General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: MWI Animal Health Pharmacy, 16 Pit Lane, Talke Pits, Stoke-on-Trent, Staffordshire, ST7 1UH

Pharmacy reference: 9011361

Type of pharmacy: Veterinary

Date of inspection: 16/08/2022

Pharmacy context

This pharmacy is located inside a large veterinary wholesaling warehouse on a business park. The wholesaling business is owned by the same company as the pharmacy, and it is registered with the Medicines and Healthcare products Regulatory Agency (MHRA). The pharmacy is in a closed unit and it is not accessible to members of the public. It supplies veterinary medicines (POM-V and POM-VPS) against prescriptions received electronically from UK registered vets or suitably qualified persons (SQPs). These are mainly pet medicines, such as flea and worm treatments for cats and dogs. The pharmacy also supplies some veterinary medicines direct to farms, for larger animals. It does not have a public facing website.

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	1.2	Good practice	The pharmacy team records and analyses adverse dispensing incidents to identify learning points which it incorporates into day-to-day practice to help manage future risks.
2. Staff	Standards met	2.2	Good practice	The pharmacy team members have the appropriate skills, qualifications and competence for their roles, and there is a structured approach to training and development.
		2.4	Good practice	The pharmacy team works well together. Team members communicate effectively, and openness, honesty and learning are encouraged.
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 risks to make sure its services are safe. It completes all the records that it needs to by law and it is responsive to feedback. Members of the pharmacy team work to professional standards and they are clear about their roles and responsibilities. They record their mistakes so that they can learn from them, and they act to help stop the same sort of mistakes from happening again. The team members keep people's private information safe.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services it provided, with signatures showing that members of the pharmacy team had read and accepted them. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their roles. Team members were wearing name badges, with photo identification. The name of the responsible pharmacist (RP) was displayed as required by the RP regulations.

The pharmacy team recorded near misses and dispensing incidents electronically. The reports included a resolution statement and the actions taken to prevent a re-occurrence. The pharmacist superintendent (SI) reviewed these reports regularly and discussed learning points with the team. Following an incident when the wrong type of AquaVac was supplied, it was identified that very similar packaging had contributed to the error. The SI carried out some training to increase the team's awareness about the different types available, so extra care would be taken when selecting these. The patient medication record (PMR) system included a safety feature whereby the bar code on medicines were scanned, and if the incorrect medicine or strength had been selected, the dispenser would be alerted. It also recorded an audit trail of who had labelled, dispensed and carried out the clinical and accuracy check of each medicine. Team member's roles were set on the PMR system, so it was only possible for team members to carry out the activities they were authorised to carry out. For example, the pharmacy technician (PT) could not carry out a clinical check. The pharmacist checked the previous supply history of the animal as part of the clinical check. Records were kept of rejected prescriptions. Some had been cancelled because they were duplicate prescriptions repeated within seven days. The SI sometimes queried dosages with the prescriber. For example, when a sub-therapeutic dose was prescribed for a dog. Its weight was recorded as above 15kg, but it had been prescribed a dose for an animal between 7and 15kg, in error. The address label for delivery was only printed out once the clinical and accuracy checks had been completed, so it was not possible for medicines to be supplied without the appropriate checks having taken place, which was an additional safety feature of the PMR system.

The pharmacy received prescriptions electronically from the veterinary practices and animal merchants that it worked with and supplied them directly to the pet owners' home or farms. The pharmacy mainly supplied medication for parasites such as fleas, ticks and worms. It did not supply any acute medicines as the SI felt the delay caused by delivering or posting the medicines was unacceptable. Vaccines and antibiotics were mainly supplied to farms with a small amount of dexamethasone and non-steroidal anti-inflammatories (NSAIDs). The SI did not prescribe and he was not a SQP. The vets or SQPs prescribed after assessment and examination of the animal and they were responsible for ensuring the owner or farmer were competent to administer the medication and provided any counselling. Before

accepting new veterinary practices and animal merchants to supply medicines for, the SI carried out checks to ensure the prescribers were suitably qualified and their premises were appropriately registered. A formalised process was established for validating the prescription authentication and a signed agreement was in place for each.

There was a SOP which contained the pharmacy's complaint procedure. The pharmacy had a good relationship with the veterinary practices and animal merchants it worked with and often received positive feedback. There had been a couple of complaints raised due to delays in an owner or farmer receiving their medication. The SI kept a record of these complaints and his response to them. When this involved the wholesale business's transport management system (TSM), they were copied in.

Insurance arrangements were in place. A current certificate of professional indemnity insurance was on display in the pharmacy. Prescriptions were recorded electronically and contained all the required details. On two occasions the pharmacy had supplied a human with a medicine licensed for animal use only. This was following discussion with the prescriber at the hospital where a patient had a rare parasitic infection. It had been recommended by an expert at the School of Hygiene and Tropical medicine. The supplies were recorded in a separate private prescription register to the supplies to animals. The RP record was generally in order, although short absences by the RP from the premises had not been recorded. The SI had not realised this was necessary, as he was still within the building, but agreed to record all absences going forward. The pharmacy did not stock or supply controlled drugs (CDs).

All members of the pharmacy team had completed company training on information governance (IG) and confidentiality. Confidential waste was collected in a designated place and collected by an waste disposal company. The PT correctly described the difference between confidential and general waste. A privacy statement was available, in line with the General Data Protection Regulation (GDPR).

The SI had completed level 2 training on safeguarding children and vulnerable adults, prior to working at this pharmacy. He said there were safeguards in place for team members and if one of the delivery drivers reported any signs of abuse of animals at a farm he would contact the prescribing vet, the Royal Society for the Prevention of Cruelty to Animals (RSPCA), the local Council or the Royal College of Veterinary Surgeons (RCVS), depending on the circumstances.

Principle 2 - Staffing ✔ Standards met

Summary findings

Pharmacy team members worked well together and they have the right training and qualifications for the jobs they do. Team members are comfortable providing feedback to their manager and they receive feedback about their own performance.

Inspector's evidence

The SI was working as the RP and there was a PT on duty at the time of the inspection. The SI worked at the pharmacy most days and a regular locum pharmacist covered his absences. There was an NVQ2 qualified dispenser (or equivalent) on the team. Both the PT and dispenser worked full time and they were on accuracy checking courses. The staffing level was adequate for the volume of work during the inspection. Planned absences were organised so that not more than one person was away at a time.

Members of the pharmacy team carrying out the services had completed appropriate training. They had access to various corporate and professional training resources and were given regular protected training time. Each team member had an online record of the training they had completed. The PT demonstrated that he had completed a comprehensive selection of training including mindfulness and empathy as well as veterinary subjects such as tapeworms. The RP was aware of the return to full GPhC revalidation requirements this year.

The pharmacy team including the SI were given formal appraisals where performance and development were discussed and monitored. Informal meetings were held every morning where a variety of issues were discussed, and concerns could be raised. There was a company intranet where team members received communication from head office. The SI said they promoted an open and honest culture in the pharmacy and people were free to provide feedback. There was a whistleblowing policy. The PT confirmed that he would feel comfortable talking to the SI about any concerns he might have. The SI said he reported directly to one of the company’s directors and he felt comfortable raising concerns and making suggestions to him. The SI was empowered to exercise his professional judgement and could comply with his own professional and legal obligations. For example, refusing to supply a medicine because he felt it was inappropriate. The team members had goals but they were not under any pressure to achieve targets.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are safe, secure, and suitable for the services provided. The pharmacy is clean and well maintained.

Inspector's evidence

The pharmacy premises consisted of one room with a door at either end. The space was adequate for the workload and it had been fitted out to a high standard. The fixtures and fittings were in good order. The pharmacy was clean, well maintained and the temperature and lighting were adequately controlled. A cleaning rota was used. Staff used the warehouse facilities which included offices, a kitchen area, and WCs with wash hand basin and hand wash. There wasn’t a sink in the pharmacy but hot and cold water could be obtained from the kitchen when necessary.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are generally well managed. It gets its medicines from licensed suppliers and the team carries out some checks to ensure medicines are in suitable condition to supply.

Inspector's evidence

The pharmacy was spacious and the workflow was well organised. There was a small amount of stock on the premises and this was separated into two main sections for cats and dogs. There was a separate section for split packs. The dispensary shelves were well organised, neat and tidy. Baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. Different coloured baskets were used for the PT and dispenser, so it was easy to identify who had dispensed the prescriptions. They each carried out the accuracy check on the other person's prescription, as part of their accuracy checking course before the pharmacist re-checked it. The PMR system had been developed to include a veterinary medicine platform. It recorded the animal's weight and species as well as the medicine and dosage. The batch number and expiry dates were recorded on the medication label as well as the pharmacy's records.

All the stock supplied by the pharmacy came from one wholesaler and appropriate records were maintained. Most medicines were supplied in their original packs. Medicines which were split into smaller containers were always foil strips, so handling was not necessary. Packaging leaflets were always included. Medicines intended for food producing animal (FPA) were always labelled with the withdrawal time, which was the minimum period of time from administering the last dose of medication and the production of meat or other animal-derived products for food. This information should always be on the prescription. If it was missing the pharmacist would contact the prescriber or check the NOAH Compendium of Data Sheets for Animal Medicines.

Most medicines were sent via the Royal Mail on a 48-hour GPS tracked service with confirmation of receipt. This recorded the date and time of the delivery and the pharmacy team reported the service was very reliable. Medicines which were supplied directly to farms were delivered using the wholesale business's transport management system. There was a robust audit trail for this service. Some vehicles were temperature controlled and others had inbuilt fridges, so were suitable for medicines requiring cold storage, such as vaccines. Failed deliveries were returned to the pharmacy and the medicines could be sent directly to the prescriber, if requested. The medicines were not returned to stock.

Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and documented. Expired and unwanted medicines were segregated and placed in designated bins. There was an arrangement in place for these bins to be collected. Alerts and recalls were received via email messages from the MHRA. These were printed out, read and acted on by a member of the pharmacy team and then filed. A record of the action taken was added so the team were able to respond to queries and provide assurance that the appropriate action had been taken.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

Members of the pharmacy team have access to the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe to use.

Inspector's evidence

The pharmacist was able to access the internet for up-to-date reference sources such as the veterinary medicines directorate (VMD) data base and NOAH. The pharmacy did not have its own medical fridge. Stock ordered which required cold storage was retained in the wholesale business's walk-in fridge until dispatch. Its temperature was strictly monitored in line with MHRA requirements. All electrical equipment appeared to be in good working order and had been PAT tested. Computer screens were positioned so that they weren't visible from outside the pharmacy. The PMR system was password protected and each team member had their own individual log in details.

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.