General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Bowness Pharmacy, 210 Cleggs Lane, Little Hulton, Manchester, Greater Manchester, M38 9RQ

Pharmacy reference: 9010948

Type of pharmacy: Community

Date of inspection: 25/04/2019

Pharmacy context

This is a very busy pharmacy in a residential area, serving the local community. The owners acquired it around June 2018 and has since transferred to a new purpose-built premises. The pharmacy primarily prepares NHS prescription medicines and supplies a large number of weekly multi-compartment compliance aids devices, which are an aid to help people take their medicines. It also provides prescription ordering, home delivery, substance misuse treatment, minor ailment consultations, and smoking cessation services. The pharmacy also provides a range of other NHS services including, Medicines Use Reviews (MURs), flu vaccinations, emergency hormonal contraception (EHC), travel vaccinations, and chlamydia self-test kits plus treatment for diagnosed patients.

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 the risks associated with its services appropriately. It has written instructions for the pharmacy team to follow that help make sure they complete tasks safely. Pharmacy team members try to record and learn from their mistakes. But, sometimes they do not do this as effectively as they could. So, they may miss learning opportunities. Everyone in the pharmacy team receives training on protecting people's private information, and the team takes positive action to protect vulnerable people.

Inspector's evidence

The pharmacy team had signed to declare they had read and understood written standard operating procedures (SOPs) that covered the responsible pharmacist (RP) regulations and the general practice of dispensing medicines. The superintendent had recently issued these procedures in September 2018 and set a timely review in two years' time.

The pharmacy had SOPs on anti-coagulants, oral methotrexate and lithium dispensing. But, there were no SOPs for valproate dispensing. So, patients receiving these medicines may not always be appropriately screened or counselled.

The pharmacy team was sub-divided into two teams; the compliance pack team and front dispensary team who covered all the other dispensing services. Both teams discussed their mistakes and addressed each one of them in isolation. The front dispensary team also consistently recorded their near-miss events. The compliance pack team made a brief informal note, but they did not properly record each event for a prolonged period, which could be up to four months. The compliance pack team also chose not to record some near-misses that were identified before their third and final accuracy check, so they potentially overlooked some important data. Also, both teams did not record enough details about why each near-miss occurred. So, it was harder for them to identify hidden risks in the dispensing process.

A dispenser and checker initialled dispensing labels to provide an audit trail, which assisted in investigating and managing risk in relation to near miss or dispensing incidents as well as providing some transparency around who was responsible for dispensing each medication.

The pharmacy team received positive feedback in the last patient satisfaction survey (2017 to 2018), and a publicly displayed notice explained how people could raise concerns. The team had read the pharmacy's procedures for handling concerns. So, they knew how to deal with them and they used feedback to improve services.

The superintendent said that the pharmacy had indemnity insurance cover for the services it provided.

The pharmacy maintained the records required by law for controlled drug (CD) transactions and the RP presence. It also maintained records of minor ailment consultations, CD destructions and MURs.

The superintendent said that staff had received GDPR training under the previous owner, which meant there were still a few staff recruited after the pharmacy changed ownership who needed the training. All the staff had signed confidentiality agreements, and they securely destroyed confidential waste. The pharmacy had several procedures or policies on protecting patient data that staff declared they had

read. However, the pharmacy had not conducted a data protection review or equivalent audit. Also, its policy for assessing the security risk posed by electronic 'cloud' data storage systems excluded patient medication record (PMR) storage, which the pharmacy stored on a remote server and cloud-based system. So, its policies overlooked assessing how effectively it secured electronic patient information.

The pharmacy team positively acted when they had safeguarding concerns. They demonstrated this by describing a time when a patient with mental-health conditions expressed thoughts of self-harm, which the team had immediately reported to their social worker. Similarly, the team encouraged a patient diagnosed with Alzheimer's disease to continue taking their medication when they no longer wished to do so, and also reported it to their GP, and they made corresponding records of their interventions. The team also intervened and contacted the relevant clinician or carer on a significant number of occasions where patients had complex shared care arrangements and there was confusion about their prescribed medication.

The superintendent, who was also the manager and regular pharmacist, and accuracy checking technician (ACT) were level 2 safeguarding accredited, and all the staff had received formal safeguarding training. However, the pharmacy did not have any written procedures on how to handle safeguarding concerns, or a list of local safeguarding professionals.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough suitably qualified staff given the volume and nature of the services provided. And there are enough experienced staff to prepare people's medicines in compliance packs as well as provide the other services which are in high demand. New staff start their training promptly, and all the staff have regular performance reviews. But qualified team members don't have formal training plans to make sure they keep their knowledge and skills up to date.

Inspector's evidence

The RP, who was also the superintendent and manager, was present. The following staff were present: The compliance pack service team consisted of the ACT, and three experienced dispensers. The front dispensary team consisted of the pre-registration student (pre-reg), an experienced dispenser and two trainee dispensers.

There were enough staff to manage the compliance pack service based on the pharmacy's routine practice of assembling and labelling packs prior to prescription receipt. Four staff worked solely on the compliance pack dispensing service, and the rest of the team had a basic understanding of how to provide the service, so they could assist if necessary. There was a vacancy for a fifth full-time staff member which had not been filled for a small period of around a month and had recently been offered to a qualified and experienced dispenser.

All the GP surgeries did not issue prescriptions until one day before they anticipated patients needed them. Nevertheless, both the compliance pack and front dispensary teams said that they consistently supplied medications one day before they expected patients needed them. So, the pharmacy dispensed medication the same day that they received the corresponding prescription.

The manager and two dispensers were trained and provided the smoking cessation service. Apart from the two trainees, all the staff were trained and participated in providing the minor ailment service. Two staff were also trained to prepare methadone instalments.

The pharmacy had promptly arranged cover for a front dispensary dispenser, who was going on long-term leave in around six weeks, with a qualified and experienced dispenser already recruited to fill the role. With plans to expand the range of services, the pharmacy's owners had also created a vacancy for a full-time trainee medicine counter assistant (MCA) and aimed to fill the role with an apprentice from a local college.

Overall, trainee staff started their necessary accreditation training promptly. One of the trainee dispensers, who started in the role in September 2018, had started their dispenser course around January 2019. The other trainee, who started employment in February 2019, had started their course shortly afterwards.

The superintendent said that the rest of the staff completed occasional unplanned training, which typically related to new or changes to services. Staff also participated in annual appraisals, as well and informal discussions throughout the year. Many of the team also wanted to develop their skills and knowledge to a higher level. Three dispensers, two of who recently qualified, expressed interest in undertaking NVQ level 3 training. However, there was no formal training plan or programme for

accredited staff. So, there could be gaps in their skills and knowledge that are not supported.

The pre-reg felt well supported in identifying areas for improvement and addressing them with the manager.

The team met regularly to review near-miss records to identify patterns and trends.

The pharmacy obtained written patient consent for MURs. It obtained verbal, but not written, consent for the minor ailment service.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises are a secure and professional environment for the services provided.

Inspector's evidence

The level of cleanliness was appropriate for the services provided. The premises had the space necessary to allow medicines to be dispensed safely for the scale of services provided.

The consultation room offered the privacy necessary to enable confidential discussion, but its availability was not prominently advertised to the public.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easy to access. The pharmacy organises its services effectively and efficiently. And it gets its medicines from licensed suppliers and manages them safely. The pharmacy team provides additional support to people on more complex medicines.

Inspector's evidence

The pharmacy was open from Monday to Friday 8.45am to 6pm and Saturday half-day, meaning patients could access services across most of the week.

The pharmacy had a step-free entrance with automatic doors, and the pharmacy team could see anyone who required assistance accessing the premises.

Staff had identified that a high demand council service for providing free female sanitary products had ceased around two months ago, so there was an intention to offer the products by promoting the public donating products to the pharmacy, which they hoped to provide in 12 to 18 months.

The pharmacy team kept records of prescriptions they ordered for patients. So, they could effectively resolve queries about the prescriptions if needed. They requested prescriptions via three routes. For the first route, staff obtained prescriptions that they expected patients would need every month, then asked them to confirm the medicines they required at the point of medication supply. For the second and main route of requests staff asked patients asked to confirm the medicines they required several days before their prescription was due. For the third route, under the GP's instructions staff ordered prescriptions weekly for patients who became confused about their medication, and were considered vulnerable or at risk of misusing medicines. So, the service overall limited medication wastage and helped patients receive their medication in a timely manner.

Either the hospital or a GP referred patients who needed their medication dispensing in compliance packs. The pharmacy team had also worked in consultation with GPs to establish whether it was safe to issue medication on either a weekly or monthly basis to compliance pack patients. However, the team did not make records to support why they decided to supply medications monthly to individual patients. So, it was unclear why it was safe to do so.

The pharmacy team scheduled when to order compliance pack patient's prescriptions, which helped them to supply patients' medication in a timely manner.

The pharmacy had to adapt its dispensing processes to make sure medications were dispensed within a tight time-frame before patients needed them, because all the GP surgeries would either not issue prescriptions until either the day before or the day patients were due their medication. To mitigate against delays in compliance pack patients receiving their medication, prior to prescription receipt staff assembled, labelled, sealed and performed two independent accuracy checks, with the ACT performing one of them, using each patient's current list of medication for reference. The ACT performed a third accuracy check referencing the actual prescription. The pharmacist also performed a fourth accuracy check if the patient was prescribed a CD. The superintendent assessed that it was safer to start dispensing prior to prescription receipt and identify any medication changes once it was received, compared to not starting the dispensing process until prescription receipt and risk compliance pack

patients constantly being without medication for several days or more. In addition to the existing three PMR terminals, a further five terminals were being installed to increase the dispensing work-flow.

The pharmacy team kept a record of each patient's current medication that also stated the time of day they were to be taken, and queried differences between the record and prescriptions with the GP surgery before supplying the medication. So, the team reduced the risk of patients who were more prone to medication changes being overlooked.

The pharmacy recorded verbal communications about medication queries and changes for compliance pack patients. So, it had a record that helped make sure these patients received only their currently prescribed medication.

The pharmacy team used disposable compliance packs to dispense medicines for patients who needed extra support taking their medicines safely. They also consistently labelled trays with descriptions of each medicine, which enabled patients and carers to identify each of them. So, patients were less likely to become confused about their medicines.

The pharmacy screened and counselled people who may become pregnant prescribed valproate who were potentially exposed to the teratogenic risks of it, and issued the MHRA approved valproate booklet to them. However, the corresponding card was not available, contrary to national guidance.

The pharmacy routinely screened patients prescribed anti-coagulants to make sure they had their INR regularly monitored, but it did not make corresponding records. It counselled patients on their prescribed dose, regularly reminded them of potential side-effects and interactions with each prescription dispensed, and conducted annual MURs with anti-coagulant patients to reinforce these messages.

The pharmacy routinely screened lithium patients for regular blood tests. However, it did not keep corresponding records.

The pharmacy regularly screened methotrexate patients for their blood test results, but only recorded them for compliance pack patients. It counselled these patients on their prescribed dose, side-effects and interactions with each prescription dispensed, and conducted annual MURs with methotrexate patients to strengthen these messages.

The pharmacy prepared instalments prior to patients presenting, which supported managing work-load pressures.

The superintendent said that the pharmacy had registered with the organisation responsible for establishing the UK medicines verification system to enable the Falsified Medicines Directive (FMD). They added that the software and hardware required for compliance with the FMD was installed, and the team had received FMD training. So, the pharmacy had systems for adhering to FMD. However, the team had not started scanning stock.

The pharmacy team obtained medicines from MHRA licensed pharmaceutical wholesalers and stored them appropriately.

The pharmacy team stored medicines that need to be kept in the fridge in refrigerators, and consistently monitored and recorded the refrigeration storage temperatures. So, they made sure these medicines stayed fit and safe for patient use.

Records indicated that the pharmacy team consistently monitored medicine stock expiry dates on a

regular basis. So, they reduced the risk of patients receiving medication after its ‘use by’ date.

The pharmacy team used an alpha-numerical system to store and retrieve bags of dispensed medication and their related prescription. So, the team could efficiently retrieve patients’ medicines and prescription when they came to collect their medication.

Corresponding records indicated that the pharmacy delivered medicines safely and securely to patients.

Obsolete medicines were disposed of appropriately in pharmaceutical waste bins and segregated away from medicines stock, which reduced the risk of them being supplied to patients.

The superintendent said that the team took immediate and appropriate action when they received alerts and recalls for medicines suspected of not being fit for purpose. However, the corresponding records related to the action taken were scattered and confused, meaning it was difficult to establish how consistently alerts were actioned.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide the services it offers.

Inspector's evidence

The pharmacy team kept the dispensary sink clean with a range of cleaning products. They also had hot and cold running water and an anti-bacterial hand-sanitiser. So, they had facilities to make sure they did not contaminate medicines they handled.

The pharmacy team had a range of clean measures, including separate ones for methadone. So, they could accurately measure and give patients their prescribed volume of medicine.

The pharmacy team had access to the latest versions of the BNF and cBNF online. So, they could refer to the latest clinical information for patients.

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.