

Registered pharmacy inspection report

Pharmacy Name: Houston Pharmacy, 1 Alpin Road, DUNDEE, Angus,
DD3 6HB

Pharmacy reference: 1041711

Type of pharmacy: Community

Date of inspection: 28/10/2019

Pharmacy context

This is a community pharmacy on a main road in a city suburb. It dispenses NHS prescriptions including supplying medicines in multi-compartmental compliance packs. The pharmacy offers a repeat prescription collection service and a medicines' delivery service. It also provides substance misuse services and dispenses private prescriptions. The pharmacy team advises on minor ailments and medicines' use. And it supplies a range of over-the-counter medicines. It offers blood pressure measurement. The two pharmacist owners work 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	1.2	Standard not met	The pharmacy does not monitor and review dispensing accuracy. So it cannot learn from mistakes and make improvements.
		1.7	Standard not met	The pharmacy does not dispose of all person identifiable information securely. It places some dispensing labels in general waste.
		1.8	Standard not met	The pharmacy team members do not know how to protect vulnerable people. Or how to raise concerns about 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 not all met	4.3	Standard not met	The pharmacy does not store, supply or dispose of all medicines appropriately.
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 record mistakes to learn from them. This means they cannot review these and make changes to avoid the same mistakes happening again. The pharmacy does not have a process to protect vulnerable people. It mostly keeps people's information safe. Team members have written processes that they follow for most activities in the pharmacy. The pharmacy keeps the records that it needs to by law.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) but some were not followed. E.g. team members did not audit controlled drugs' (CDs) running balances as per the SOP and they did not pour some methadone instalments as per the SOP. Pharmacy team members had read them, and the pharmacy kept records of this. The pharmacy owner reviewed them every two years and signed them off. Staff roles and responsibilities were recorded on individual SOPs. Team members could describe their roles and accurately explain which activities could not be undertaken in the absence of the pharmacist. The pharmacy managed routine dispensing, a high-risk activity, appropriately, with coloured baskets used to differentiate between different prescription types and separate people's medication. The pharmacist initialled prescriptions when they had completed a clinical check, enabling an accuracy checking technician (ACT) to carry out the final accuracy check of some dispensed medicines. The pharmacy had a business continuity plan to address maintenance issues or disruption to services.

Team members did not have a process in place to monitor and review dispensing accuracy. A team member thought pharmacists recorded near misses, but they did not. Team members explained that the pharmacist identifying an error highlighted it to them and they corrected it. But this was not recorded and no review was undertaken to identify learnings and take action to prevent recurrence.

The pharmacy had a complaints procedure and team members said they welcomed feedback. A team member described a situation on the medicines counter when she had been advising a person on symptom control. A doctor had overheard the conversation and complimented her, saying he would have given the same advice. This had encouraged her to continue asking people questions and advising in this manner.

The pharmacy had an indemnity insurance certificate, expiring 31 Mar 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; unlicensed specials records; controlled drugs (CD) registers with running balances maintained and regularly audited (monthly) but not as the SOP which said weekly; and a CD destruction register for patient returned medicines. 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 described how they dealt with most confidential waste, and did not disclose personal information to anyone. The pharmacy had a SOP on information governance which all team members had read and signed. They segregated most confidential waste for secure destruction. But they put some person identifiable labels in general waste.

Team members, including pharmacists had not undertaken any training on child protection or safeguarding vulnerable adults. They did not know how to raise concerns locally. This had been highlighted during the previous inspection in 2016. This increased the chance of not spotting safeguarding opportunities.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough qualified and experienced team members to safely provide services. Team members are trained in new systems and for the services they provide. The pharmacy gives them time to do this training. They know how to raise concerns to keep the pharmacy safe.

Inspector's evidence

The pharmacy had the following staff: two full-time pharmacist owners, one full time accuracy checking technician (ACT), three full-time dispensers, one medicines counter assistant working four full days and one afternoon, and a full-time delivery driver. Team members were able to manage the workload.

The pharmacy did not provide regular learning time during the working day for team members to undertake training and development. But time and resources were provided when new systems were implemented. For example, a few months previously all team members had completed training on the requirements of the falsified medicines directive (FMD). They had also read information on the NHS non-steroidal anti-inflammatory drug (NSAID) care bundle, and 'sick-day' rules. They were able to advise people. The ACT was a first aider and undertook annual refresher training. All team members received annual blood pressure measurement training. The pharmacy did not have a process in place to identify and address team members' training needs. The pharmacy sometimes received information on e.g. new medicines. The medicines counter assistant read this and retained it for reference.

The various individuals were observed going about their tasks in a systematic and professional manner. They asked appropriate questions when supplying medicines over-the-counter and referred to the pharmacist when required. They demonstrated awareness of repeat requests for medicines intended for short term use. And they dealt appropriately with such requests. But they did not always check people's identity when supplying prescription medicine.

Pharmacy team members understood the importance of reporting mistakes and were comfortable owning up to their own mistakes. They had an open environment in the pharmacy where they could share and discuss these. But as noted above they did not document or review them. They said they could make suggestions and raise concerns to the manager. But none were described. Team members had contracts of employment which directed them to the owners if they had concerns or issues to raise.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are safe and clean, and suitable for the pharmacy's services. The pharmacy team members use private rooms for some conversations with people. Other people cannot overhear these conversations. The pharmacy is secure when closed.

Inspector's evidence

These were reasonably sized premises incorporating a retail area, dispensary and back shop area including storage space and staff facilities. They had benefitted from a refit and extension a few years previously. This provided a large well-designed dispensary. The design and layout helped with workflow. Retrieval shelves, medicines dispensed by instalment and methadone were all in one area. This meant team members did not have to walk far when supplying medicines to people. People were not able to see activities being undertaken in the dispensary.

The premises had a treatment room, consultation room and second small consultation room with a hatch to the dispensary. Team members used this for supervised self-administration of medication. The consultation room had two doors, one accessed from the medicines counter for team members to use. And the other was locked and used by the public. A podiatrist used the treatment room full-time, so it was not used by the pharmacy. The inspector could not access this room as it was in use during the inspection. The small consultation room was accessed via a locked door, which team members unlocked remotely for people to enter.

The premises had a large attic used for storage, including the storage of multicompartamental compliance packs. There were sinks in the dispensary, staff room and toilet. These had hot and cold running water. And the sinks in the staff room and toilet had soap and clean hand towels, but not the one in the consultation room. The premises were clean, hygienic and well maintained. Temperature and lighting were comfortable.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy helps people to ensure they can use its services. There is a risk that some medicines may not be supplied safely as some are not labelled correctly, they are not all stored properly, team members do not always make appropriate checks when they hand out medicines and they do not dispose of some items correctly. The pharmacy team knows what to do if medicines are not fit for purpose.

Inspector's evidence

The pharmacy had good physical access by means of a level entrance and an automatic door. It listed its services and had leaflets available on a variety of topics. And it could provide large print labels for people with impaired vision. The pharmacy provided a delivery service and people signed to acknowledge receipt of their controlled drugs. A podiatrist worked from the treatment room which was not used by the pharmacy team. The pharmacist owner had checked her credentials to ensure she was a registered podiatrist.

Pharmacy team members followed a logical and methodical workflow for dispensing. They used coloured baskets to differentiate between different prescription types and separate people's medicines and prescriptions. Most of the dispensing was from 'collection service' prescriptions. The delivery driver collected these each morning from several surgeries. The ACT usually labelled these. Sometimes she shared information, such as changes or new items, verbally with the pharmacist who would check the dispensed medicine later the same day. Team members initialled dispensing labels to provide an audit trail of who had dispensed and checked medicines. The pharmacist initialled prescriptions to signify that they were suitable for the ACT to check. The ACT only checked multi-compartment compliance pack prescriptions. But sometimes she had labelled these. The checking qualification she had undertaken did not allow this, but the pharmacy SOP did not prohibit it. Following discussion after the inspection, the pharmacist changed this process. The ACT was no longer labelling or taking any part in the dispensing of medicines that she would check. The pharmacy usually assembled owings later the same day or the following day using a documented owings system. Some people received medicines from chronic medication service (CMS) serial prescriptions. The pharmacy dispensed these when people requested them. Team members had no evidence of poor compliance, but this was not actively monitored. They did not synchronise medicines when serial prescriptions started. The pharmacy had found some aspects of this service challenging. Some GP practices were starting serial prescriptions without the pharmacy's knowledge and people were not registered. The pharmacy then registered people and had not identified any pharmaceutical care issues. A pharmacist had discussed the service with two surgeries to improve the implementation of the serial prescription service.

The pharmacy managed multi-compartment compliance packs on a four-weekly cycle with four assembled at a time. Team members followed a robust process. But they did not always record changes. They kept record cards for each person including the dose regime. But they did not record dates of additions or deletions. They stored records and prescriptions for people in hospital in a separate folder. Team members assembled multi-compartment compliance packs in a designated area of the dispensary. This was separate to other dispensing. And team members were not distracted when undertaking this task. They wrote the person's name and date of supply on the spine of the pack. The ACT sealed packs when she checked them. A team member added controlled drugs on the day of

supply. A pharmacist checked these packs which were left unsealed until that point i.e. for up to three weeks. They were tidily stored on shelves where they were unlikely to be disturbed. The dispenser and ACT or pharmacist initialled the address label on the front of the pack to provide an audit trail. They did not include tablet descriptions on labels. And they did not routinely supply patient information leaflets which was both a legal requirement and included in the dispensing SOP. The pharmacy stored completed packs tidily on shelves in the attic. The attic was cooler than the rest of the premises. The pharmacy supplied a variety of other medicines by instalment. A team member dispensed these in entirety on receipt. They stored the dispensed medicines in bags labelled with person information and date of supply. And they stored these in individual named baskets near the prescription retrieval area.

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 not put the guidance from the valproate pregnancy prevention programme in place. Team members including pharmacists were not aware of this and had not seen the information pack sent to pharmacies by the manufacturer. The pharmacists knew they did not supply valproate to anyone in the high-risk group. The pharmacy had 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 medicines counter assistant was very knowledgeable and gave quality advice when selling these medicines. Team members also discussed 'sick day rules' with people on certain medicines, so that they could manage their medicines when they were unwell. The pharmacy team members had received training to enable them to provide this information. 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 pharmacy empowered team members to partially deliver the minor ailments service (eMAS) within their competence under pharmacist supervision. They wrote details onto a form and confirmed requests with the pharmacist. They used the sale of medicines protocol and the formulary to respond to symptoms and make suggestions for treatment. They referred to the pharmacist as required.

The pharmacists and a team member who was not present delivered the smoking cessation service. They described several successes and had evidence of higher than average performance within the health board area. All team members were competent to measure blood pressure and had annual training. People did not request this service frequently.

The pharmacy obtained medicines from licensed wholesalers such as Alliance and AAH. It complied with the requirements of the Falsified Medicines Directive (FMD). Team members scanned medicines when they were dispensed which produced a bag label with a bar code. They decommissioned medicines by scanning the bag label at the time of supply. The pharmacy stored medicines in original packaging on shelves, in drawers and in cupboards. It stored items requiring cold storage in two fridges with minimum and maximum temperatures monitored. Team members acted if there was any deviation from accepted limits. They regularly checked expiry dates of medicines and 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 transferred emails to another folder which signified that they had been checked. Team members contacted people who had received medicines subject to patient level recalls. They sometimes mixed batches of liquid medicine without labelling them correctly or recording batch numbers. This meant they may not know if a batch was not fit for purpose. 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. 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.

The pharmacy kept equipment required to deliver pharmacy services in the consultation room where it was used with people accessing its services. This included a carbon monoxide monitor maintained by the health board. And a blood pressure meter which had been replaced this year. Team members kept crown stamped measures by the sink in the dispensary, and separate marked ones were used for methadone. The pharmacy had a 'methameasure' pump available for methadone use and this was cleaned daily and test volumes poured each morning. The pharmacy team kept clean tablet and capsule counters in the dispensary and kept a separate marked one for cytotoxic tablets.

The pharmacy stored paper records in cupboards in the consultation room which was kept locked. And 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. 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.