General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Village Pharmacy, 44-46 Bramhall Lane South, Bramhall, Stockport, Greater Manchester, SK7 1AH

Pharmacy reference: 9010072

Type of pharmacy: Community

Date of inspection: 28/01/2020

Pharmacy context

This community pharmacy is situated in a modern premises located on a shopping parade on a busy main road in a semi-rural residential area. It primarily serves the local population and supplies NHS prescription medicines. The pharmacy offers prescription ordering and home delivery services. It also supplies some people's medicines in weekly multi-compartment compliance packs to help make sure they take them safely.

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 manages its risks well. It provides the pharmacy team with some written instructions to help make sure it provides safe services. The team reviews its mistakes so that it can learn from them. It keeps people's information secure, and the team understands its role in protecting and supporting vulnerable people.

Inspector's evidence

The pharmacy had written procedures that were issued in March 2019 and were due for review in March 2021, which included dispensing medicines safely. The responsible pharmacist (RP) who was the regular locum pharmacist and acted as the manager, explained that the superintendent pharmacist had drafted these procedures. But they had not identified themselves as the author. The pharmacy had written procedures for dispensing controlled drugs (CDs). Staff appropriately handled and stored CDs, and they knew what to do when the RP changed or was absent. However, there were no corresponding written procedures that covered these matters.

The dispenser and checker initialled dispensing labels, which helped to clarify who was responsible for each prescription medication they had supplied and assisted with investigating and managing mistakes. Pharmacy team members discussed any mistakes they identified when dispensing medicines and addressed them separately. The RP said they made records of these mistakes, but they had not done this since November 2019, and they had destroyed the records made prior to this period. So, the team could not review these mistakes periodically meaning staff could miss additional opportunities to learn and mitigate risks in the dispensing process.

The pharmacy team received positive feedback across several key areas from people who used its services in its last satisfaction survey conducted between April 2017 and March 2018. A publicly displayed notice explained how people could make a complaint, but retail stock obscured its view. Staff had a basic understanding of how to handle any complaints they received and referred them to the RP to deal with.

The pharmacy had professional indemnity insurance for the services it provided. The RP displayed their RP notice, so the public could identify them. The pharmacy maintained the records required by law for private prescription and CD transactions. It generally maintained the RP record, but pharmacists did not always record when they ceased being the RP, which could cause ambiguity in the event of a query. The pharmacy also kept records of CD destructions and medicines manufactured under a specials licence that it had obtained and supplied.

The pharmacy had data protection policies and procedures on maintaining patient confidentiality, obtaining people's consent for services and the General Data Protection Regulation. These were issued in January 2019 and reviewed in December 2020, and all the team members had read them. Staff used passwords to protect access to people's electronic data and used their own authorised security cards to access people's NHS information. They also stored disposed of confidential material securely. The staff obtained people's written consent to access their information in relation to the Medicines Use Reviews (MURs) service. They obtained people's verbal consent to access their information when providing the prescription ordering and electronic prescription services. The pharmacy had not completed the equivalent of a data protection audit, so they might overlook opportunities to improve.

The RP was level 2 safeguarding accredited, and one of the dispensers had completed formal safeguarding training. All the staff had signed to declare they had read the pharmacy's written procedures on child protection. However, staff had not completed training in relation to safeguarding vulnerable adults. And arrangements had not been made for them to access the local safeguarding board's contact details and procedures.

The delivery driver and staff had a positive rapport with potentially vulnerable patients. They had reported concerns to the pharmacist and GP when people exhibited signs of confusion or forgetfulness. In some cases, this led to patients being more closely monitored. The team had not properly assessed why it was safe for some people on compliance packs to receive twenty-eight days' medication per supply. It also did not keep records of their care arrangements and next of kin details. So, the team did not have easy access to this information if it needed it urgently.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to provide safe and effective services. Team members work well together and qualified staff have the skills necessary for their roles. But they don't complete much ongoing training, so their knowledge may not always be fully up to date.

Inspector's evidence

The staff present were the RP, three dispensers, and two medicine counter assistants (MCAs). The pharmacy also employed a delivery driver. The other staff who were not present included two trainee MCAs. The pharmacy usually had enough staff to manage the workload, and at least two dispensers and an MCA were always on duty. The team had repeat prescription medicines, including those dispensed in compliance packs, ready in good time for when people needed them. The pharmacy received a significant number of its prescriptions via the electronic prescription and prescription ordering services, which aided service efficiency. It had a regular footfall of five or six people, who it promptly served and it rarely any sustained periods of service demand. The pharmacy did not have any targets for the volume of the services provided.

Staff worked well both independently and collectively, they used their initiative to get on with their assigned roles and required minimal supervision. However, only one of the dispensers was trained to provide the compliance pack service, so the pharmacy limited its options to maintain this service efficiently if this team member was absent.

The pharmacy had an effective strategy for covering planned and unplanned leave. It only allowed one of its staff to be on planned leave at any time. The other team members increased their working hours to cover and the two trainee MCAs covered their colleagues on annual leave.

Staff asked people requesting to purchase a non-opiate pain-relief medication if they had previously taken the medication but did not always explore their response if they said they had. And they did not always ask some other important questions such as their symptoms and if they were taking any other medication. So they might miss opportunities to provide additional counselling and advice.

One of the trainee MCAs, who started working at the pharmacy around six months ago, was close to achieving accreditation. The other trainee, who had recently started, was about to start their training course. There was no performance review process for qualified staff, and they did not have access to any ongoing training programme that helped to keep their skills and knowledge up to date.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are clean, secure and spacious enough for the pharmacy’s services. It has a private consultation room, so members of the public can have confidential conversations and maintain their privacy.

Inspector's evidence

The pharmacy was situated in a modern retail unit. Its front counter and dispensary fittings were suitably maintained, bright and professional in appearance. The retail area and counter design could accommodate the typical number of people who presented at any one time, and there was a large seated waiting area. The open plan dispensary provided enough space for the volume and nature of the pharmacy's services, which meant these areas were organised and staff could dispense medicines safely. The consultation rooms were accessible from the retail area and could each accommodate two people. However, the rooms' availability was not prominently advertised, so people may not be aware of this facility. The level of cleanliness was appropriate for the services provided. And staff could secure the premises to prevent unauthorised access.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's working practices are suitably effective, which helps make sure people receive safe services. It gets its medicines from licensed suppliers and generally manages them effectively to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy was open from Monday to Friday 9am to 6.30pm, and Saturday 9am to 5pm. The pharmacy had a step-free entrance with automatic doors, and the pharmacy team could see anyone who need assistance entering the premises.

The team prompted people to confirm the repeat medications they required. This helped it limit medication wastage and people received their medication on time. The team also made corresponding records of requests, so they could deal with queries about them effectively.

The pharmacy did not have any written procedures for dispensing medicines considered to be high risk, including anti-coagulants, methotrexate, lithium, insulin. The RP had checked all the people taking valproate, identified any that were in the at-risk group and confirmed that their GP had already appropriately advised them. The RP said they had the MHRA approved valproate advice booklets and cards but could not locate them. They routinely checked that people taking anti-coagulants had a regular blood test each time they received their prescription and during their annual MUR. However, they did not make a corresponding record. They also counselled these people on their prescribed dose, side-effects and interactions. The RP regularly counselled people taking methotrexate on their prescribed dose, and reminded them about taking folic acid, and the potential side-effects and interactions each time they collected their medication. They also confirmed that these people were having regular blood tests during their MUR. The RP checked that people prescribed lithium had a recent blood test, but they did not make a corresponding record.

The team kept a record of compliance pack people's current medication that also stated the time of day they should take them, which helped to effectively identify and query any medication changes. The pharmacy kept records of verbal communications it had about medication queries or changes for people on compliance packs. These records were not in a structured format, which could cause confusion. The team labelled compliance packs with descriptions of each medicine that they contained, which helped people to identify them.

The team used colour-coded baskets to organise it prescription work-load. It marked some part-used medicine stock cartons, but only left a protruding flap on other stock cartons to signify they were part-used, which potentially risked people receiving the incorrect medication quantity.

The pharmacy obtained its medicines from a range of licensed pharmaceutical wholesalers and stored them in an organised manner. It did not have a system for complying with the Falsified Medicines Directive (FMD), as required by law. The staff did not know when one would be installed.

The team suitably secured its CDs, had destroyed its date-expired and patient-returned CDs, and it had kits for denaturing them. Part-time staff checked the medication refrigerator temperatures a few days each week, which meant there could be two or three days between each check.

Records indicated that some stock sections had been frequently date checked during 2019. Records indicated that other sections had been checked less frequently. Staff said they had checked these sections but that they had not always recorded it. Several randomly selected medicines in these sections had a reasonably long shelf life, but one had expired in November 2019. The RP said they would review the date checking system.

The team took appropriate action when it received alerts for medicines suspected of not being fit for purpose and kept corresponding records. It disposed of obsolete medicines in waste bins kept away from its medicines stock, which reduced the risk of these becoming mixed with stock or supplying medicines that might be unsuitable.

Staff checked the deadline dates for supplying CDs at the time they handed them out, so they followed a basic system to make sure it only supplied CDs when it had a valid prescription. The team used an alpha-numeric system to efficiently store and retrieve dispensed medication and the related prescription. Pharmacists did not always initial the CD register supply entry, so the pharmacy may not be able to identify who was responsible for each supply. Records indicated that the pharmacy delivered medicines to patients safely and securely.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment that it needs to provide its services effectively, which it properly maintains. And it has the facilities to secure people's information.

Inspector's evidence

The team kept the dispensary sink clean. It had access to hot and cold running water and an antibacterial hand-sanitiser. The team also had a range of clean measures, so it had the facilities to make sure it did not contaminate the medicines it handled and could accurately measure and give people their prescribed volume of medicine. Staff had the latest versions of the BNF and a recent version of cBNF to check pharmaceutical information if needed.

The team had facilities that enabled it to protect peoples' confidentiality. It viewed people's electronic information on screens not visible from public areas and regularly backed up people's data on its patient medication record (PMR) system. So, it secured people's electronic information and could retrieve their data if the PMR system failed. And it had facilities to store people's medicines and their prescriptions away from public view.

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.