General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Pharmacy Republic, 24A Prince's Avenue, Nuneaton, Warwickshire, CV11 5NU

Pharmacy reference: 9011293

Type of pharmacy: Community

Date of inspection: 13/10/2021

Pharmacy context

This is a community pharmacy situated in a residential area of Nuneaton, Warwickshire. The pharmacy is open extended hours over seven days. It dispenses NHS prescriptions, provides a substance misuse service, and dispenses medication in multi-compartment compliance packs to some people who need assistance in managing their medicines at home. And it provides other NHS funded services such as seasonal flu vaccinations and treatment for urinary tract infections under the patient group direction. The pharmacy had been providing a private testosterone replacement therapy (TRT) service. However, following the inspection, the superintendent pharmacist (SI) informed the inspector that he had since stopped providing the TRT service from the pharmacy. This inspection was undertaken during the Covid-19 pandemic.

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 has written instructions to help make sure its services are delivered safely and effectively. Members of the pharmacy team generally keep the records in line with requirements to ensure medicines are supplied safely and legally. The pharmacy keeps people's private information securely. Members of the pharmacy team consider some risks posed by the Covid-19 pandemic and they implement measures to help keep members of the public safe. Staff largely understand how they can help protect vulnerable people. They record some mistakes during the dispensing process. But the lack of detail and consistency in recording may limit their ability to review some of these incidents fully. And may mean they miss opportunities to learn and improve their processes.

Inspector's evidence

A range of current standard operating procedures (SOPs) were available in the pharmacy and these had been read and signed by team members. The correct Responsible Pharmacist (RP) notice was displayed in the public area of the pharmacy and the RP record had been completed. Members of the pharmacy team understood the tasks they could or could not undertake in the absence of the RP. And their roles and responsibilities were described within the SOPs.

The pharmacy had systems to record and review dispensing mistakes. Members of the pharmacy team discussed the mistakes they made during the dispensing process. But they didn't routinely record or review them to help identify learning points or reduce the chances of such events from happening again. Members of the pharmacy team had separated pregabalin and gabapentin preparations to minimise the risk of picking errors during the dispensing process. The RP said that there hadn't been any dispensing mistakes made recently that had reached people (dispensing errors). The pharmacy had a complaints procedure. And it had received positive feedback from people online.

The pharmacy had considered some risks to its team members and people using the pharmacy during the Covid-19 pandemic. A range of posters providing information about the pandemic were on display and the pharmacy was limiting the number of people entering the premises at any one time. A Perspex screen had been fitted along the medicines counter to minimise the risk of Covid-19 transmission. The RP confirmed that individual risk assessments for team members had been completed but these could not be located at the time of the inspection. Members of the pharmacy team had access to personal protective equipment (PPE) such as hand sanitisers and face masks. The RP said that he wore a face mask when speaking to people in the public area of the pharmacy.

A current certificate of professional indemnity insurance was on display in the pharmacy. Records about the RP, controlled drugs (CDs), private prescriptions and unlicensed medicines were generally kept in line with requirements. The pharmacy kept running balances of CDs. Some records for the supplies of unlicensed medicines did not include when the medicine was received or who it was supplied to and when. And the pharmacy's private prescription records did not always include the name and the address of the prescriber.

The pharmacy displayed a notice that informed people how their private information was gathered and safeguarded. A shredder was available and used to destroy confidential waste and the pharmacy's computers were password protected. Members of the pharmacy team used their won NHS smartcards

to access electronic prescriptions. Completed prescriptions were stored appropriately and people's personal details were not visible to the public.

The pharmacy had a safeguarding SOP. But this did not cover safeguarding arrangements for people accessing the TRT service who may be at risk of abusing testosterone and anabolic steroids. The RP had completed Level 2 safeguarding training course. Members of the pharmacy team knew what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person. Contact details for local agencies to escalate any safeguarding concerns were available in the pharmacy.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has just about enough staff members to manage its current workload adequately. Members of the pharmacy team work well together and they understand their roles and responsibilities.

Inspector's evidence

At the time of the inspection, a regular pharmacist, a trainee dispenser and a trainee medicine counter assistant were on duty. The superintendent pharmacist (SI) was present briefly during the inspection. Members of the pharmacy team were all enrolled on an accredited training program relevant to their roles. They appeared to work well together. They were just about managing their workload adequately but were kept very busy throughout the inspection. A whistleblowing policy was in place and it had been signed by team members.

The SI was also a pharmacist independent prescriber (PIP). To help keep his skills and knowledge up to date, the SI said that he had weekly meetings with the clinicians. And he also took part in annual symposiums such as Promoting Research in Social Media and Health symposium (PRISM). But records of any peer reviews or training undertaken had not been documented. The SI said he wrote blogs to raise awareness of risks associated with illicit use of anabolic steroids. There was no formal training provided to the members of the pharmacy team in relation to the TRT service. There were no targets of incentives set for team members.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean, presents a professional image, it is adequately maintained and it is suitable for the services provided.

Inspector's evidence

The pharmacy had recently relocated into brand new premises. The premises were bright and fitted to a good standard. The public area of the pharmacy was clear of slip or trip hazards and could accommodate a wheelchair or a pram. There was enough lighting throughout, and the room temperature was suitable for the storage of medicines. The dispensary was of adequate size, but it was somewhat cluttered in places. And some floor spaces were obstructed with bulky items. The workflow in the dispensary was sufficiently well organised and there was enough space to store medicines safely. The hygiene and handwashing facilities were clean. The dispensary had a separate sink for preparing liquid medicines, and there was a supply of hot and cold running water. The pharmacy's consultation room was private and kept tidy. And it was accessible via the public area of the pharmacy. The premises were secure from unauthorised access.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are accessible to people over extended hours and they are generally delivered safely and effectively. Stock medicines are obtained from reputable sources and members of the pharmacy team take the right action in response to safety alerts, so that people get medicines that are safe to use.

Inspector's evidence

The pharmacy offered a range of services which were well advertised throughout the premises. Its team members could speak to people in several languages including Urdu and Punjabi. And they used their local knowledge to signpost people to other providers if a service required was not available at the pharmacy.

The pharmacy supplied Covid-19 lateral flow tests that people could use at home to test for Covid-19 infection. It also offered a prescription delivery service to people who couldn't attend its premises in person. The pharmacy's delivery driver kept a record for all the deliveries of medicines, but signatures were currently not being obtained from recipients to minimise the risk of infection.

Baskets were used during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. 'Owing' notes were issued to people to keep an audit trail when prescriptions could not be fully supplied. Dispensed multi-compartment compliance packs seen during the inspection had been labelled with a description of the medicines contained within the pack to help people or carers identify the medication. And patient information leaflets were routinely supplied so that people had information available to help them take their medicines safely. The trainee dispenser routinely documented any changes to the person's medication regime and there an audit trail to show when these changes were made and by whom.

The pharmacy provided substance misuse treatment to a significant number of people. And approximately 50% of people were supervised to take their medicines in the pharmacy. Medicine instalments were usually prepared at the beginning of the day as the pharmacy was less busy during this time. Members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that people in the at-risk group who were prescribed valproate needed to be counselled about its contraindications. The pharmacy had several people in the at-risk group and the RP confirmed that they had been provided relevant information and counselled appropriately. But this was not recorded on their medication records. The RP said that the pharmacy supplied lithium to several people, and he made sure that he reminded them about having regular blood tests every time he dispensed their prescriptions.

At the time of the inspection, the pharmacy was offering a private Testosterone Replacement Therapy (TRT) service to around five people. Most of the people using the service were under the age of 46 years. The service was prominently advertised in the pharmacy and on its website. A detailed leaflet about the service was also available in the pharmacy. The SI said that the uptake for the service had been very low.

The TRT service was solely managed by the SI who was also a pharmacy independent prescriber (PIP).

The SI was not based at the branch. The RP was not involved in the day to day running of the service and there was no formal method of communication between the RP and the SI in relation to the service. The appointments made via the pharmacy involved face-to-face consultations. Remote consultations were undertaken via Nebulahealth.co.uk. The service was only offered to men; any women who requested the treatment were referred to the Nebulahealth service.

The pharmacy did not have a service specification or SOP in place for the provision of the TRT service. People wishing to access the service were initially required to complete an Androgen Deficiency in the Aging Male (ADAM) questionnaire and undertake a blood test to check their kidney and liver function. There was no documented risk assessment about the service or the full range of medicines prescribed under it, including unlicensed use of medicines. And there were no written assessments to show that the pharmacy had fully considered and mitigated the risk of potential abuse of anabolic steroids, or supplying to people where there was no consent to share information with people's regular healthcare providers. The SI said that the patient consultation notes were stored on PABAU (clinic management software).

The SI said that during the consultation, the person would be informed about the use of unlicensed medicines such as Clomid, anastrozole and Ovitrelle. And they were required to sign patient information leaflet to confirm that they had understood the use of the above mentioned medicines. The pharmacy did not share any relevant information about people using this service to their GP. The onus was on the person to inform their GP if they chose to do so. Most people did not consent for information to be shared with their GP.

Following the inspection, the SI informed the inspector that he had stopped providing the TRT service from the pharmacy. And if he planned to resume the service, he would ensure the weaknesses identified, such as the lack of having an overarching governance process would be addressed.

The pharmacy ordered its stock medicines from recognised wholesalers. But these could have been better organised on the shelves to minimise picking errors. No extemporaneous dispensing was carried out. Pharmacy-only medicines were restricted from self-selection. The trainee dispenser confirmed that stock medicines were date checked at regular intervals and short-dated medicines were marked for removal at an appropriate time. But date-checking records were not available at the time of the inspection. Stock medicines were randomly checked during the inspection and no date-expired medicines were found on the shelves.

Medicines requiring cold storage were kept in a refrigerator and these were stored between 2 and 8 degrees Celsius. The maximum and minimum temperatures were recorded daily. And the temperature records showed that temperatures had been maintained within the required range. All CDs were stored in line with requirements and the pharmacy had denaturing kits available to dispose of waste CDs safely. Members of the pharmacy team knew that prescriptions for CDs not requiring secure storage such as diazepam, pregabalin and tramadol had a 28-day validity period. The RP said that the CD prescriptions were marked with a CD sticker to make sure these were not handed out beyond their validity period. But a prescription for diazepam found on the shelf had expired and it was not marked with a sticker. However, a prescription for pregabalin was marked with a sticker and it was in-date. The pharmacy had a process to deal with safety alerts and medicine recalls making sure the medicines it supplied were fit for purpose. Records about these and the action taken by team members were kept, providing an audit trail.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And it maintains its equipment appropriately.

Inspector's evidence

The pharmacy’s computers were not visible from the public areas of the pharmacy and its patient medication records were password protected. Private information was stored securely. Members of the pharmacy team had access to current reference sources such as the British National Formulary (BNF). All electrical equipment appeared to be in good working order. There was a range of crown-stamped measures available for measuring liquid medicines and the equipment used for counting loose tablets and capsules was clean. Medicine containers were capped to prevent contamination.

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.