General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Falcons Pharmacy, Dinnington Clinic/Health Centre, Main Road, Dinnington, Newcastle upon Tyne, Tyne and Wear, NE13 7JW

Pharmacy reference: 9012131

Type of pharmacy: Community

Date of inspection: 23/10/2024

Pharmacy context

This is a community pharmacy situated in the village of Dinnington, outside of Newcastle-Upon-Tyne. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including the pharmacy first scheme, and seasonal flu and COVID 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 to help them to provide pharmacy services safely and effectively. The pharmacy generally keeps the required records. And team members know how to keep people's private information safe. They discuss when things go wrong, but they do not record details about any action they had taken. So they may not always be able to show what learning they had identified and how they are improving the quality of their work.

Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs) which were issued in May 2023. Members of the team had signed to say they had read and understood the SOPs.

The pharmacy had a system to record and investigate any reported dispensing errors. The pharmacy had not been made aware of any dispensing errors since it had opened. A paper record was used to record mistakes that were identified in the pharmacy, known as near misses, but few had been noted. The pharmacist confirmed there had been few mistakes due to the use of an accuracy checking software. The pharmacist reviewed each mistake with members of the team at the time they occurred to help identify potential learning points. For example, the team had discussed a recent mistake involving different strengths of a Fostair inhaler to note what to look for when picking the stock. But the team did not record any details of the action they had taken. So the pharmacy may not be able to always show how they learnt from their mistakes to improve the quality of their service.

The roles and responsibilities for members of the team were recorded within each individual SOP. A dispenser explained what their responsibilities were and was clear about the tasks that could or could not be conducted in the absence of a responsible pharmacist. The correct responsible pharmacist (RP) notice was on display. The pharmacy had a complaints procedure. Any complaints were recorded and followed up by a pharmacist. A current certificate of professional indemnity insurance was on display.

Records for the RP and private prescriptions appeared to be in order. Records of unlicensed specials were available, but a few did not contain the required details of who the product was supplied to and when. The pharmacist acknowledged these would be rectified. Controlled drugs (CDs) registers were suitably kept. Running balances were recorded and checked frequently. Two random balances were checked and found to be accurate. A separate register was available to record patient returned CDs.

Information governance procedures were available and had been read by members of the team. When questioned, a dispenser described how confidential information was separated and destroyed using a shredder. A privacy notice was on display which described how the pharmacy handled and stored people's information. Safeguarding procedures were available and the contact details for the local safeguarding team were on display. The pharmacist had completed level 3 safeguarding training. Members of the team explained they would refer any concerns to the pharmacist in the first instance.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members to manage the workload safely. And they complete the necessary training for their role. But the pharmacy does not routinely provide ongoing learning for the team, so their learning needs may not always be fully identified and addressed.

Inspector's evidence

The pharmacy team included two pharmacists, one of whom was the superintendent pharmacist (SI), and two dispensers, one of whom was in training. All members of the pharmacy team were appropriately trained or on accredited training programmes. The volume of work appeared to be well managed. Staffing levels were maintained by a staggered holiday system.

Members of the pharmacy team had completed some additional training. For example, they had previously undertaken a training package about antibiotic stewardship. A folder contained individual records of training that each team member had completed. But ongoing training was not provided in a consistent manner, which would help to ensure learning needs were met. A dispenser provided examples of selling a pharmacy only medicine using a structured questioning technique to obtain all necessary information required, refusing sales which they felt were not appropriate, and referring people to the pharmacist when needed.

The dispenser felt they were provided with a good level of support and felt able to ask for further help if they needed it. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the SI. The pharmacist felt able to exercise their own professional judgement and there were no targets for professional services.

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 premises were clean and tidy, and appeared to be adequately maintained. The temperature was controlled using electric heaters and lighting was sufficient. Team members had access to a kitchenette area and WC facilities.

A consultation room was available. It was tidy with a computer, desk, seating, and adequate lighting. The patient entrance to the consultation room was clearly signposted.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them 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 provide advice and counselling to people taking some higher risk medicines, which would help to ensure they understand how to take them safely.

Inspector's evidence

The pharmacy and consultation room were easily accessible by those with additional mobility needs. Information about the services offered and the pharmacy's opening hours were on display. Information was also available on the pharmacy's website. The pharmacy had a medicines delivery service which the pharmacist carried out after the pharmacy had closed. Any unsuccessful deliveries were returned to the pharmacy. But there were no records of the deliveries made, which may be a useful resource in the event of a query or a concern.

The pharmacy used a patient medication record (PMR) system which had built-in accuracy checking software. Prescriptions were organised into different 'workflows' on the PMR system and assigned to different roles within the pharmacy team. The first workflow was for a clinical check to be completed of each prescription. The pharmacist would carry out the clinical check before the prescription was released to be dispensed. The team would pick the stock and scan each box of medication using the PMR system. If the medication matched the prescription, a dispensing label would print, and the dispenser would affix this to the box. If it did not match the dispenser had to amend the product or request assistance from the pharmacist. The pharmacist did not perform a further accuracy check unless the medicine fell within an exception category. For example, a CD or a split pack. The PMR system kept an audit trail of who carried out each stage of the process. Baskets were used to separate people's prescriptions and medicines.

The pharmacy used stickers to highlight medicine bags which contained schedule 3 or 4 CDs to remind team members to check the prescription expiry date. The pharmacist used reminder stickers if they identified a need to provide counselling. For example, to people who were commenced on higher-risk medicines such as warfarin, lithium, and methotrexate. But the team did not routinely counsel people who had been taking these medicines for some time. This was a missed opportunity to ensure people continued to take their medicines safely and were up to date with blood tests. And they did not always record details of counselling which would help to ensure a continuity of care for people. Members of the team were aware of the risks associated with the use of valproate-containing medicines, and the need to supply the manufacturer's original packs. Educational material and counselling advice was provided with the medicines. The team also was aware of the counselling advice which needed to be provided with topiramate.

Some medicines were dispensed into multi-compartment compliance packs. Before a person was started on a compliance pack the team referred people to their GP to carry out a suitability assessment. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was updated. The

pharmacy requested information when people were discharged form hospital and kept it for future reference. The compliance packs were supplied with patient information leaflets (PILs). But medication descriptions were not routinely provided to help people to identify their medicines. The team acknowledged they would provide these details going forward.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. A date checking record was available. The expiry dates of medicines were checked once every three months. Short-dated stock was highlighted using a sticker. Liquid medications had the dates of opening written onto the bottle. Controlled drugs were stored in the CD cabinets, with clear separation between current stock, patient returns and out of date stock. There was a clean medicines fridge, equipped with a thermometer. The minimum and maximum temperatures were recorded daily and had been in range for the last two months. Patient returned medication was disposed of in designated bins. Medicine recalls and patient safety alerts were received on electronic software. When the pharmacy actioned the alerts, the software recorded details of the action taken to show how the pharmacy had responded to the alert.

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 keep the equipment clean in a manner expected of a healthcare setting.

Inspector's evidence

Team members accessed the internet for general information. This included access to the British National Formulary (BNF), BNFc and Drug Tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard marks. The pharmacy also had counting triangles for counting loose tablets, including a designated counting triangle for cytotoxic medicines. 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 telephone was available in the pharmacy which allowed team members to move to a private area if the telephone call warranted privacy. The consultation room was used appropriately. People 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.