General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Vision Pharmacy, Park Medical Practice, Maine Drive, Chaddesden, Derby, Derbyshire, DE21 6LA

Pharmacy reference: 9011750

Type of pharmacy: Community

Date of inspection: 17/05/2022

Pharmacy context

This busy community pharmacy is located next to a medical centre in a residential area. Most people who use the pharmacy are from the local area and a home delivery service is available. The pharmacy mainly dispenses NHS prescriptions, and it sells a range of over-the-counter medicines. The pharmacy relocated into these new premises in February 2022. The 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 adequately manages risks to make sure its services are safe. It generally completes the records that it needs to by law and it acts to improve patient safety. Members of the pharmacy team are clear about their roles and responsibilities. They have written procedures and they understand their role in keeping people's private information safe and protecting the welfare of vulnerable people.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services provided. Some members of the team had not yet indicated that they had read and accepted the SOPs, so there was a risk that they might not fully understand the pharmacy's procedures. The responsible pharmacist (RP) confirmed that training on SOPs had been an ongoing process since the relocation, and she would ensure this was completed as soon as possible. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their role. Team members did not wear uniforms or anything indicating their role, so this might not be clear to members of the public. The name of the RP was displayed as required by the RP regulations.

Dispensing incidents were reported online and the report was shared with the pharmacist superintendent (SI). Patient safety issues and any associated learning was shared with other pharmacies in the group via email or messenger service. Near misses were recorded, discussed with the pharmacy team and reviewed monthly. Following a near miss 2.5mg and 5 mg Bendroflumethiazide had been clearly separated. The team were aware of the common look-alike and sound-alike drugs (LASAs), so extra care was taken when selecting these, and these medicines had been separated where possible.

A trainee medicine counter assistant (MCA) described how she would deal with a customer complaint which was by attempting to resolve the situation herself but involving the pharmacist or manager if necessary. If the complaint couldn't be resolved at the time, then it would be escalated to head office. There was a written procedure for dealing with complaints, but there was nothing on display highlighting this to people, so they might not know how to raise a concern or provide feedback. Head office's contact details were available on the pharmacy's website.

Insurance arrangements were in place. A current certificate of professional indemnity insurance was on display in the pharmacy. Private prescription records were appropriately maintained. The RP record was generally in order, although the RP had already entered the time she was due to cease duties that day, so there was a risk to the accuracy of the record. Patient details were not always retained for medicines ordered from 'Specials', which might cause a delay if there was a problem or query. The controlled drug (CD) register was appropriately maintained. Records of CD running balances were kept and these were regularly audited. Three CD balances were checked and found to be correct. Adjustments to methadone balances due to manufacturer's overage were assessed to see if within a reasonable range, and the RP knew when to investigate overages and when to report an issue to the CD accountable officer. Patient returned CDs were recorded and disposed of appropriately.

There was a SOP which included patient confidentiality. Confidential waste was collected in a designated place and then bagged up until it was collected by a waste disposal company for

destruction. A dispenser correctly described the difference between confidential and general waste. Assembled prescriptions containing patient confidential information were stored appropriately so that people's details could not be seen by members of the public.

The RP and pharmacy technician (PT) had completed level 2 training on safeguarding. Other members of the team knew to voice any concerns regarding children and vulnerable adults to the pharmacist working at the time. There was a safeguarding policy in place. The contact details of who to report concerns to in the local area were not readily available, but the RP said she would look them up if necessary or contact head office for advice if there was a safeguarding concern. The pharmacy had a chaperone policy, but there was nothing on display highlighting this to people, so they might not realise this was an option. Members of the pharmacy team had completed training on the Ask for ANI codeword scheme. And they knew that the consultation room was available for anyone requiring a confidential conversation.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy team members work well together in a busy environment, and they are enthusiastic about their roles. They have the right qualifications and training for the jobs they do and are comfortable providing feedback to their manager. The team members receive ongoing training and informal feedback about their performance and development, but this is not always recorded so gaps in their knowledge might not be identified and supported.

Inspector's evidence

The RP was the regular pharmacist. There was a PT, an NVQ3 qualified dispenser, an NVQ2 qualified dispenser, two trainee MCAs and a delivery driver on duty at the time of the inspection. The staffing level was adequate for the volume of work during the inspection and the team were observed working collaboratively with each other and the people who visited the pharmacy. The NVQ3 dispenser was the pharmacy manager and she organised planned absences so that not more than one person was away at a time. Absences were covered by re-arranging staff hours and there was the option of transferring staff from a neighbouring branch.

Members of the pharmacy team carrying out the services had completed appropriate training. Some certificates were available but ongoing training was not always documented. The RP demonstrated that she had completed the appropriate training for the patient group direction (PGD) on urinary tract infections (UTIs), which the pharmacy was currently offering. The two trainee MCAs were given regular protected training time to complete their courses.

The team at head office communicated with the pharmacy via email, and the SI visited the pharmacy regularly. The pharmacy team discussed issues on a regular basis as they arose and held more formal meetings when there were major changes such as the introduction of a new service. Team members felt there was an open and honest culture in the pharmacy. They felt comfortable talking to the pharmacist or manager about any concerns they might have and received informal feedback on their performance. There was a whistleblowing policy.

Team members were empowered to exercise their professional judgement and could comply with their own professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine, because they felt it was inappropriate. The RP said she wasn’t under any pressure to achieve targets and found the SI and the team at head office were very supportive.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides a professional environment for people to receive healthcare services. It has a private consultation room that enables it to provide members of the public with the opportunity to have confidential conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy premises, including the shop front and facia, were clean and in a good state of repair. The retail area was free from obstructions, professional in appearance and there were two chairs for people to use whilst waiting. The temperature and lighting were adequately controlled. The pharmacy had been fitted out to a high standard, and the fixtures and fittings were good.

Staff facilities included a small kitchen area and a WC with a wash hand basin and hand wash. Hand sanitizer gel was available. There was a separate dispensary sink for medicines preparation with hot and cold running water. The consultation room was equipped with a sink, and was uncluttered, clean and professional in appearance. The availability of the room was highlighted by a sign on the door. This room was used when carrying out services such as vaccinations and when customers needed a private area to talk. The pharmacy had a website which included information about the pharmacy and other pharmacies in the group.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy offers healthcare services which are generally well managed, and people receive appropriate care. 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, consultation room and pharmacy counter were accessible to everyone, including people with mobility difficulties and wheelchair users. The pharmacy team was clear what services were offered. Services were listed on the pharmacy's website, but were not clearly advertised in the pharmacy, so people might not realise what was offered. There was a small amount of healthy living information on display, including leaflets on weight loss, female health and joint and bones.

The pharmacy supplied some prescription only medicines, such as antibiotics for UTIs, via a PGD. If the patient consented for this information to be shared with their usual GP, then their GP would be informed of the treatment automatically via the recording system PharmOutcomes. If the GP wasn't signed up to receive this information electronically then the RP would print off the notification and send it to the GP, so they could keep the patient's records up to date.

There was a home delivery service with associated audit trail. Each delivery was recorded on a handheld device, and a signature was obtained from the recipient. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

Space was adequate in the dispensary and the workflow was organised into separate areas with a designated checking area. The dispensary shelves were well organised, neat and tidy. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available.

Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. 'Pharmacist' stickers were used to highlight when counselling was required for higher-risk medicines such as warfarin and valproate. INR levels were requested when dispensing warfarin prescriptions, although these interventions were not usually recorded. The RP was aware of the valproate pregnancy prevention programme. She said an audit had been carried out and the regular patients in the at-risk group had been identified and counselled. A dispenser confirmed that original packs were always provided to people prescribed valproate, as these contained the built-in care cards, which ensured people in the at-risk group were given the appropriate information.

Multi-compartment compliance aid packs were reasonably well managed. There was a partial audit trail for changes to medication in the packs, but it was not always clear who had confirmed these changes, which might be confusion if there was problem or query. A dispensing audit trail was completed, and medicine descriptions were usually included on the packaging to enable identification of the individual medicines. Packaging leaflets were not always included. So, people might not have easy access to all of the information they need. Disposable equipment was used. When new people requested a compliance

aid pack, an assessment was made by the pharmacist as to the appropriateness of a pack, or if other adjustments might be more suited to their needs, such as medicine administration record (MAR) sheets. A copy of the assessment was sent to the patient's GP, to gain agreement before commencing this service. The pharmacy had a good working relationship with the medical centre next door.

The trainee MCAs had given their ideas about what should be stocked in the retail area, and they had liaised with customers and staff at the medical practice to ensure they were meeting the needs of the local community. One of the MCAs explained what questions she asked when making a medicine sale, and she knew when to refer the person to a pharmacist. She was clear what action to take if she suspected a customer might be abusing medicines such as a codeine containing product.

CDs were stored in two CD cabinets which were securely fixed to the floor. The keys were under the control of the RP. Date expired, and patient returned CDs were segregated and stored securely. Patient returned CDs were destroyed using denaturing kits. Recognised licensed wholesalers were used to obtain stock medicines.

Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and the manager confirmed that it was usually recorded. However, she couldn't locate the records during the inspection. Some expired medicines were found on the dispensary shelves. The RP confirmed that these would not be used and said they would be placed in the designated bins with the other expired and unwanted medicines. Dates had been added to opened liquids with limited stability.

Alerts and recalls were received via email messages from head office and the Medicines & Healthcare products Regulatory Agency (MHRA). These were read and acted on by a member of the pharmacy team but they were not always retained so the team might not easily be 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

Recent versions of the British National Formulary (BNF) and BNF for children were available for reference and the pharmacist could access the internet for the most up-to-date information. The RP said she used an App on her mobile phone to access the electronic BNF.

There was a clean medical fridge. The minimum and maximum temperatures were being recorded regularly and had been within range throughout the month. All electrical equipment appeared to be in good working order and had been PAT tested. There was a selection of clean glass liquid measures with British standard and crown marks. Separate measures were marked and used for methadone solution. The pharmacy had a range of clean equipment for counting loose tablets and capsules, with a separately marked tablet triangle that was used for cytotoxic drugs. Medicine containers were appropriately capped to prevent contamination.

Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. Patient medication records (PMRs) were password protected. Individual electronic prescriptions service (EPS) smart cards were used appropriately. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted 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.