General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Braemar Pharmacy, 23 Mar Road, Braemar, BALLATER, Aberdeenshire, AB35 5YL

Pharmacy reference: 1041653

Type of pharmacy: Community

Date of inspection: 03/09/2019

Pharmacy context

This is a rural community pharmacy in a village in an area popular with seasonal visitors. The pharmacy dispenses NHS prescriptions and sells a range of over-the-counter medicines. It also supplies medicines in multi-compartmental compliance packs and provides substance misuse services. The owner pharmacist is the only member of staff.

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	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 pharmacist follows defined processes for all services to ensure that they are safe. The pharmacy keeps all the records that it needs to by law and mostly follows best practice. The pharmacy helps to protect vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were followed for all activities and tasks. The pharmacist owner who worked alone reviewed these periodically to ensure that processes were still valid. They had been reviewed at different times over the past few years. The pharmacist undertook all activities in the pharmacy and other staff members on the premises were aware of their limitations and that they could not undertake any pharmacy activities. The pharmacist was aware of the risk of working alone and dispensing and self-checking. He demonstrated his processes including mental breaks between different activities. The GP practice and pharmacist worked very closely together, and the pharmacist notified the practice when he was ever absent from the pharmacy. Occasionally he left the pharmacy to undertake tasks such as urgent deliveries to people. He was away from the pharmacy for a very short period and would notify the practice on his return. He recorded this in the responsible pharmacist log. Other staff on the premises knew that no pharmacy activities could be undertaken during this time. The pharmacy had a business continuity plan to address maintenance issues or disruption to services.

The pharmacist worked alone, and dispensing was low volume. So, he had ample time to dispense then take a mental break before checking. He described his checking process which was methodical. He rarely identified errors. But, in the past he had identified weaknesses and separated items on the shelves.

The pharmacy had a complaints procedure and welcomed feedback. It never received complaints and the pharmacist knew all members of the community. The pharmacist displayed a friendly and professional demeanour.

The pharmacy had an indemnity insurance certificate, expiring 31 July 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; controlled drugs (CD) registers with running balances maintained and periodically audited; and a CD destruction register for patient returned medicines. The pharmacist signed any alterations to records, so they were attributable. The pharmacy backed up electronic patient medication records (PMR) each night to avoid data being lost. The pharmacist explained that he was not currently supplying any unlicensed specials so did not have any records. He knew that he would need to keep records if he supplied any.

The pharmacist (and non-pharmacy staff) was aware of the need for confidentiality. He segregated confidential waste for shredding. No person identifiable information was visible to the public. He explained that he would discuss any safeguarding concerns with the GP. And he knew that there were details for raising concerns on the Community Pharmacy Scotland website.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough qualified and experienced staff to safely provide its services. The pharmacist undertakes training and learning activities to maintain his skills.

Inspector's evidence

The pharmacy was staffed with only the full-time pharmacist owner. He could manage the workload. Two regular locum pharmacists provided holiday cover. The non-pharmacy retail premises had one full-time and one weekend-only sales assistants who were not involved in the pharmacy. They had not undertaken any pharmacy training but were fully aware of the scope of their roles.

The pharmacist undertook learning and development in line with his own needs. He had undertaken most aspects of revalidation for the current year. He described how he was planning the remaining part, well in advance of the submission date. He attended training and learning events when they were available.

The pharmacist had a good working relationship with the local GP. He was in the GP practice every day collecting prescriptions. He provided examples of working closely with the GP making decisions in the interests of people. The pharmacist often directed people visiting the area and requiring medicines to the GP. He usually saw them that day and provided prescriptions as appropriate.

The pharmacist understood the importance of reporting mistakes and was comfortable doing so. He discussed topical issues with other pharmacists who lived locally, and with the locum pharmacists. The sales assistant could raise issues with the owner pharmacist. She was empowered to make non-pharmacy related decisions.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are safe and clean and suitable for the pharmacy services provided. The pharmacy premises are secure when closed.

Inspector's evidence

The pharmacy was located at one end of a general and gift shop. It was locked when the pharmacy was not open, but the rest of the shop was. The whole premises were open 9am – 6pm but the pharmacy was not open on Saturdays or between 1pm – 2pm Monday – Friday. The pharmacist locked the door to the dispensary and locked the cupboards that the pharmacy (P) medicines were stored in. The premises were clean, hygienic and well maintained. There were sinks in the dispensary and staff toilet. These had hot and cold running water, soap, and clean hand towels.

People were not able to see activities being undertaken in the dispensary from. The pharmacy did not have a consultation room. People seldom required private consultations or discussions. When they did, the pharmacist invited people into the dispensary. He ensured that person identifiable information was not visible.

The temperature and lighting in the pharmacy were comfortable.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy helps people to ensure they can all use its services. The pharmacy provides safe services and gives people the information they need to be able to use their medicines safely. The pharmacy gets medicines from reliable sources and stores them properly.

Inspector's evidence

The pharmacy had good physical access by means of a level entrance and staff helped with the door. It listed its services and had leaflets available on a variety of topics. It could provide large print labels. The pharmacist delivered medicines that were required urgently, but as this was not required routinely there was not a formal service.

The pharmacist followed a logical and methodical workflow for dispensing. He collected prescriptions from the GP practice late morning then labelled before lunch. And he dispensed after lunch, and accuracy checked as he placed medicines in bags. The pharmacist did not sign labels, but as he worked alone the RP log identified who had dispensed medicines. The pharmacy usually assembled owings the following day. Some people received medicines from chronic medication service (CMS) serial prescriptions. The pharmacy dispensed these when people came to the pharmacy. It stored prescriptions chronologically, so the pharmacist knew whose medicines were due. He had no concerns regarding compliance. The pharmacy and surgery had worked together and registered all people in the village who were suitable for the service. The pharmacist rarely identified pharmaceutical care issues when registering them for CMS. He had owned and worked in the pharmacy for many years and knew the community well. He believed that care issues would have been identified early. He always asked people if they could read and understand labels. The pharmacy managed a small number of multi-compartmental compliance packs on a four-weekly cycle with four assembled at a time. The pharmacist assembled packs a few days before supply of the first pack. He did not include date of supply or tablet descriptions on packaging. He supplied patient information leaflets with new medicines.

The pharmacist undertook clinical checks and provided appropriate advice and counselling to people receiving high-risk medicines including valproate, methotrexate, lithium, and warfarin. He supplied written information and record books if required. The pharmacy had put the guidance from the valproate pregnancy prevention programme in place. But valproate was not supplied to anyone in the risk group. The pharmacy had also implemented the non-steroidal anti-inflammatory drug (NSAID) care bundle and written and verbal information was given to people supplied with these medicines over-the-counter, or on prescriptions. The pharmacist also discussed ‘sick day rules’ with people on certain medicines, so that they could manage their medicines when they were unwell. 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. The pharmacist discussed pharmacy services with the GP frequently, as he was in the surgery daily. But services such as Pharmacy First, and others using PGDs were not often required. People went to the GP as there was a walk-in service and the GP was not too busy. The pharmacist dealt with all minor ailments service (eMAS) requests. He referred people to the GP if they frequently requested similar products e.g. indigestion medicines.

The pharmacy obtained medicines from licensed wholesalers such as Alliance and AAH. It did not yet

comply with the requirements of the Falsified Medicines Directive (FMD). It had the equipment and the pharmacist knew how to use it. There was not enough compliant stock to routinely scan medicines. Some were scanned when dispensed, then when supplied. The pharmacy stored medicines in original packaging on shelves, in drawers and in cupboards. It stored items requiring cold storage in a fridge with minimum and maximum temperatures monitored and action taken if there was any deviation from accepted limits. The pharmacist regularly checked expiry dates of medicines and those inspected were found to be in date. The pharmacy protected pharmacy (P) medicines from self-selection. The pharmacist locked the cupboards containing P medicines when the pharmacy was closed.
The pharmacy actioned MHRA recalls and alerts on receipt. It had records of these emails being opened, and receipts for stock returned to suppliers. The pharmacist contacted people who had received medicines subject to patient level recalls. He 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. The pharmacy looks after this equipment to ensure it works.

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. And it had BS marked measures and clean tablet and capsule counters. The pharmacy used methotrexate tablets in blister packaging so did not require a separate counter for these. The pharmacist kept a torch and spare batteries in an accessible location to use during power cuts.

The pharmacy stored paper records in the dispensary 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. The pharmacist 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.