection.

Staff were aware of their responsibilities and limitations. In the absence of the RP, they knew which activities were permissible and the procedure to follow, if the pharmacist failed to arrive. The correct RP notice was also on display and this provided details of the pharmacist in charge of operational activities, on the day. In addition to the complaints procedure, and safeguarding (see below), the pharmacy was missing SOPs covering the process involved in the absence of the RP.

Staff described reading about safeguarding vulnerable people from their course material, however, they could not easily identify signs of concern to safeguard them or all groups of vulnerable people. On prompting, they would refer to the RP in the first instance. The RP was trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE). Staff were also trained as dementia friends. At the point of inspection, there were no relevant local contact details and no SOP available as guidance. The RP was advised to implement this, ask team members to read the SOP and to enrol them onto level 1 training with the CPPE.

The team segregated confidential waste before it was shredded. Dispensed prescriptions awaiting collection were stored in a location where sensitive details were not visible from the retail area. The pharmacy's information governance policy was present to provide guidance for staff, they had signed confidentiality clauses and relevant SOPs about data protection were also available. Summary Care Records were accessed for emergency supplies or queries, the RP obtained consent from people to access their records verbally. There was no information on display to inform people about how the pharmacy maintained their privacy.

Records of the maximum and minimum temperatures were maintained to verify that medicines requiring cold storage, were appropriately stored. A full record of controlled drugs brought back by the public for destruction was maintained. The pharmacy's professional indemnity insurance was through the Numark and this was due for renewal after March 2020.

A sample of registers checked for CDs were maintained in line with statutory requirements. For CDs, balances were checked and documented every month and every week for methadone. On randomly selecting CDs held in the cabinet, quantities held, matched the balances recorded within the corresponding registers. However, the electronic RP record showed gaps where pharmacists had failed to record the time that their responsibility ceased. Missing and incorrect prescriber details were seen recorded in the electronic private prescription register. There were prescriber details missing from some records of unlicensed medicines and records of emergency supplies were only recorded as 'Emergency: script to follow'. The pharmacist was advised to ensure full details about the nature of the emergency was routinely recorded.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Members of the pharmacy team understand their roles and responsibilities. And they have access to some ongoing training to help keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy dispensed approximately 9,000 to 10,000 prescription items every month with 40 people receiving their medicines inside compliance aids and four people provided with their medicines via instalment prescriptions. In addition to the Essential Services, the pharmacy was currently only providing MURs. There were no formal targets in place to complete services.

The staffing profile included three trained dispensing assistants, a delivery driver and the RP who was also the superintendent pharmacist. Team members were full-time, and their certificates of qualifications obtained were seen. At the inspection, only the RP and one dispensing assistant was present, however they were up-to-date with the workload and managing this as well as the walk-in trade. The RP explained that another member of his team was due in and that staff normally covered each other as contingency for absence or annual leave.

The pharmacy had changed ownership since the last GPhC inspection. The RP explained that since his employment, he had ensured that all the team members were enrolled onto and had completed accredited training appropriate to their roles and he had worked tirelessly to ensure standards were being met. This was reflected in the way the pharmacy was being run. Staff asked relevant questions before selling medicines over the counter (OTC). They referred to the RP when unsure or when required and held a suitable amount of knowledge of OTC medicines. The team knew which medicines could be abused, excess requests for these were monitored and if seen, subsequent sales were referred to the RP.

Team meetings were held every three to four months or sooner if incidents occurred or updates were required. There was a notice board used to provide relevant information in the dispensary, staff explained that their progress was checked regularly that involved a sit-down process with the RP. To assist with training needs, the team had access to available literature, counter modules from Numark and used instruction from the RP. Using other online providers (such as CPPE or Virtual Outcomes) was discussed at the time.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are clean, secure and in general, they are suitable for the delivery of the pharmacy's services. But, people can hear conversations taking place inside the consultation room. This means that peoples' privacy is not always being protected when pharmacy services are provided.

Inspector's evidence

The pharmacy premises consisted of a medium sized retail area and main dispensary, with a further spacious sized dispensary behind this and staff areas as well as a small stock room at the very rear. The pharmacy was suitably lit and well ventilated, the retail space was professional in appearance and all areas were clean. Pharmacy (P) medicines were stored behind the front counter, there was gated entry into this section and staff were always within the vicinity. This helped restrict these medicines from being self-selected.

A signposted consultation room was available for private conversations and services. The room was of a suitable size, the entrance from the retail space was kept locked and confidential information from the room was therefore inaccessible. However, at the start of the inspection, the inspector could clearly hear a confidential conversation between a person using the pharmacy's services and the RP from the retail space. Ways in which this could be minimised (such as using a suitable door stopper, insulating the room or applying for a licence to play music in the retail space) was discussed at the time.

Principle 4 - Services ✔ Standards met

Summary findings

Members of the pharmacy team can make suitable adjustments to allow people with different needs to access their services. In general, the pharmacy provides its services safely and effectively. It obtains its medicines from reputable sources and stores most of them appropriately. But team members sometimes leave filled compliance aids unsealed overnight, which can add extra risk to the process. And, they don't always provide descriptions of medicines that are supplied inside the compliance aids or medicines leaflets. This means that people may not have all the information they need to take their medicines safely.

Inspector's evidence

Entry into the pharmacy was via steps and from a ramp at street level. The retail space was made up of clear, open space and this meant that people requiring wheelchair access could easily use the pharmacy's services. Staff described using the consultation room to help communicate with people who were partially deaf, or they faced them so that could lip-read and used written communication. Relevant details were conveyed and explained verbally to people who were visually impaired, in addition, team members described ensuring they repeated information and would check people's understanding. They could also speak Romanian and Shona if required. There was one seat available for anyone wanting to wait for their prescription and some leaflets available about other services. The pharmacy's opening hours were listed on the front door.

The pharmacy delivered medicines to people's homes and kept records to verify this. CDs and fridge items were identified, and signatures were obtained from people once they were in receipt of their medicines. Failed deliveries were brought back to the pharmacy unless the team had obtained prior consent from people to sometimes leave their medicines in a safe, designated space or to put them through the letterbox. Staff confirmed that this only happened once they checked any relevant risks such as the presence of pets or children. Otherwise, if no-one was at home to receive the medicines, notes were left to inform people about the attempt made and the delivery was re-arranged for the following day.

Staff were aware of risks associated with valproates, they had not seen any prescriptions for females at risk, and there was literature available to provide upon supply of this medicine. Relevant checks were made for people prescribed higher-risk medicines, the pharmacist explained that people were being switched from warfarin to apixaban in the area.

The initial setup for compliance aids involved the RP assessing suitability for them. Prescriptions were ordered by the pharmacy and details were cross-checked against people's individual records. If changes were identified, they were confirmed by the prescriber and documented details were retained as an audit trail. All medicines were de-blistered into the compliance aids with none left within their outer packaging. Mid-cycle changes involved retrieving them, amending, re-checking and re-supplying. The compliance aids were sometimes left unsealed overnight, there were around 12 of them that had been left to one side in a segregated unit, in this manner since the weekend. This was described as required because medicines needed ordering. Descriptions of the medicines inside the compliance aids were not always provided and Patient Information Leaflets (PILs) were only supplied with the first supply and with changes or new medicines.

Staff involvement in processes was apparent through a dispensing audit trail that was used. This was through a facility on generated labels. Dispensed medicines awaiting collection were stored with prescriptions attached. The team could identify fridge items and CDs (Schedules 2 to 4) as this information was identified using stickers. Uncollected medicines were removed every three months.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. This included Alliance Healthcare, Phoenix and AAH. The Specials Laboratory was used to obtain unlicensed medicines. The pharmacy had changed its systems recently so that it could comply with the European Falsified Medicines Directive (FMD). The pharmacy was registered with SecurMed, there was relevant equipment present and the RP explained that he was waiting for the team to become familiar with the system before he introduced this process to them.

Medicines were stored in an organised manner. There were no date-expired medicines present and short-dated medicines were identified using stickers. A date-checking log was in place, medicines were date-checked for expiry every three months. Odd mixed batches of medicines were seen. This was discussed with staff at the time. Liquid medicines with short stability, were marked with the date that they were opened. CDs were stored under safe custody. Keys to the cabinet were maintained during the day in a manner that prevented unauthorised access. Medicines were stored evenly and appropriately within the medical fridge. Drug alerts were received by email, stock was checked, and action taken as necessary. An audit trail was available to verify this process.

The pharmacy used appropriate containers to hold medicines brought back by people for disposal. They were collected in line with its contractual arrangements. People bringing back sharps to be disposed of were referred to the local GP surgery. Returned CDs were brought to the attention of the RP and details were entered into the CD returns register prior to their destruction.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

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

Inspector's evidence

The pharmacy was equipped with a range of current reference sources and the team had access to a range of equipment to provide pharmacy services. This included counting triangles and clean, crown stamped, conical measures for liquid medicines. The CD cabinet was secured in line with statutory requirements. Medicines requiring cold storage were stored at appropriate temperatures within the fridge. The dispensary sink used to reconstitute medicines could have been cleaner, there was hot and cold running water available with hand wash present.

Computer terminals in the dispensary were positioned in a manner that prevented unauthorised access. There were cordless phones to enable staff to provide private conversations away from the retail space if needed. A shredder was available to dispose of confidential waste and staff used their own NHS smart cards to access electronic prescriptions. They were stored securely overnight.

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.