General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Blundell's Pharmacy, 159 Poolstock Lane, Wigan, Greater Manchester, WN3 5HL

Pharmacy reference: 9012092

Type of pharmacy: Community

Date of inspection: 29/02/2024

Pharmacy context

This is a community pharmacy situated on a main road in a residential area of Wigan. It dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including the NHS pharmacy first service, and seasonal flu vaccinations. The pharmacy supplies medicines in multi-compartment compliance packs to some people to help them take their medicines at the right time.

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 team follows written procedures, and this helps them to provide services in a safe and effective manner. The pharmacy keeps the records it needs to by law. And members of the team understand the need to keep people's private information safe. But they do not always record things that go wrong to help identify learning opportunities. So, there may be a risk of similar mistakes happening again.

Inspector's evidence

A set of standard operating procedures (SOPs) were in place, which had been recently updated by the superintendent pharmacist. Members of the pharmacy team had signed to say they had read and accepted the SOPs.

The pharmacy had a process to record and investigate dispensing errors. And a paper log was available to record when a near miss incident occurred, but nothing had been recorded since October 2023. The pharmacist admitted that he did not always record near miss incidents. However, he explained that he discussed mistakes with team members so they could learn from them. But they could not show what action they had taken following a mistake to help learn from it which meant similar mistakes may happen again.

The roles and responsibilities for members of the team were described in individual SOPS. A dispenser was able to explain what their responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. The correct responsible pharmacist (RP) had the correct notice on display. The pharmacy had a complaints procedure. But there was no information about it on display in the retail area. So, people may not always know how to raise concerns or provide feedback. A current certificate of professional indemnity insurance was on display.

Records for the RP and private prescriptions appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded and checked frequently. Two random balances were checked, and both were found to be accurate. But the CD registers did not always have the required details recorded at the top of each page. This meant that the register may not correspond to the correct CD if it were to become unbound. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. Each member of the team had read and signed a confidentiality policy as part of the policy. When questioned, a dispenser was able to explain how confidential waste was separated into designated waste bags and removed by a waste carrier.

Safeguarding procedures were included in the SOPs and had been read by the team. The pharmacist had completed level 2 safeguarding training and knew how to search for the contact details of the local safeguarding team. But the details were not in an easy to find location which may help to raise concerns quickly if necessary. A dispenser said they would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✔ Standards met

Summary findings

There are enough team members to manage the workload safely and they are appropriately trained for the jobs they do. But there are few opportunities for the team to receive feedback about their work or to identify opportunities to enhance and develop their skills.

Inspector's evidence

The pharmacy team included a pharmacist manager and three dispensers. All members of the team were appropriately trained for their role. The volume of work appeared to be managed safely. Staffing levels were maintained by a staggered holiday system and relief staff could be requested from nearby branches, if necessary.

Members of the pharmacy team had completed some additional training, for example they had previously completed training about antibiotic stewardship as part of the NHS pharmacy quality scheme. But there was no training programme to help ensure it was provided in a consistent manner. A dispenser gave examples of how they would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines they felt were inappropriate, and refer people to the pharmacist if needed.

The pharmacist felt able to exercise his professional judgement, and this was respected by the SI and team members. The dispenser said they received a good level of support from the pharmacist and felt able to ask for help if necessary. But there was no appraisal programme to help identify individual development needs. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the superintendent pharmacist. There were no professional based targets in place.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available for people to have a private conversation with a member of the team.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. People were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled by the use of electric heaters and lighting was sufficient. Members of the team had access to a kitchenette area and WC facilities.

A consultation room was available. The space was generally tidy and clutter free with a desk, seating, adequate lighting, and a wash basin. The entrance to the consultation room was clearly signposted.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy manages and provides its services safely. It gets its medicines from licensed sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. But members of the pharmacy team do not always know when they are handing out higher-risk medicines. So, they might not always check that the medicines are still suitable or give people advice about taking them.

Inspector's evidence

Access to the pharmacy was via a single door with a step. It meant there was limited access for people with a wheelchair or pushchair and the close proximity to the road prevented the use of a portable ramp. The team explained they would help and serve people who could not gain access. They would also offer to deliver medicines to people's homes. But it meant all services could not be accessed by those with additional access needs. There were no leaflets or information about the pharmacy's services on display in the retail area. So, people may not always know about what services the pharmacy provided.

The pharmacy had a delivery service. Delivery records were kept providing an audit trail. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

'Dispensed-by' and 'checked-by' boxes were available on dispensing labels. But these were not always signed by team members, so the pharmacy did not have a complete audit trail to show who had been involved when medicines were dispensed. This may make it more difficult for them to learn from any mistakes. Baskets were used to separate individual people's prescriptions to avoid items being mixed up. Dispensed medicines awaiting collection were kept on a shelf using an alphabetical retrieval system. But prescription forms were not always retained, which meant they were not available for reference when handing out medicines. So, it may be difficult for team members to give advice or check that prescriptions were still valid.

Schedule 3 and 4 CDs were highlighted so that staff could check the validity of the prescription at the time of supply. The pharmacist would counsel people who had commenced new treatment with a higher-risk medicine (such as warfarin, lithium, or methotrexate). And he had previously completed an audit for people taking anticoagulant medicines. The audit identified people on these medicines, and they were referred to the pharmacist for additional advice to help make sure they were taking the medicines safely. But this was not completed for people taking other higher-risk medicines (such as lithium and methotrexate), which would be of an equal benefit to them. And there was no follow up counselling advice provided to people on these medicines which would help make sure they are taking them safely. Team members were aware of the risks associated with the use of valproate containing medicines during pregnancy, and the need to dispense them in their original packaging. Educational materials were provided when the medicines were supplied. The pharmacist said he had spoken to people who were at risk to make sure they were aware of the pregnancy prevention programme, and this was recorded on their patient medication record. But additional checks for people who had valproate containing medicines dispensed into multi-compartment compliance packs had not been considered. The pharmacist confirmed that he would contact the patient and the prescriber after the

inspection to make sure the benefit outweighed the risk of dispensing outside the original pack.

Some medicines were dispensed in multi-compartment compliance packs. Before a person was started on a compliance pack, the pharmacist would complete an assessment to check their suitability. A record sheet was kept for each patient, containing details about their current medicines. Any changes to medicines were confirmed with the GP surgery before the record sheet was amended. But records of changes were not always kept, which would be a useful reference in the event of a query. Descriptions of medicines were not included on the dispensing labels, so people may not be able to identify the individual medicines. And patient information leaflets (PILs) were not routinely provided. So, people may not always have all the necessary information they need to take their medicines safely.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Medicine stock was date checked on a 3-month basis. A date checking record was used as a record of what had been checked. A spot check did not find any out-of-date medicines. Liquid medication did not always have the date of opening written on, including a bottle of dexamethasone which expired 3-months after it had been opened. So, team members may know whether the medicine remained fit for purpose.

Controlled drugs were stored appropriately in the CD cabinet, with clear separation between current stock, patient returns and out of date stock. There was a clean medicines fridge, equipped with a thermometer. Records for the past three months were checked and indicated the temperature had been in range. Patient returned medicines were disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the MHRA. Details of the action taken was recorded for future reference.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

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

Inspector's evidence

Team members had access to the internet for general information. This included access to the British National Formulary (BNF), BNFc and Drug Tariff resources. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were used for methadone to prevent cross contamination. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed team members to move to a private area if the phone call warranted privacy. The consultation room was used appropriately. Peoples were offered its use when requesting advice or when counselling was required.

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.