General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Stafford Health and Wellbeing Pharmacy, Whitgreave Court, Stone Road, Stafford, ST16..., STAFFORD, ST16 3EB

Pharmacy reference: 1126425

Type of pharmacy: Community

Date of inspection: 21/08/2019

Pharmacy context

This is a busy community pharmacy located next door to a medical centre on the outskirts of Stafford. People using the pharmacy are from the local community and a home delivery service is available. The pharmacy dispenses NHS prescriptions and provides other NHS funded services. The pharmacy team dispenses medicines into weekly packs for people that can sometimes forget to take their medicines.

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 generally identifies and manages the risks associated with the services. The pharmacy team have written instructions to help make sure it works safely. And the team understands its role in protecting and supporting vulnerable people. The team records pharmacy incidents but the learning is not always shared with everyone, so they may miss learning opportunities.

Inspector's evidence

A range of standard operating procedures (SOPs) were available on the pharmacy computer or as paper copies in a folder. The pharmacy manager was working on updating the SOPs in the folder and using electronic versions instead. There were 21 updated SOPs on the computer, but the previous versions had not been removed from the folder which may be confusing for staff. The training record sheets in the folder were for staff members that no longer worked at the pharmacy and the current team had not signed them. Pharmacy staff explained that they had read the SOPs on the computer but there was no evidence of this. Roles and responsibilities of staff were highlighted within the SOPs.

Near miss logs were used and the dispenser involved was responsible for correcting their own error to ensure they learnt from the mistake. A dispenser explained that each near miss was discussed at the time to see if there were any reasons for the near miss, and it was used as a learning opportunity. A trainee dispenser gave some specific examples of near misses that she had made and how stock had been separated to reduce the likelihood of reoccurrence. The responsible pharmacist (RP) explained that he thought that the pharmacy manager reviewed the near miss logs for patterns and trends at the end of the month and shared the outcome with the team at a monthly meeting. The near miss review forms were not available for inspection and the team could not remember any improvements that had been identified during the last review. So, the current process may not be as effective as it could be. Dispensing incidents (for example, dispensing errors) were recorded using a template form and reported using the National Reporting and Learning System (NRLS). An example of a previous dispensing error report and areas for improvement was seen.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A trainee medicine counter assistant answered hypothetical questions related to the RP absence correctly.

The complaints procedure was explained to people on a poster displayed in the shop. The dispenser could not locate a SOP for how to deal with a complaint. People could give feedback to the pharmacy team in several different ways; verbal, written, on the NHS website and the annual NHS CPPQ survey. A CPPQ results poster was displayed in the shop but this displayed the results from the 2016/2017 survey so was out-of-date. The branch team tried to resolve issues that were within their control and explained that feedback from people using the pharmacy had improved over the past 12 months. A dispenser gave examples of the improvements that had been made in the last year and how people had commented on them. Improvements included reviewing the staffing profile and reorganisation of the multi-compartment compliance pack process to ensure they are ready when the person requires them.

The pharmacy had professional indemnity insurance in place. The RP notice was clearly displayed, and

the RP log was seen to be compliant with requirements. The entries in the controlled drug (CD) registers were in order. A random balance check matched the balance recorded in the register. The patient returned CD register was used. When a balance check for methadone was undertaken the manufacturer's overage was added into the running balance. A sample of private prescription and emergency supply records were seen to generally comply with requirements, however some emergency supplies were missing the reason for the supply. NHS Medicines Use Review (MUR) consent forms were seen to have been signed by the person receiving the service. Prescription deliveries were made by the delivery driver and signatures were obtained as proof of delivery.

An information governance (IG) folder was in place which contained various company IG policies and procedures. Completed prescriptions were stored out of public view. Confidential waste was stored separately and sent offsite with the owner or pharmacy manager for destruction. Confidential information such as documents for pharmacy services were stored in areas which had restricted access. An NHS smartcard had been left in the terminal in the consultation room when the pharmacist was not present. The smartcard had a PIN written on it so could have been used by unauthorised staff members. This was removed during the inspection. Pharmacy staff answered hypothetical safeguarding questions correctly. Local safeguarding contacts were available in the dispensary. The RP had completed Centre for Pharmacy Postgraduate Training (CPPE) on safeguarding.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to provide its services. Pharmacy team members complete the training they need to do their jobs. But they do not have formal training plans or protected time to complete ongoing training, so they may not always keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy team comprised of a pharmacy manager, locum pharmacist (RP at the time of the inspection), four dispensing assistants, a trainee dispensing assistant, an apprentice, a pharmacy student, a trainee medicine counter assistant and a delivery driver. The trainee medicine counter assistant had been working at the pharmacy for around 14 months and had been enrolled on an accredited training course in July 2019. But, he was unaware that he had been enrolled on the course and had not completed any modules.

The pharmacy was a family business and staffing levels were reviewed by the pharmacy manager and the owner. Staffing levels had increased over the last 12 months. Pharmacy staff managed the workload well throughout the inspection and prioritised various tasks throughout the day. On four days each week (Monday – Thursday) the pharmacy operated with two pharmacists; the pharmacy manager and the locum pharmacist. Holidays were booked in advance and to ensure there was enough cover available. The team co-ordinated their holiday in branch and authorised by the pharmacy manager. The pharmacy manager checked the rotas in advance and asked staff to change their shifts or work overtime to manage any gaps in the schedule. The pharmacy student was available to work additional hours during the university holidays which were traditionally the busiest times in the pharmacy.

Staff explained that they had regular performance reviews with the pharmacy manager but could not recall when the last one had taken place. Staff did not complete any regular formal training or development activities once they had completed their accredited training course. The pharmacy team appeared to work well together during the inspection and were observed helping each other and moving onto the healthcare counter when there was a queue. Pharmacy staff had regular discussions in the dispensary to communicate messages and updates. The pharmacy staff said that they could discuss any ideas, concerns or suggestions with the pharmacy manager or owner and would contact the GPhC if they had any concerns.

The RP was observed making himself available to discuss queries with people and giving advice when he handed out prescriptions. Targets were in place for services; the RP explained that he would use his professional judgement to offer services. For example, offering MURs when he felt that they were appropriate.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean, secure and suitable for the services provided. It has a consultation room to enable it to provide members of the public with access to an area for private and confidential discussions

Inspector's evidence

The pharmacy was smart in appearance and appeared to be well maintained. Any maintenance issues were reported to the pharmacy manager or owner. The dispensary was an ample size for the services provided; an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

There was a private soundproof consultation room which was used by the pharmacist during the inspection. The consultation room was professional in appearance. The door to the consultation room remained locked from the public area when not in use. A second consultation room was used as a store cupboard for returned medicines, general waste, confidential waste and excess pharmacy consumables.

The pharmacy was clean and tidy with no slip or trip hazards evident. It was cleaned by pharmacy staff. The sinks in the dispensary and staff areas had running water, hand towels and hand soap were available. The pharmacy had a portable air conditioning unity and the temperature in the dispensary felt comfortable during the inspection. Ambient temperature was monitored. Lighting was adequate for the services provided.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy manages its services and supplies medicines safely. The pharmacy gets its medicines from licensed suppliers, and the team members make sure that they store medicines securely and at the correct temperature, so that they are safe to use. The pharmacy does not routinely provide medicine leaflets with weekly packs. This could mean that people may not have all the information they need when taking their medicines.

Inspector's evidence

The pharmacy was situated next door to a medical centre and on a main road into Stafford. There was an automatic door and step-free access from the car park. There was a second entrance directly from the medical centre. A home delivery service was available for people that could not easily access the pharmacy. A range of pharmacy leaflets explaining each of the services was available for customers. The pharmacy staff used local knowledge and the internet to refer people to other providers of services the pharmacy did not offer. The pharmacy did not have a practice leaflet containing information such as the services available, the complaints procedure or explaining how the pharmacy stores confidential information.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Different coloured baskets were used to prioritise workload. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. Stickers were attached to completed prescriptions to assist counselling and hand-out messages, such as eligibility for a service, specific counselling or fridge item. The RP was aware of the MHRA and GPhC alerts about valproate and had counselling information available.

Multi-compartment compliance packs were dispensed for people in the community. Two dispensing assistants managed the process and kept thorough records so that any other member of staff could continue the process in their absence. Prescriptions were ordered in advance to allow for any missing items or prescription changes to be queried with the surgery ahead of the intended date of supply. The pharmacy ordered medication to be dispensed into the tray and the person ordered their external items to avoid over-ordering.
A sample of dispensed packs were seen to have been labelled with an audit trail for who had been involved in the dispensing and checking process. Patient information leaflets (PILs) were not routinely supplied, and descriptions of medicines were not written onto the backing sheets. The backing sheet which contained the information required by labelling legislation was not fixed to the packs, so was more likely to become detached and get lost. This means people may not have all the information they need to take their medicines safely. The RP and dispensers agreed to review their process to address these issues.

The original prescription for any items owing and a record of what medicine is owing was kept until hand out to allow for any counselling to be given. A special docket was used during the dispensing process to record any notes about the prescription such as, additional prescriptions due from the surgery, medicine was out of stock and a replacement prescription had been requested from the

prescriber, or the stock to complete the prescription had been ordered from a wholesaler.

A prescription collection service was in operation. The pharmacy had audit trails in place for this service and prescriptions collected were routinely checked against requests and discrepancies followed up.

No out-of-date stock was seen in the dispensary during the inspection but some out of date stock was found in the shop. The dispensary was date checked every three months and short dated products were marked. The shop was also date-checked regularly but the out of date vitamins had been overlooked whilst checking. This was removed during the inspection. Medicines were obtained from a range of licensed wholesalers. Medicines were stored in an organised manner on the dispensary shelves. Medicines were stored in their original packaging. Split liquid medicines with limited stability once opened were marked with a date of opening. The pharmacy team were aware of Falsified Medicines Directive (FMD) requirement, but the pharmacy was not yet compliant. The pharmacy had FMD scanners, but the team did not know how to use them. Patient returned medicines were stored separately from stock medicines in designated bins. The pharmacy received MHRA drug alerts by email from gov.uk. The RP could not locate the folder for drug recalls and thought that the pharmacy manager had taken it home.

The CD cabinets were secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Secure procedures for storing the CD keys during the day were in place. Substance misuse prescriptions were dispensed in advance of the patient coming to collect them. This reduced work load pressure and the risk of dispensing incorrect doses when the patient came to collect the prescription. Assembled substance misuse prescriptions were stored in the CD cabinet. There was a medical fridge used to hold stock and assembled medicines. The medicines in the fridges were stored in an organised manner. Fridge temperature records were maintained, and records showed that the pharmacy fridges were working within the required temperature range of 2°C and 8°Celsius.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. Equipment is appropriately maintained so that it is safe to use, and the team members use it in way that protects privacy.

Inspector's evidence

The pharmacy had a range of up to date reference sources, including BNF and the children's BNF. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean, crown stamped measures were available. Separate measures were available for preparation of methadone. Counting triangles were available. There was a separate, marked triangle used for cytotoxic medicines. Screens were not visible to the public as members of the public were excluded from the dispensary. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

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.