General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: St Paul's Pharmacy, 75-77 St. Pauls Road, Wallasey, Merseyside, CH44 7AL

Pharmacy reference: 9010926

Type of pharmacy: Community

Date of inspection: 02/08/2024

Pharmacy context

This community pharmacy is situated in the residential area of Seacombe, in Wallasey, Merseyside. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations and emergency hormonal contraception. The pharmacy supplies medicines in multi-compartment compliance packs to some people to help them take their medicines at the right time.

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 met	N/A	N/A	N/A
2. Staff	Standards not all met	2.2	Standard not met	The pharmacy does not always enrol team members on to suitable training courses necessary for their role.
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 team follows written procedures, and this helps them to provide services safely and effectively. The pharmacy keeps most of the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. Members of the team record things that go wrong. But they do not review the records, so they may miss some learning opportunities. And there may be a risk of similar mistakes happening again.

Inspector's evidence

A folder containing written standard operating procedures (SOPs) was available which had been issued in 2020 and were due to be reviewed in November 2022. One of the directors of the pharmacy explained a review had been completed and was due to be shared with the pharmacy team to read. Most members of the team had signed training sheets to show they had read and accepted the SOPs. But some had not, so the pharmacy may not be able to always show team members fully understand the processes that underpin the services they provide.

The pharmacy had systems in place to identify and manage risk, such as recording dispensing errors and the subsequent learning outcomes. Near miss incidents were recorded electronically. The accuracy checkers highlighted mistakes to members of the team involved so they could identify potential learning points. The team provided examples of recent learning points, such as discussing similar sounding medicines. The company previously completed quarterly reviews of mistakes across their three pharmacies, but they had fallen behind with this process and it had not been done since January 2024. So some learning opportunities may be missed.

The roles and responsibilities for members of the pharmacy team were described in individual SOPs. A 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 correct responsible pharmacist (RP) notice was on display. The pharmacy had a complaints procedure. Any complaints were recorded and sent to a director of the company to be followed up. A current certificate of professional indemnity insurance was on display.

Records for the RP and private prescriptions appeared to be in order. But unlicensed specials did not always have details of when medicines were supplied and to whom. So the pharmacy may not have all the information needed in the event of a query or a concern. The record keeping requirements for such medicines was discussed and the director agreed to capture the information going forwards. Controlled drugs (CDs) registers were maintained. Running balances were recorded and these were checked frequently. Two random balances were checked and found to be accurate.

An information governance (IG) policy was available in a folder. The pharmacy team had completed IG training. A privacy notice was available and described how the pharmacy handled and stored people's information. When questioned, a dispenser was able to explain how confidential waste was separated and placed into a secure bin for collection by an external contractor. Safeguarding procedures were included in the SOPs and the pharmacy team had completed safeguarding training. The pharmacist had completed level two safeguarding training. Contact details for the local safeguarding board were available. A trainee technician said they would initially report any concerns to the pharmacist on duty.

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

Summary findings

The pharmacy does not always make sure its team members have the appropriate training for their role. So they may not have the correct skills and knowledge for the tasks they complete. There are enough members of the team to manage the pharmacy's workload and they understand their responsibilities. They undertake some additional learning packages to help them keep their knowledge up to date. But this is not structured so learning needs may not always be identified or addressed.

Inspector's evidence

The pharmacy team included two trainee pharmacy technicians, who were both qualified dispensers, and one was also trained to perform accuracy checks. Locum pharmacists provided regular cover. A non-pharmacist director, who was also a trained dispensing assistant, routinely worked at the pharmacy. A student was present who had been working at the pharmacy for some time without completing the necessary training for their role as a dispenser. This meant they did not have the correct qualification for the tasks they completed. When questioned, the student fully understood their role, and the RP requirements. The director provided an assurance they would make sure any future students are enrolled on to a training course in a timely manner. The volume of work appeared to be well managed. Staffing levels were maintained by a staggered holiday system and relief team members from nearby pharmacy branches.

Members of the pharmacy team had previously completed some additional training such as antibiotic stewardship e-learning packages. But ongoing training had not been done for some time. So learning needs may not always be addressed and members of the team may not be able to demonstrate how they keep their skills and knowledge up to date. The student 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.

Members of the team appeared to work well with each other. The two trainee pharmacy technicians felt a good level of support as part of their learning, and able to ask for further help if they needed. Team members routinely discussed their ongoing work, including when there were errors or complaints. And they were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the director or superintendent pharmacist. There were no professional based targets in place.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations with members of the team.

Inspector's evidence

The pharmacy was clean and tidy, and appeared suitably maintained. The size of the dispensary was sufficient for the workload. People were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled by the use of electric fans and heaters. Lighting was sufficient. Members of the team had access to a kitchenette area and WC facilities.

A consultation room was available. The space was clutter free with a desk, seating, and adequate lighting. The entrance to the consultation room was clearly signposted. A separate entrance was available for people using the substance misuse services of the pharmacy.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from licensed sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. But members of the pharmacy team do not always know when they are handing out higher-risk medicines. So they might not always be able to check that the medicines are still suitable, or give people advice about taking them.

Inspector's evidence

Access to the pharmacy was level via a single door and was suitable for wheelchair users. Various posters gave information about the services offered and information was also available on the website. The pharmacy opening hours were displayed and a range of leaflets provided information about various healthcare topics.

The pharmacy team initialled 'dispensed-by' and 'checked-by' boxes on dispensing labels to provide an audit trail. They used baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. The pharmacist performed a clinical check of all prescriptions and then signed the prescription form to indicate this had been completed. When this had been done an accuracy checker was able to perform the final accuracy check provided the medicines were in scope of the accuracy checking SOP. Owing slips were used to provide an audit trail if the full quantity of medicine could not be immediately supplied.

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 or CD safe storage items needed to be added. Team members were seen confirming the patient's name and address when medicines were handed out. Stickers were available to highlight schedule 3 and 4 CDs were highlighted so that staff could check prescription validity at the time of supply. But some of prescriptions were seen where this process had not been followed. So team members may forget to check the validity of the prescription. The pharmacist provided counselling advice to people when they identified a clinical need. But there was no process to routinely identify people taking higher-risk medicines (such as warfarin, lithium, and methotrexate) to ensure they were up to date with blood tests and taking the medicines safely. Members of the team were aware of the risks associated with the use of valproate-containing medicines during pregnancy. Educational material was provided when the medicines were supplied. Members of the team explained the pharmacist had provided counselling to patients but that there were currently no patients meeting the risk criteria.

Some medicines were dispensed in multi-compartment compliance packs. Before a person was started on a compliance pack the pharmacy would complete an assessment about their suitability. But details about this was not recorded, which would be a useful record in the event of a query or a concern. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was updated. Hospital discharge information was sought, and previous records were retained for future reference. The compliance packs were labelled with descriptions of the medications enclosed and patient information leaflets (PILs) were routinely supplied.

The pharmacy had a delivery service. Electronic 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.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. The expiry dates of medicines were checked at least once every three months. A date checking record was signed to show what had been checked. Short-dated medicines were highlighted using a sticker and liquid medication had the date of opening written on. Controlled drugs were stored appropriately within multiple CD cabinets, with clear separation between current stock, patient returns and out of date stock. There were two clean medicines fridges, each equipped with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had remained in the required range for the last three months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the MHRA. Alerts were printed, action taken was written on, initialled and signed before being filed in a folder.

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. Separate measures were used for methadone to prevent cross contamination. The pharmacy also had counting triangles for counting loose tablets including a designated tablet counting triangle for cytotoxic medication. An automated methadone dispensing system was used to help provide the substance misuse service. It was routinely cleaned and calibrated each day. All 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. People were offered its use when requesting advice or when counselling was required. Substance misuse clients were directed to the use of a separate consultation room to provide privacy.

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.