General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Well, Grange Health Centre, Kents Bank Road, Grange-Over-Sands, Cumbria, LA11 7DJ

Pharmacy reference: 9010643

Type of pharmacy: Community

Date of inspection: 14/03/2023

Pharmacy context

This community pharmacy is located inside a health centre in the tourist village of Grange-over-Sands, Cumbria. Its main services include dispensing NHS and private prescriptions and selling over-the-counter medicines. It provides some people and people living in three care homes with their medicines in multi-compartment compliance packs. And it delivers some medicines to people's homes.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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 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 has a comprehensive set of written procedures to help the team carry out specific tasks. And it appropriately identifies and manages most of the risks associated with the services it provides to people. The pharmacy keeps the records it needs to by law and team members are suitably equipped to help protect the welfare of vulnerable people.

Inspector's evidence

The pharmacy had a set of up-to-date standard operating procedures (SOPs). The SOPs provided the team with information to help them complete various tasks. They were held electronically, and each team member had password protected access to them. Team members were required to read the SOPs that were relevant to their role and complete a short quiz to assess their understanding of them. A team member demonstrated that they had completed 60% of the SOPs. The team member explained completing the remaining 40% of SOPs was to be prioritised over the next few weeks. Team members showed a clear understanding of their roles and were observed working within the scope of their role.

The pharmacy had a process to record any mistakes made during the dispensing process which were identified before the medicine was supplied to a person. These mistakes were known as near misses. Team members had access to an electronic system known as Datix, to keep these records. Within the system they were able to record when the near miss had happened and the type of near miss. For example, if they wrong number of tablets or capsules were dispensed. But the team had not used the system to record near misses for several months. Recently, the pharmacy had undergone an internal audit of its processes. The lack of near miss records was identified. Since the beginning of the month, the team had started to use a paper-form near miss log. Team members explained how they had held a meeting to discuss the importance of recording near misses to help their learning and to improve patient safety. They had made efforts to ensure the details recorded were comprehensive. Team members described some changes they made to the way they worked after noticing some common near misses. For example, the team had separated some medicines that had similar names or similar packaging. This measure helped reduce the risk of these medicines being dispensed in error. The pharmacy used the Datix system to record and report any dispensing incidents that had reached a person. Most recently, the pharmacy had supplied a person with the incorrect strength of ramipril. The pharmacy's area manager and superintendent pharmacist (SI) office was made aware of the dispensing incident. The team held a discussion about how they could prevent a similar incident from happening again. Team members decided to segregate the different strengths of ramipril. The pharmacy had a formal concerns and complaints procedure which was displayed on a notice located in the retail area. The notice displayed the details of the pharmacy's superintendent pharmacist's (SI) office. The team aimed to resolve any complaints or concerns informally. If the team member could not resolve the complaint, it was escalated to the SI.

The pharmacy had up-to-date professional indemnity insurance. It was displaying the correct responsible pharmacist (RP) notice. The RP register had been mostly completed correctly, but on some occasions, pharmacists had not recorded the time their RP duties had ended. The pharmacy kept appropriate records of supplies against private prescriptions. The pharmacy retained complete controlled drug (CD) registers. And the team kept them in line with legal requirements. The team were required to complete regular balance checks of the CDs. The balance of a randomly selected CD was

checked and was found to be correct. The pharmacy kept records of CDs returned to the pharmacy for destruction.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. The pharmacy displayed a privacy notice and how it managed people's confidential data. The team placed confidential waste into a separate bag to avoid a mix up with general waste. The waste was periodically destroyed via a third-party contractor. Team members understood the importance of securing people's private information and they had all completed training about the General Data Protection Regulation (GDPR). The pharmacy had a formal written procedure to help the team raise concerns about safeguarding of vulnerable adults and children. And team members had completed some basic training on the subject. The RP had completed training via the Centre for Pharmacy Postgraduate Education. Team members described hypothetical safeguarding situations that they would feel the need to report. They had access to the contact details of the local safeguarding teams.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members to safely provide its services. It reviews its staffing profile to help manage increases in the dispensing workload. Team members are supported to update their knowledge and skills.

Inspector's evidence

The RP on the day of the inspection was a locum pharmacist and was supported by a full-time qualified pharmacy technician, a part-time qualified pharmacy assistant and a full-time trainee pharmacy assistant. The pharmacy also employed a part-time qualified pharmacy technician and a part-time qualified pharmacy assistant. Most of the team members had worked at the pharmacy for several years. The pharmacy had not had a resident pharmacist or a pharmacy manager for around four years but was expecting the position to be filled within the next few weeks. The pharmacy has been running with locum pharmacists within that time. The pharmacy had aimed to book the same locum pharmacists as much as possible to help with business continuity. For example, the RP was booked to work three days a week at the pharmacy for the next month. Team members covered each other's absences. The pharmacy had recently started to dispense prescriptions for three care homes. One of the trainee pharmacy assistants had been employed around the same time to help manage the increase in dispensing workload. Team members were observed managing the dispensing workload well and were dispensing without any significant time pressures.

The pharmacy provided each team member with access to an online training programme to help support them update their knowledge and skills. The programme consisted of a range of healthcare-related modules for team members to work through. Most modules had a short assessment for team members to complete to assess their understanding. Team members who were enrolled on a training course were given additional time to work through their respective courses. One of the technicians had recently undertaken training to help them manage the care home dispensing workload. The training consisted of spending a full day with a specific 'care home trainer' and watching various demonstration videos. The technician was in the process of using their training to train other team members on managing the service.

Team members attended informal team meetings where they could discuss any professional concerns and give feedback on ways the pharmacy could improve. But they felt their suggestions were not always implemented due to the pharmacy not having a manager. Team member were set some targets to achieve. They explained some targets were sometimes difficult to achieve. They did their best to achieve the targets but focused on aiming to provide an efficient service for the local community.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are generally suitable for the services it provides and are appropriately maintained. The pharmacy has a private consultation room where people can have a confidential conversation with a pharmacy team member.

Inspector's evidence

The pharmacy was clean, well maintained, and professional in appearance. The team kept benches in the dispensary well organised with baskets containing prescriptions and medicines awaiting a final check by the RP. There were areas used for the dispensing process and there was a separate bench used by the RP to complete the final checking process. There was a private, soundproofed, and signposted consultation room available for people to have private conversations with team members. Floor spaces were generally kept free from obstruction. However, there were several bags of medicines returned by people for destruction kept on the floor. This made it difficult for team members to move around the area while they dispensed.

The pharmacy had separate sinks available for hand washing and for the preparation of medicines. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. Team members controlled unauthorised access to restricted areas of the pharmacy. There was a separate entrance from the adjacent GP surgery into the pharmacy. But this had been kept closed for several months. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout the premises.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides people with a range of services that are managed well and safely provided. It appropriately sources and stores its medicines. Team members regularly check the expiry dates of the pharmacy's medicines to make sure they are fit for purpose.

Inspector's evidence

There were steps and a ramp from a car park to the pharmacy's main entrance door. This made it easy for people using wheelchairs or pushchairs to enter the pharmacy. The pharmacy advertised its services and opening hours in the main window. The pharmacy had a facility to provide large print-labels to people with a visual impairment. Team members demonstrated a comprehensive awareness of Pregnancy Prevention Programme (PPP) for people in the at-risk group who were prescribed valproate, and of the associated risks. They described the advice they would give in a hypothetical situation and demonstrated the written information they would provide to people with their dispensed valproate medicines. Team members used various stickers to attach to bags containing people's dispensed medicines. They used these as an alert before they handed out medicines to people. For example, to help remind team members that a medicine inside the bag may cause drowsiness, or to remind person that they were eligible for a blood pressure check. Team members signed the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. They used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. The pharmacy had owing slips to give to people when the pharmacy could not supply the full quantity prescribed. The pharmacy offered a delivery service and kept records of completed deliveries. And it kept an audit trail of the service.

The pharmacy sent several prescriptions to be dispensed at the Well offsite hub pharmacy. This was to help reduce the dispensing workload pressure on the team. The team demonstrated how they inputted data from prescriptions onto an electronic system. The RP accuracy checked the data and completed a clinical check of the prescriptions before submitting the data electronically to the hub pharmacy. The team had the ability to 'recall' prescriptions from the hub pharmacy. Team members did this if people needed their prescriptions dispensing immediately at the pharmacy. Dispensed medicines arrived in sealed, barcoded bags. Team members scanned the barcodes to confirm the pharmacy had received the medicines. The pharmacy dispensed medicines for some people living in their own homes and some people living in care homes, into multi-compartment compliance packs. These packs were designed to help people to remember to take their medicines at the correct times of the day. The medicines were dispensed into small, sealed pods relating to the day and time of the day they should be taken by the person. For example, Tuesday, morning. The team spread the workload evenly over a four-week cycle to help manage the workload. Care homes took responsibility of ordering prescriptions for their residents. The team ordered prescriptions on behalf of people who were living in their own homes. Prescriptions were usually issued a week before they were due to be dispensed. This gave the team plenty of time to manage any queries, such as medicines that were missed off prescriptions. Team members used master sheets to cross-reference prescriptions to ensure they were accurate. The packs were supplied with patient information leaflets and annotated with descriptions of the medicines inside. For example, white, round, tablet. The team ensured they always received written notification from prescribers of any changes to treatment. For example, if a treatment had been stopped. The team retained the notification to ensure a robust audit trail was in place.

The pharmacy stored some pharmacy-only (P) medicines directly behind the pharmacy counter and some in clear, plastic containers located around the retail area. There was a notice displayed on the front of each box asking people to seek assistance if they wished to purchase any of the medicines inside. The pharmacy had a process for the team to check the expiry date of the pharmacy's medicines. The team demonstrated that it was up to date with the process. No out-of-date medicines were found by the inspector following a check of approximately 30 randomly selected medicines. The pharmacy had a medical grade fridge to store medicines that required cold storage. And the team kept records of the fridges minimum and maximum temperature ranges. A sample of the records was seen which showed the fridges were operating within the correct ranges. The team generally recorded the temperature ranges each day but had not done so on three occasions in February 2023. The team marked liquid medicines with details of their opening dates to ensure they remained safe and fit to supply. The pharmacy had medicine waste bags and bins, sharps bins and CD denaturing kits available to support the safe disposal of medicine waste. It received medicine alerts electronically through email and the company intranet. The team actioned the alert and kept a record of the action taken.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has suitable equipment that it needs to provide its services. And it uses its equipment appropriately to help protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources. The pharmacy used a range of CE marked measuring cylinders. There were separate cylinders to be used only for dispensing water. This helped reduce the risk of contamination. The pharmacy used an electronic blood pressure monitor which was due to be replaced every two years. The pharmacy stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. It suitably positioned computer screens to ensure people couldn't see any confidential information. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members could have conversations with people in private.

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.