General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: SMD Pharmacy, Basement, The Medical Centre, St. Brannocks Road, Ilfracombe, Devon, EX34 8EG

Pharmacy reference: 9012016

Type of pharmacy: Community

Date of inspection: 04/08/2023

Pharmacy context

The pharmacy is in Ilfracombe. It sells over-the-counter medicines and dispenses NHS and private prescriptions. The pharmacy team offers advice to people about minor illnesses and long-term conditions. The pharmacy offers services including flu vaccinations, the NHS New Medicine Service (NMS) and the Community Pharmacy Consultation Service (CPCS). The pharmacy provides substance misuse services to some people.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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	1.8	Good practice	Pharmacy team members proactively protect the safety of vulnerable people.
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 provides its services safely and effectively. It has good systems in place to identify and manage the risks associated with its services. Team members record any mistakes they make and review in detail them to identify the cause. The pharmacy team then makes the necessary changes to stop mistakes from happening again. The pharmacy has written procedures in place to help ensure that its team members work safely. And these procedures are reviewed and updated regularly. The pharmacy asks people for their feedback on its services and responds appropriately. It has the required insurance in place to cover its services. And it keeps all the records required by law. The pharmacy keeps people's private information safe. Pharmacy team members proactively protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had processes in place to identify, manage and reduce its risks. It had standard operating procedures (SOPs) which reflected the way the team worked. The SOPs were printed and stored in a folder. Each team member had a record of the SOPs that they had read. The SOPs were reviewed regularly by both the superintendent pharmacist (SI) and the pharmacy team. The pharmacy team could describe the activities that could not be undertaken in the absence of the responsible pharmacist (RP). Team members had clear lines of accountabilities and were clear on their job role. The pharmacy had risk assessments in place to cover its activities. And it had a written business continuity plan.

Pharmacy team members recorded any mistakes they made which were picked up during the final accuracy check, known as near misses, using an online reporting tool. Team members considered why the mistake had happened and learned from their mistakes. The team reviewed the error reports regularly to try and identify any trends. When errors occurred, the pharmacy team discussed them and made changes to prevent them from happening again.

Dispensing errors that reached the patient were reported in a more detailed way using an online reporting tool. The pharmacy team reflected on errors made and learned from them. Each month, the pharmacy team completed a detailed patient safety review and analysed the cause of any errors made that month. An action plan was created which was reviewed the following month.

The pharmacy had a documented procedure in place for handling complaints or feedback from people. There was information for people displayed in the retail area about how to provide the pharmacy with feedback. Any complaints were passed straight to the SI to deal with. The SI made sure to pass any compliments received to the team. Public liability and professional indemnity insurances were in place.

The pharmacy kept a record of who had acted as the RP each day. The correct RP notice was prominently displayed. Controlled drug (CD) registers were in order. Balance checks were completed regularly and any discrepancies were promptly rectified. A random balance check was accurate. Patient returned CDs were recorded in a separate register. Records of private prescriptions were maintained on the patient medication record (PMR) and contained all legally required details. The pharmacy kept records of the receipt and supplies of unlicensed medicines ('specials'). Certificates of conformity were stored with all required details completed.

All team members completed yearly training on information governance and general data protection regulations. Patient data and confidential waste were dealt with in a secure manner to protect privacy and no confidential information was visible from customer areas. Team members ensured that they used their own NHS smart cards. Verbal consent was obtained before summary care records were accessed and a record of access was made on the person's PMR.

All staff were trained to an appropriate level on safeguarding. The RP had completed level 3 safeguarding training. Local contacts for the referral of concerns were available. Team members were aware of signs of concerns requiring escalation and knew what action to take. The SI gave examples of when they had raised concerns about the safety vulnerable people.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy employs enough people to manage its workload. Team members are well-trained to deliver their roles and keep their skills up to date by completing regular learning activities. They are confident to suggest and make changes to the way they work to improve their services. Team members communicate effectively. And they work well together to deliver the pharmacy's services.

Inspector's evidence

The SI was the only pharmacist who had worked at the pharmacy since it opened in January 2023. There were two dispensers and a medicines counter assistant (MCA). A new team member was due to start working at the pharmacy in the coming weeks. The pharmacy team covered unplanned absences and holiday leave between themselves.

The pharmacy team were coping well with the workload and dispensing was up to date. The pharmacy team felt well supported by the SI. It was clear that they worked well together and supported each other. Team members were witnessed giving appropriate advice to people in the pharmacy. And they referred to the SI for further clarification when needed.

Team members were given allocated time during working hours to learn. Trainees were supported through their courses. Each team member kept a record of progress through courses. They had access to a range of learning and they gave examples of courses that they had completed recently.

The team felt confident to discuss concerns and give feedback to the SI, who they found to be receptive to ideas and suggestions. The team felt able to make suggestions for change to improve efficiency and safety but ensured that they always followed the company SOPs. Team members were aware of the internal escalation process for concerns and a whistleblowing policy was in place.

The SI did not set any specific targets. They used their clinical judgement and ensured all services provided by the pharmacy were appropriate for the person.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises are spacious and generally present a professional image to people. The pharmacy has arranged to have repairs carried out to damage to the pharmacy. The pharmacy has appropriate facilities to provide its services and maintain people's privacy and confidentiality.

Inspector's evidence

The pharmacy was located under a GP practice in Ilfracombe. There was a well-presented retail area with six chairs. The large medicines counter restricted public access to the dispensary. The pharmacy had a consultation room which was large and well equipped. The glass was obscured to provide privacy. And conversations could not be heard from outside.

The dispensary was well organised and tidy. There was plenty of shelving and workbench space for dispensing. Medicines were stored neatly on the shelves. Pharmacy medicines were stored behind the medicines counter.

Cleaning was undertaken each day and a cleaning rota was displayed. Cleaning products were available, as was hot and cold running water. The fire alarm was tested each week. The lighting and temperature were appropriate for the storage and preparation of medicines.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy team make sure that people with different needs can access its various services. The pharmacy supplies medicines safely to people with appropriate advice to ensure they are used correctly. Team members take steps to identify people prescribed high-risk medicines to ensure that they are given additional information. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and makes regular checks to ensure that they are still suitable for supply. The pharmacy accepts unwanted medicines and disposes of them appropriately.

Inspector's evidence

The pharmacy was in the basement of a GP practice. It was accessed either by a flight of stairs or a narrow pathway from the carpark. The door to the pharmacy also had a step. So the pharmacy was no accessible to people using wheelchairs or pushing prams. The pharmacy had installed a video doorbell at the top of the stairs which was linked to team member's phones. There was a clear sign encouraging people to press the doorbell if they want t use the pharmacy but could not access it. A team member would then great the person at the top of the stairs to give them their prescription or whatever other service they required. Sometimes, staff from the GP practice came to the pharmacy to collect medicines for their patients. The pharmacy could produce large print labels and had hearing loops to support people with disabilities. A range of health-related posters and leaflets were displayed. Team members explained that if a person requested a service not offered by the pharmacy at the time, they referred them to other nearby pharmacies or providers, calling ahead to ensure the service could be provided there. Up-to-date signposting resources and details of local support agencies were accessed online.

The pharmacy had a clear flow to ensure prescriptions were dispensed safely. Team members used baskets to store dispensed prescriptions and medicines to prevent transfer between patients as well as to organise the workload. There were designated areas to dispense and accuracy check prescriptions. Team members initialled the labels of medicines when they dispensed and checked them.

Coloured stickers were used to highlight prescriptions containing fridge items and CDs in schedules 2 and 3. The RP described that they checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. And they made records of this advice on the PMR. The pharmacy team was aware of the risks associated with people becoming pregnant whilst taking sodium valproate as part of the Pregnancy Prevention Programme (PPP). The pharmacy team took care not to apply labels over the warning cards on the boxes of valproate products when dispensing. The pharmacy had stickers for staff to apply to valproate medicines dispensed out of original containers to highlight the risks of pregnancy to people receiving prescriptions for valproate. The RP had regular conversations with the people at risk who were prescribed valproate to ensure they were on adequate contraception. And records were made on the PMR.

The pharmacy offered a range of additional services including flu vaccinations. The signed patient group direction for the recent flu vaccination service was available. The SI had completed the required training on vaccination techniques, anaphylaxis and resuscitation. The pharmacy supplied opioid replacement medicines to a small number of people. The SI liaised with the drug and alcohol team and the person's key worker in the event of any concerns or issues. The pharmacy offered the NHS New Medicines Service. Pharmacists contacted people prescribed new medicines to check how they were getting on

and to offer any advice needed.

The pharmacy had a health promotion zone and provided advice to people on living healthy lifestyles. The pharmacy was registered to receive referrals as part of the Community Pharmacy Consultation service (CPCS) and received regular referrals, from both NHS111 and the GP practice.

The dispensary stock was generally arranged alphabetically on shelves. Date checking of all stock was undertaken regularly and records were kept. Spot checks revealed no date-expired medicines or mixed batches. Prescriptions containing owings were appropriately managed and the prescription was kept with the balance until it was collected. The pharmacy was experiencing shortages of some medicines, reflected nationally. Stock was obtained from reputable sources. Records of recalls and alerts were actioned promptly. Relevant alerts were printed and stored with any quarantined stock.

CDs were stored in accordance with legal requirements in approved cabinets. A denaturing kit was available so that any CDs awaiting destruction could be processed. Expired CDs were clearly marked and segregated in the cabinet. Patient returned CDs were recorded in a register and destroyed in the presence of a witness. The dispensary fridge was clean, tidy and well organised and records of temperatures were maintained. The maximum and minimum temperatures were within the required range.

The pharmacy did not offer a delivery service. But a team member took dispensed medicines and medicine administration record sheets to a nearby care home. The pharmacy kept records of these deliveries. Patient returned medication was dealt with appropriately.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities to provide its services. It keeps these clean, tidy and well-maintained. The pharmacy uses its equipment in a way that protects people's confidential information.

Inspector's evidence

The pharmacy had up-to-date reference resources available including the British National Formulary (BNF). Team members had access to the internet to support them in obtaining current information. The pharmacy's computer system was password protected. And information displayed on computer monitors was suitably protected from unauthorised view.
The pharmacy had clean equipment available for counting and measuring medicines. It highlighted equipment for measuring and counting higher-risk medicines. This helped to reduce any risk of cross contamination. A range of consumables and equipment to support the services provided by the pharmacy was available within the consultation room. Electrical equipment was visibly free of wear and tear and in good working order.

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.