General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Oakley Pharmacy, Heswall and Penbby Group Practice, 270 Telegraph Road, Heswall, Wirral, Merseyside, CH60 7SG

Pharmacy reference: 9010044

Type of pharmacy: Community

Date of inspection: 13/05/2024

Pharmacy context

This pharmacy is situated inside a GP practice, in the town of Heswall. The pharmacy premises are accessible to people, with adequate space in the retail area. And there is a consultation room available for private conversations. The pharmacy sells a range of over-the-counter medicines and dispenses both private and NHS prescriptions. Enforcement action has been taken against this pharmacy, which remains in force at the time of this inspection, and there are restrictions on the provision of some services. The enforcement action taken allows the pharmacy to continue providing other services, which are not affected by the restrictions imposed.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

Follow this link to find out what the inspections possible outcomes mean

Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards not all met	1.2	Standard not met	The pharmacy cannot demonstrate what process it has in place to review and learn from its mistakes.
2. Staff	Standards not all met	2.2	Standard not met	The pharmacy does not enrol its team members on to suitable training courses to ensure they have the required skills and knowledge for their role.
3. Premises	Standards not all met	3.2	Standard not met	The pharmacy is disorganised and lacks adequate clear space to assemble prescriptions safely. Its team members dispense medicines on the front counter which does not adequately protect people's privacy or confidentiality.
4. Services, including medicines management	Standards not all met	4.3	Standard not met	Medicines are not managed and stored appropriately which means the pharmacy cannot always demonstrate that they are safe to supply to people. Expired medicine stock is not removed from shelves in a timely manner and frequent expiry date checks are not carried out to make sure they are safe to use. Medicines returned to the pharmacy are not stored appropriately which increases the risk that they are supplied to people.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance **Standards not all met**

Summary findings

The pharmacy has written processes and procedures for team members to follow. But its team members have not completed any training on them so it may not be able to demonstrate that the processes are being followed to help make sure services are provided safely. Members of the team do not always make a record of when things go wrong and so they may not be able to show how they learn from them. The pharmacy largely keeps the records it needs to by law, but it doesn't always make sure that the responsible pharmacist record is fully complete which means it may make it harder to identify who was responsible.

Inspector's evidence

There was a set of standard operating procedures (SOPs) which had been recently issued by the superintendent pharmacist (SI). But the SOPs did not state when they were issued or when they should be reviewed, which would help to show whether they remain relevant. Team members had not yet read all of the SOPs, and there were no training sheets to show when this had been completed. So, the pharmacy may not be able to show that its team members fully understand how to correctly carry out the processes that are in place.

The pharmacy used electronic software to record and investigate dispensing errors. Near miss incidents were also recorded on electronic software. But the pharmacist was unable to show the records which had been made. Following the inspection, the SI provided some near miss records, which detailed actions such as reviewing the SOPs for date checking. But team members could not show what had been done in response to the mistakes to show they had learned from them. And the date checking review had not been implemented. So, similar errors may occur, and the team may not take adequate steps to improve the services they provide to people.

The roles and responsibilities for members of the pharmacy team were described in individual SOPs. The correct responsible pharmacist (RP) notice was on display. A trainee dispenser was able to explain what their responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. The pharmacy had a complaints procedure. But details about it were not on display which would help to encourage people to raise feedback. A current certificate of professional indemnity insurance was on display.

Records for private prescriptions and unlicensed specials appeared to be in order. RP records were kept. But there were missing entries for 13th April 2024 and 27th April 2024, so the pharmacy may not be able to demonstrate who was responsible for the pharmacy on these days following a query or concern. The pharmacy had conditions in place which prevented it from obtaining, selling or supplying schedule 2 controlled drugs (CDs). Several CDs which were obtained prior to the conditions were present and CD registers were kept for these medicines with running balances recorded. But there were infrequent checks of the running balance against the physical stock held. The balances of some CDs were checked against the physical stock and found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available within the SOPs. When questioned, a trainee dispenser was able to explain how confidential waste was separated into confidential waste bins, which were removed by a waste carrier. A notice in the retail area provided information about how the

pharmacy handled and stored people's information. When questioned, team members understood the signs and concerns to look out for relating to safeguarding vulnerable adults and children. The pharmacist had completed level 2 safeguarding training and knew where to find the contact detail for the local safeguarding board. But the pharmacy did not have a safeguarding policy to help define clear expectations for members of the team.

Principle 2 - Staffing **Standards not all met**

Summary findings

There are enough staff to manage the pharmacy's workload. But the pharmacy does not always enrol new members of the team onto a suitable training course to help make sure they have the underpinning knowledge required for their role.

Inspector's evidence

The pharmacy team included a pharmacist, who was also the SI, two dispensers and two trainee dispensers. One of the trainee dispensers recently joined the pharmacy team around four weeks ago. But the other trainee dispenser joined the pharmacy in January 2023, and had not been enrolled onto an accredited dispenser training course. This meant that the trainee dispenser had not completed the appropriate training required for their role to help make sure that they completed tasks in a safe way. This also did not meet the GPhC's minimum training expectations for members of the team.

Team members discussed learning points about similar looking medicines. But there were no additional training packages provided to members of the team. And there was no formal appraisal programme. So, the learning and development needs for members of the team may not be fully met. A trainee dispenser gave examples of how they would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines they felt were inappropriate, and refer people to the pharmacist if needed. The locum pharmacist felt able to exercise their professional judgement, and this was respected by the SI and team members.

Team members were seen working well together. They discussed their work, and if there were any queries. Members of the team were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the SI. There were no targets for professional services.

Principle 3 - Premises **Standards not all met**

Summary findings

The pharmacy premises are suitable for the services provided. But the space is used ineffectively to help ensure services remain safe. And parts of the medicines counter are used to assemble prescriptions which does not adequately protect the privacy of people using the pharmacy.

Inspector's evidence

The pharmacy was situated in a unit adjacent to a medical centre. The size of the dispensary was sufficient for the workload. However, the floor was was cluttered with boxes and the dispensary worktops and shelves were disorganised. Which reduced the effectiveness of the available space to dispense medicines. The floor in the retail area contained leaves and litter which detracted from the professional appearance expected of a healthcare setting.

Due to a lack of space in the dispensary and layout, team members were seen using the front counter to dispense prescriptions for people who had come to collect them. This was directly in front of the retail area and could be viewed by people waiting. This did not provide sufficient privacy and confidentiality to people using the pharmacy. The temperature was controlled by the use of air conditioning units, and lighting was sufficient. Team members had access to a kettle, and separate staff fridge. WC facilities were shared with the adjacent medical centre.

A consultation room was available and was generally clean. There was a computer, desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted. A second consultation room was available, but this was not in use.

Principle 4 - Services **Standards not all met**

Summary findings

The pharmacy's services are easy to access. And it uses electronic software and automation to help provide them effectively. But it stores its medicines in a disorganised manner, which increases the risk of a picking error during the prescription assembly process. The pharmacy does not always adequately complete the necessary checks on its medicines which means they may not be fit for purpose. And medicines returned to the pharmacy are not stored appropriately which means there is an increased risk of them being supplied to people without the pharmacy being able to demonstrate that they are safe to use.

Inspector's evidence

Access to the pharmacy was level via an automatic door and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Information was on display about the services offered and details of the pharmacy's opening hours were on display.

The pharmacy had a delivery service, and delivery records were kept. Unsuccessful deliveries were returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

The pharmacy used a patient medication record (PMR) system which had built-in accuracy checking software. Prescriptions were organised into different 'workflows' on the PMR system and assigned to different roles within the pharmacy team. The pharmacist firstly performed a clinical check when prescriptions were received. The prescription was then released to a member of the dispensing team, who would pick the medicine stock and scan each box into the system. If the medication matched the prescription, a dispensing label would print, and the dispenser would affix this to the box. If it did not match the prescription, the dispenser amended the product or requested assistance from the pharmacist. The team used baskets to separate individual patients' prescriptions to avoid items being mixed up. The pharmacist did not perform a further accuracy check unless the medicine fell within an exception category. For example, a CD, a split pack, or a medicine which required refrigeration. The PMR system kept an audit trail of who carried out each stage of the process and if any medicines were owed to people.

Dispensed medicines awaiting collection were kept on a shelf using a numerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge items needed to be added. Team members were seen confirming people's name and address when medicines were handed out. The PMR system highlighted prescriptions which were due to expire when it was switched on each morning. Team members contacted people to remind them to collect their medicines. The pharmacist provided counselling advice to people who had started a high-risk medicine (such as warfarin, lithium, and methotrexate). But this was not done routinely, which would help to ensure people received the appropriate information about how to take their medicines safely. Team members were aware of the risks associated with the use of valproate containing medicines during pregnancy. Educational material was provided when the medicines were supplied. The pharmacy team explained the pharmacist had spoken to people who were at risk to make sure they were aware of the pregnancy prevention programme. And this was recorded on their PMR.

Some medicines were dispensed in multi-compartment compliance packs. Before a person was started

on a compliance pack, the pharmacy referred them to their GP to complete an assessment about their suitability. An electronic record was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record was updated. Hospital discharge sheets were obtained and kept for future reference. Patient information leaflets (PILs) were routinely supplied. But the compliance packs did not have descriptions of medicines written on them, which would help people to identify their medicines.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. The pharmacy used a robot to help with dispensing medicines. Each month, the dispenser would use the expiry date check function on the robot's system, which rejected any medicines that had expired.

Medicines not stored in the robot appeared disorganised and cluttered. Most of this stock were split packs which had not been sorted to go back into the robot. The disorganised status of the dispensary presented a risk of team members picking the wrong medicines during the dispensing process. Team members explained that the expiry dates of medicines outside the robot were to be checked each month. But they had fallen behind with the process, and it had not been completed for the past few months. A spot check found a number of medicines which were due to expire at the end of May 2024. And some medicines were found to be expired. Liquid medication had the date of opening written on.

A number of tote boxes contained medicines which had been returned by a local care home and were stacked in the middle of the dispensary. These were next to other tote boxes containing medicines which had been delivered by wholesalers. This increased the risk of returned medicines being used to fulfil prescriptions that were due to be dispensed. Medicines which contained labels from the nearby hospital pharmacy were found on dispensary shelves. When questioned, team members could not explain the reason why this had happened, and they would usually sort returned medicines and put them into designated bins for incineration.

Controlled drugs were stored appropriately in the CD cabinet. CD denaturing kits were available for use. There was a clean medicines fridge with a thermometer. The minimum and maximum temperature was being recorded daily and records showed they had remained in the required range for the last three months. Drug alerts were received from the MHRA. Team members were able to describe how the responded to a recent alert. But details of the action taken was not recorded to show how the pharmacy responded.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

Members of the pharmacy team 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

Team members had access to the internet for general information. This included access to the British National Formulary (BNF), BNFc, and Drug Tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. The pharmacy also had counting triangles for counting loose tablets. Equipment was kept clean.

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 team members 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.