General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: PHL Pharma, Unit B1, Apollo Court, Neptune Park, Plymouth, Devon, PL4 0SJ

Pharmacy reference: 9010855

Type of pharmacy: Community

Date of inspection: 14/06/2019

Pharmacy context

The pharmacy is located on an industrial estate in Plymouth. It is closed to the public. It supplies medicines to the residents of care homes in multi-compartment compliance aids. It also delivers medicines to a small number of people living in their own homes. The pharmacy does not currently offer any other services.

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 identifies and manages risks appropriately. Team members record their errors and learn from them to stop them happening again. Staff are clear about their roles and responsibilities. They work in a safe and professional way. The pharmacy asks people for their views and acts appropriately on the feedback. It has adequate insurance for its services. The pharmacy generally keeps up-to-date records as required by the law. The pharmacy keeps people's private information safe and explains how it will be used. Pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had adequate processes in place to monitor and reduce risks. Near misses were recorded on a paper log and contain details of the error with a reflection on the cause and actions taken to prevent a reoccurrence. The responsible pharmacist (RP) said that near miss reporting had been sporadic over the previous months and resolved to improve this.

The RP held a patient safety meeting with the pharmacy team each week. During this meeting, any near misses and errors were discussed. No records were made of reviews of errors and near misses. Recent actions discussed with the team had included taking more time and not rushing. Staff had also been reminded to ensure split boxes were crossed on each surface to prevent quantity errors. The RP made full use of the accuracy checking pharmacy technician to allow him to clinically screen prescriptions.

Dispensing incidents were reviewed by the RP but were not reported. The inspector gave advice about the National Reporting and Learning System (NRLS). An incident had recently occurred where a stock box had been placed in the bag of a prescription awaiting delivery. It had been identified that the bagging had been carried out by the delivery driver, who was not trained to take part in the dispensing process. As such, the inspector advised that the pharmacy should cease using delivery drivers to bag prescriptions. The RP was receptive to this advice.

SOPs were up to date, had been adopted by the regular responsible pharmacist (RP) and had been signed by staff. Staff understanding was tested through observations. The SOPs covering RP regulations had recently been reviewed and had been read by all staff. A dispenser could describe the activities that could not be undertaken in the absence of the RP.

The RP described that he was investigating whether he could begin to provide off-site flu vaccinations and medicines use reviews. He said that before any service commenced, he would ensure he had the relevant approvals, check that the location of provision would be appropriate and would undertake the relevant training.

The pharmacy received feedback from the care homes using a care home satisfaction survey. Comments received were addressed by the operations manager, who if needed, would carry out a visit to discuss the feedback. The owner said that all new homes received an audit within two months of joining to resolve any issues. Then each home had a regular six-monthly visit from staff from the pharmacy. The operations manager said that she had received complaints that it took too long to get through to the pharmacy on the phone. She had arranged for calls to be forwarded to a mobile phone

when the main phone line was busy to increase capacity.

At the time of the inspection, indemnity insurance was provided by AXA. After seeking advice, the owner subsequently arranged alternative professional indemnity and public liability insurance through the NPA and sent a copy of the certificate to the inspector.

RP records were appropriately maintained and the correct RP certificate was displayed. The pharmacy did not dispense private prescriptions or make emergency supplies. Records of unlicensed 'specials' medicines were maintained, although details of to whom the product had been supplied were not recorded on the certificate of conformity. Controlled drug (CD) registers were maintained as required by law. Balance checks were completed weekly, and a random stock balance check of a CD was accurate. Patient returns were recorded in a separate register and were destroyed promptly. The RP made one entry to show that all drugs listed before that date had been destroyed. Advice was given to ensure a record of destruction was made for each returned CD.

All staff had completed training on information governance and the General Data Protection Regulation (GDPR). Patient data and confidential waste was dealt with in a secure manner to protect privacy. NHS Smart cards were used appropriately. The RP did not access Summary Care Records.

The RP and one of the pharmacy technicians had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 safeguarding training. The remaining staff had read the SOP. Local contacts for reporting concerns were available, and staff were aware of what signs required referral.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff. Most team members are well trained for their roles. But some do not receive protected time to complete learning. Team members generally feel able to raise concerns and make suggestions for change to improve safety and efficiency.

Inspector's evidence

The staffing was adequate on the day of the inspection and consisted of the RP, two pharmacy technicians and four dispensers, two of whom were trainees. Most staff described that they were able to manage the workload with no undue stress or pressure. But one staff member felt that the workload was challenging due to inefficiencies in some processes.

Staff worked regular days and hours. Absences were usually covered rearranging shifts, or by part-time staff increasing their hours. Staff were not allocated time to learn during working hours. One trainee dispenser had recently been enrolled on an approved training course but had not start started the work. The RP committed to ensuring he received some dedicated training time at work. The owner said that the second trainee dispenser would be enrolled on a course following the completion of his probationary period.

Staff did not receive formal reviews or development plans. The RP said that he gave feedback to team members as needed. The staff felt empowered to raise concerns and give feedback to the RP, who they found to be receptive to ideas and suggestions. Some staff said that they did not feel able to make suggestions to the owner for change to improve efficiency.

Staff were not aware of a whistleblowing policy but knew who to escalate concerns to both within and outside of the company. The RP said that he was not set targets. He felt able to use his professional judgement to discharge his duties.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for the assembly of medicines.

Inspector's evidence

The pharmacy was located in a unit on an industrial estate in Plymouth. It was closed to the public. The ground floor of the unit consisted of a reception area which led through to a large dispensary. The mezzanine floor had a large open space, which was used for the storage of patient returned medicines. There was also a staff room and lavatory. The mezzanine floor was not part of the registered premises. The owner submitted updated floor plans to the General Pharmaceutical Council to ensure it became registered in the days following the inspection.

The dispensary stock was stored in shelving units and was generally organised and tidy. Space was somewhat limited and the owner described his plans to install more shelving to create more space.

Cleaning was undertaken each day by dispensary staff and the pharmacy was clean on the day of the inspection. Cleaning products were available, as was hot and cold running water. The lighting and temperature of the pharmacy were appropriate for the storage and preparation of medicines.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy supplies medicines safely. The pharmacy obtains its medicines from reputable suppliers. They are stored securely and regularly checked that they are still suitable for supply. The pharmacy generally deals with medicines returned by people. But it does not always remove people's personal information from the medicines when disposing of them which may lead to breaches of confidentiality.

Inspector's evidence

The pharmacy was closed to the public. The RP said that if anyone requested a service not provided by the pharmacy, for example on the telephone, he would refer them to a nearby pharmacy. Adjustments could be made for people with disabilities, such as producing large print labels.

Baskets were used to store prescriptions and medicines to prevent transfer between patients as well as organise the workload. There were designated areas to label, dispense and accuracy check prescriptions. The labels of dispensed items were initialled when dispensed and checked.

Coloured labels were used to highlight fridge items and CDs including those in schedule 3 and 4. Prescriptions were annotated if there were dose changes or new medicines so that the RP could check the clinical appropriateness. The dispensary shelves used to store stock were generally organised and tidy. The stock was arranged alphabetically. Date checking was undertaken regularly. Spot checks revealed no date expired stock or mixed batches.

The fridge in the dispensary was clean, tidy and well organised. Records of temperatures were maintained. The maximum and minimum temperatures were within the required range of 2 to 8 degrees Celsius. Staff were aware of the steps taken if the fridge temperature was found to be out of range, which was to monitor every 30 minutes until back in range.

CDs were stored in accordance with legal requirements. Denaturing kits were available for safe destruction of CDs. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures were recorded.

The pharmacy provided medicines to 47 care homes. Some received their medicines in original packs, and others received them in multi-compartment compliance aids. All homes were supplied with medicines administration record (MAR) sheets. The process for ordering and receiving prescriptions was found to be satisfactory. Outstanding items were chased promptly. Prescriptions were labelled, then clinically screened by the RP and then dispensed and checked. Patient information leaflets were not always supplied with medicines. The RP said that leaflets were always supplied with a newly prescribed medicine. The RP contacted the care home if he needed to pass on any additional information to ensure the safe use of medicines.

The pharmacy delivered medicines to care homes and to people living in their own homes. Records were kept of deliveries made, with additional signatures obtained when CDs were delivered. As

described in principle one, the delivery driver sometimes bagged prescriptions which had led to an error.

Patient returned medication was dealt with appropriately, and a hazardous waste bin was in use. Patient details were not always removed from returned medicines to protect people's confidentiality.

The pharmacy did not have the hardware, software or amended SOPs to be compliant with the Falsified Medicines Directive. Drug recalls were dealt with promptly and were annotated with details of the person actioning and the outcome.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has access to a range of equipment and facilities used in the provision of pharmacy services. It keeps these clean and well maintained.

Inspector's evidence

Validated crown-stamped measures were available for liquids. A range of uncalibrated syringes were also stored with the measuring cylinders, and the RP confirmed that these were used to measure small volumes. These were destroyed and new cylinders were ordered during the inspection. A range of clean tablet and capsule counters were present.

Reference sources were available and the pharmacy could also access up-to-date information on the internet. All equipment, including the dispensary fridge, was in good working order. The dispensary sink was clean and well maintained.

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.