

Registered pharmacy inspection report

Pharmacy Name: Abbotswell Pharmacy, 2 Abbotswell Crescent,
Kincorth, ABERDEEN, Aberdeenshire, AB12 5AR

Pharmacy reference: 1041591

Type of pharmacy: Community

Date of inspection: 11/10/2019

Pharmacy context

This is a community pharmacy beside other shops in a residential area of a city. It dispenses NHS prescriptions including supplying medicines in multi-compartmental compliance packs. The pharmacy offers a repeat prescription collection service and delivery service for multi-compartmental compliance packs. It also provides substance misuse services, a smoking cessation service and dispenses private prescriptions. The pharmacy team advises on minor ailments and medicines' use and supplies a range of over-the-counter medicines. The pharmacist owner works full-time in the pharmacy.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy does not manage all risks. It does not have standard operating procedures. And the pharmacist routinely self-dispenses and checks. Untrained team members undertake dispensing activities. And they do not use dispensing tools like baskets to separate people's prescriptions.
		1.2	Standard not met	The pharmacy does not monitor and review dispensing, it's main service. Team members do not record or review near misses. And are missing opportunities to learn and improve safety.
		1.3	Standard not met	Pharmacy team members do not understand their roles and responsibilities. They have no processes to follow. And they undertake activities they are not trained for.
		1.4	Standard not met	The pharmacy had no way for people to give feedback. So it could not use feedback to improve services.
		1.6	Standard not met	The pharmacy does not keep and maintain required records in line with legislation and standard practice.
		1.8	Standard not met	The pharmacy team has not had any safeguarding training. The pharmacy does not have safeguarding processes in place. And team members do not know how to raise concerns.
2. Staff	Standards not all met	2.1	Standard not met	The pharmacy does not have enough trained and qualified team members to safely deliver pharmacy services.
		2.2	Standard not met	Team members are not trained, or are not undergoing training appropriate for their role as per GPhC minimum standards. And the pharmacy does not provide material or time for team members to maintain and develop their skills for the services provided.
		2.4	Standard not met	The pharmacy has no process in place to learn from experiences. It has not sustained improvements from failures identified at

Principle	Principle finding	Exception standard reference	Notable practice	Why
				the previous inspection.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.2	Standard not met	The pharmacy does not manage services safely and effectively. It does not use tools, such as basket, to separate people's medicines. This increases the risk of mixing medicines. It does not keep audit trails of team members involved in the dispensing and checking of items. Particularly those that are self-checked. And people's identity is not confirmed when handing out medicines. This increases the risk of people getting the wrong medicine.
		4.3	Standard not met	The pharmacy does not always store medicines appropriately or legally. It does not check fridge temperatures and does not lock cupboards. It does not store keys securely and does not destroy out-of-date medicines when it should.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy team members do not follow processes so there is a risk of mistakes. The pharmacy does not record mistakes, so the team is missing learning opportunities. And untrained team members are delivering pharmacy services. The pharmacy keeps most of the records it should. But it does not record all the detail required. And it does not audit records. It keeps people's information safe. Pharmacy team members do not know how to safeguard vulnerable people.

Inspector's evidence

The pharmacy had very old standard operating procedures (SOPs). They referred to the Royal Pharmaceutical Society of Great Britain which ceased to exist in 2010. The only date seen on them was 2005. The pharmacist could not find the SOPs dated 2011 which had been seen at the previous inspection in 2014. There was no evidence of team members having read or followed SOPs. The pharmacist undertook many tasks herself as she had not been able to train all team members in the pharmacy's processes. Medicines counter assistants who had not undertaken any dispensing training were involved in some dispensing tasks. One had assembled multi-compartmental compliance packs, and another placed dispensed medicines into bags prior to supply to people. Team members were not aware of all tasks needing undertaken at any time. For example, medicines counter assistants sometimes had nothing to do while the pharmacist was working flat out dispensing and self-checking, and there were dirty floors needing brushed. SOPs would help them undertake routine tasks. Team members could explain which activities could not be undertaken in the absence of the pharmacist.

Team members did not use near miss logs to record dispensing errors that were identified in the pharmacy. They were not clear about what a near-miss was. They did not describe any errors reaching people. The pharmacy did not have a current complaints procedure. Team members could not provide examples of feedback from people.

The pharmacy had an indemnity insurance certificate, expiring 30 April 20. The pharmacy displayed the responsible pharmacist notice and kept the following records: responsible pharmacist log; private prescription records including records of emergency supplies and veterinary prescriptions, although some details required by law were not included especially on veterinary records; unlicensed specials records; controlled drugs (CD) registers with running balances maintained but not regularly audited except frequently used items. The pharmacist had last counted MST 30 sachets two years ago, 7/17. This was checked and found to be correct; and a CD destruction register for patient returned medicines. Some CD registers were damaged therefore no longer bound, as required by law. The pharmacy's filing was observed to be untidy and, in some cases, difficult to follow. The CD registers were not all filed, but some loose and not in a logical order making them challenging to use. The pharmacy backed up electronic patient medication records (PMR) each night to avoid data being lost.

Pharmacy team members were aware of the need for confidentiality. They had read a booklet and the pharmacist had coached them. They segregated confidential waste for shredding, although at the time of inspection this was falling behind. No person identifiable information was visible to the public. Team members had not undertaken training on safeguarding. They did not know what signs to look for. And they did not know how to raise a concern locally.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy does not have enough trained team members to safely deliver pharmacy services. And it does not register team members for courses to enable them to undertake some tasks. And it does not provide material or time at work to maintain skills. The pharmacy does not have a culture of learning. It has not improved services since unmet standards were identified a few years previously.

Inspector's evidence

The pharmacy had the following staff: one full-time pharmacist owner, one full-time dispenser, one part-time dispenser (two days per week and alternate Saturdays), three part-time (30, 30, 22 hours per week) medicines counter assistants. One was also the delivery driver and had not undertaken medicines counter training. She had worked in the pharmacy for around two years. The full-time dispenser was on holiday at the time of inspection, so the pharmacist was dispensing and self-checking. The part-time dispenser had started recently and had not worked in pharmacy for five years. The pharmacist was not allowing her to undertake most activities yet as she had not been trained in this pharmacy's way. And there were no SOPs for her to read. The pharmacy had recently been short-staffed due to absences. The pharmacy displayed the team members' certificates of qualification. At the time of inspection, the pharmacy was under pressure as there were no team members to dispense. There were two medicines counter assistants working, and sometimes undertaking dispensing activities that they were not trained for. They were handing out prescription medicines without confirming identity. The pharmacy did not provide protected learning time or resources for team members. They sometimes read material that was occasionally received into the pharmacy.

Trained medicines counter assistants asked appropriate questions when supplying medicines over-the-counter and referred to the pharmacist when required. They described several examples of people trying to make repeat purchases of medicines intended for short-term use and how they managed this. Sometimes they refused sales and referred people to their doctor. And sometimes they asked the pharmacist to discuss symptom control with people. Team members knew most of the people who used the pharmacy. The pharmacist made many phone calls to the GP practice to query missing prescriptions.

Pharmacy team members described how they could make suggestions and raise concerns with the owner. A team member had suggested storing multi-compartmental trays alphabetically to make it easier to locate them. The pharmacist had agreed and adopted this. The pharmacy team did not have structured meetings. But team members discussed issues 'on-the-job'. They described examples of discussing stock availability and requests for certain medicines.

The pharmacy did not learn from previous situations. For example, the previous inspection nearly five years ago had resulted in un-met standards related to lack of SOPs, untrained team members,, controlled drugs running balances not being audited, and not reviewing services such as using near miss logs. There had only been short-term improvement. The pharmacy did not have targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are suitable for the pharmacy's services. The pharmacist sometimes uses a private room for conversations with people. Other people cannot overhear these conversations. The pharmacy is secure when closed.

Inspector's evidence

These were small premises incorporating a retail area, dispensary and large back shop area including storage space and staff facilities. The premises were basically maintained but not clean in all areas. Floors were dirty and in need of brushing. There were sinks in the dispensary and toilet. These were clean and had hot and cold running water, soap, and clean hand towels.

People were not able to see activities being undertaken in the dispensary. The pharmacy had a consultation room with a desk and chairs. It was cluttered with retail stock and did not have a professional appearance. The door closed providing privacy. It was used for substance misuse supervision. Temperature and lighting were comfortable.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy helps people to ensure they can all use its services. The pharmacy does not always provide safe services. This is due to untrained team members dispensing. And not using tools to make dispensing safe. People's identities are not confirmed when medicines are supplied. And up-to-date versions of patient group directions (NHS services) are not readily available. The pharmacy gets medicines from reliable sources. But it does not always store them appropriately or legally.

Inspector's evidence

The pharmacy had good physical access by means of a ramp at the entrance and an automatic door. It listed its services and had leaflets available on a variety of topics. A team member spoke Polish so was able to help some Polish members of the local community. The pharmacy provided a delivery service and people signed to acknowledge receipt of their controlled drugs. Team members additionally delivered locally on foot. If people did not answer their door, a second attempt was made to deliver later in the day. People always answered on the second visit. The team member making deliveries stated that she would alert the pharmacist who would contact the GP if there was no answer twice.

A medicines counter assistant scanned prescriptions, logging them onto the system. At the time of inspection there were no dispensing team members, so the pharmacist was labelling and dispensing. Then she was self-checking. She was observed to check dispensed items, but she did not take a mental break. She asked a medicines counter assistant to hand them out. And sometimes asked her to place dispensed medicines in a bag for supply. The pharmacist seldom handed out dispensed medicines, potentially missing opportunities to counsel people or answer their questions about their medicines. And the medicines counter assistants did not ask any questions to confirm people's identity such as address. When asked about this they explained they knew everyone. The pharmacist explained that she often dispensed and self-checked even when the dispenser was working. She explained that this was because the dispenser was often undertaking other activities such as assembly of multi-compartmental compliance packs. The pharmacist explained that she always created a new label rather than repeating previous instructions. This meant that directions were always correct. She knew that some locum pharmacists used the 'repeat' facility, so directions were sometimes wrong. Not all people followed the same processes as there were no SOPs to follow. Pharmacy team members did not use baskets for straightforward dispensing. They used baskets to separate people's medicines and prescriptions when waiting for stock or queries to be resolved. Team members initialled dispensing labels to provide an audit trail of who had dispensed and checked medicines. The pharmacist only initialled the 'checked by' box when self-dispensing and checking. A medicines counter assistant's initials and handwriting were on multi-compartmental compliance packs that she had dispensed. The pharmacy usually assembled omissions later the same day or the following day. Some people received medicines from chronic medication service (CMS) serial prescriptions. The pharmacy dispensed these the week before. It kept records of dates of dispensing and supply. The practice pharmacist was actively registering people for this service. The pharmacy had identified some pharmaceutical care issues e.g. difficulty handling eye drops bottle, so had offered advice to help. The pharmacist synchronised medicines when people started on CMS serial prescriptions by asking them to bring their medicines in for destruction. The pharmacy managed multi-compartmental compliance packs on a four-weekly cycle with four assembled at a time. It ordered prescriptions after the second pack was supplied giving plenty time to prepare

packs. Team members included tablet descriptions on packs and supplied patient information leaflets unless people had asked them not to. The pharmacy kept a chronological list of changes and interventions in a notebook with a page per person. The pharmacy supplied a variety of other medicines by instalment. The pharmacist dispensed them, and a team member checked.

A pharmacist undertook clinical checks and provided appropriate advice and counselling to people receiving high-risk medicines including valproate, methotrexate, lithium, and warfarin. She or a team member supplied written information and record books if required. The pharmacy had put the guidance from the valproate pregnancy prevention programme in place. It had no people in the risk group. The pharmacy followed the service specifications for NHS services and patient group directions (PGDs) were in place for unscheduled care, pharmacy first, smoking cessation, emergency hormonal contraception, and supply of chloramphenicol ophthalmic products. But current PGDs were not seen. The pharmacist explained that they all expired at different times and were in place for different durations. But the filing was untidy and difficult to negotiate. The pharmacist was too busy as she was dispensing on her own so could not spend time to locate these. The pharmacy empowered team members to deliver the minor ailments service (eMAS) within their competence under the pharmacist's supervision. Medicines counter assistants explained that they referred many requests to the pharmacist. They wrote people's details and symptoms to share with the pharmacist.

The pharmacist delivered the smoking cessation service. There were not many people accessing this currently. The pharmacy obtained medicines from licensed wholesalers such as Alliance, AAH, and OTC direct. It did not yet comply with the requirements of the Falsified Medicines Directive (FMD). It had the equipment but no-one in the pharmacy knew how to use it. The pharmacy stored medicines in original packaging on shelves, in drawers and in cupboards. It stored items requiring cold storage in a fridge, but temperature was not monitored and recorded. It was within the accepted limits at the time of inspection. Team members checked expiry dates of medicines but did not keep records. Those inspected were found to be in date. The pharmacy protected pharmacy (P) medicines from self-selection. Team members followed the sale of medicines protocol when selling these.

The pharmacy actioned MHRA recalls and alerts on receipt and kept records. Team members contacted people who had received medicines subject to patient level recalls. They returned items received damaged or faulty to suppliers as soon as possible.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for the delivery of its services. It looks after equipment.

Inspector's evidence

The pharmacy had texts available including current editions of the British National Formulary (BNF) and BNF for Children. It had Internet access allowing online resources to be used.

The pharmacy kept a carbon monoxide monitor for the smoking cessation service in the back-shop area. It was maintained by the Health board and seldom used. It kept crown stamped measures by the sink in the dispensary, and separate marked ones were used for methadone. And it had tablet and capsule counters in the dispensary. The team washed these if they were used for cytotoxic tablets. But they were usually supplied in blister packs.

The pharmacy stored paper records in the dispensary and back-shop areas inaccessible to the public. Prescription medication waiting to be collected was stored in a way that prevented patient information being seen by any other patients or customers. Team members used passwords to access computers and never left them unattended unless they were locked.

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.