

Registered pharmacy inspection report

Pharmacy Name: Gordons Chemists, 16 George Street, OBAN, Argyll,
PA34 5SB

Pharmacy reference: 1041780

Type of pharmacy: Community

Date of inspection: 10/10/2024

Pharmacy context

This is a community pharmacy in Oban. It dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. The pharmacy provides substance misuse services and dispenses private prescriptions. Pharmacy team members advise on minor ailments and medicines use. And they provide over-the-counter medicines and prescription-only medicines via patient group directions (PGDs).

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 met	N/A	N/A	N/A
2. Staff	Standards not all met	2.2	Standard not met	The pharmacy does not train team members within the necessary timescales to ensure they have the right qualifications and skills for their roles and the services they provide.
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 monitor the fridges to provide assurance that medicines are kept at the right temperature and are suitable to supply.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has relevant written procedures for the services it provides. But it cannot show that team members have read or understood them. The pharmacy team discuss mistakes that happen when dispensing. But team members do not keep records to identify patterns in the mistakes they make. And they may miss opportunities to reduce the risk of errors. The pharmacy mostly keeps accurate records as required by law, and it protects people's confidential information to keep it safe and secure. Team members understand their roles in protecting vulnerable people.

Inspector's evidence

The pharmacy defined its working practices in a range of relevant standard operating procedures (SOPs). This included procedures for controlled drugs (CDs) and the safe and effective preparation of medicines. The superintendent pharmacist's (SIs) office was responsible for reviewing, updating, and issuing SOPs. And the pharmacist manager was responsible for implementing them. The dates on the SOPs showed they had been reviewed in March 2023 and a list showed the team members that had read and signed them to confirm their understanding and ongoing compliance. Most of the signatures referred to people who no longer worked at the pharmacy and only a few of the current team had read and signed them. Team members were seen to be following safe working practices at the time of the inspection. A signature audit trail on medicine labels showed who was responsible for dispensing each prescription. This meant the pharmacist was able to identify and help team members learn from their dispensing mistakes. The pharmacy had been keeping records of near miss errors in the past to help team members identify patterns and trends. But it had stopped keeping records at the end of March 2023 when the workload had started to increase. This meant that team members could not always identify patterns and trends or take improvement action to manage the dispensing risks in the pharmacy. A new team member confirmed they received regular feedback from the pharmacist about their dispensing mistakes. And they knew to take greater care when dispensing some items, such as when selecting medicines that were available in different formulations including tablets and capsules.

Team members knew to escalate dispensing errors, which were mistakes that were identified after a person had received their medicine. The pharmacist discussed the incidents with team members. This meant they were aware of dispensing risks and safety improvements to prevent a recurrence to keep dispensing services safe. The pharmacist completed an incident report and quarantined the affected medicines to refer to if necessary. The pharmacy defined its complaints procedure in a documented SOP and team members knew to handle any concerns that people raised in a calm and sensitive manner. Team members maintained the records they needed to by law. And the pharmacy had current professional indemnity insurances in place. The pharmacist displayed an RP notice which was visible from the waiting area and the RP record was up to date. Team members maintained registers and checked the balance recorded in the register matched the physical stock, at least once a month. The pharmacy kept records of CDs that people returned for disposal which contained signatures to provide an audit trail of destructions that had taken place. Team members filed prescriptions so they could easily retrieve them if needed. They kept records of supplies of unlicensed medicines and private prescriptions. But the last entry in the private prescription register was 11 September 2024 and the supplies since then had not been recorded in the register. The pharmacist undertook to carry out a review and make sure the register reflected the supplies that had been made. The pharmacy trained

its team members to safeguard sensitive information. This included managing the safe and secure disposal of confidential waste. Team members knew to escalate safeguarding concerns and to discuss them with the pharmacist to protect people. For example, when some people failed to collect their medication on time so that alternative arrangements could be arranged if necessary.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy reviews its staffing levels to ensure it has the right number of pharmacy team members working when it needs them. But it does not ensure that team members are trained within the necessary timescales to ensure they have the right qualifications and skills for their roles and the services they provide.

Inspector's evidence

The pharmacy experienced an increase in workload at the beginning of 2024 due to the closure of a nearby pharmacy. The company had carried out a staffing review and new team members had been recruited to help manage the extra workload. The following team members were in post; one pharmacist, three full-time dispensing assistants, one part-time dispensing assistant, one full-time medicines counter assistant (MCA), one part-time trainee MCA and two part-time delivery drivers. New team members were expected to follow the pharmacy's induction procedures which included reading the pharmacy's SOPs. And the pharmacist was expected to carry out a documented review after three months to confirm team members met the company's performance standards. But some of the new team members including the delivery drivers had not been enrolled onto the necessary qualification training and one of the trainee MCAs that had worked at the pharmacy for two years had not yet completed their training. This was due to a lack of monitoring and oversight to confirm that progress was being made.

The pharmacy had minimum staffing levels in place with only one team member permitted to take leave at the one-time unless there were exceptional circumstances. Staffing rotas were on display and locum pharmacists had been arranged to provide cover up until the end of 2024. The company had recently arranged a second pharmacist on alternate weeks to support the regular pharmacist. A separate staff rota showed when pharmacy support staff were absent. This helped the pharmacy to plan the workload in advance when they were able to do so, such as dispensing multi-compartment compliance packs before they were due. Team members knew about relevant changes such as formulary updates that affected the NHS pharmacy first service. This meant they kept up to date in their roles and responsibilities. The pharmacist encouraged team members to raise whistleblowing concerns to help to keep pharmacy services safe and effective.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are secure, clean, and hygienic. The pharmacy has adequate facilities for people to have private conversations with pharmacy team members.

Inspector's evidence

The pharmacy premises comprised a large retail area, with large storage areas at the rear. The main dispensary that the pharmacy used to dispense most of its prescriptions and storing most of its medicines had become congested. This was due to workload increases and the number of team members that worked there. The pharmacy was generally maintained to a satisfactory standard. Team members used dispensing baskets to help organise the available workspace on the dispensing benches. And they organised the shelves to manage the risk of medicines becoming mixed up. A separate dedicated office was used by the pharmacist to carry out managerial tasks.

Team members used areas at the rear of the pharmacy to help keep services safe. They used one of the rooms for the dispensing of multi-compartment compliance packs. This ensured there was sufficient space for the prescriptions and the relevant documentation to carry out the necessary checks. They also used the room to safely store excess stock. The pharmacy had a small consultation area at the side of the main dispensary which was away from the medicines counter. The area was also being used to store boxes and other items. These were removed prior to a consultation to keep the area free from congestion. A clean sink in the dispensary was used for medicines preparation and team members cleaned all areas of the pharmacy daily. This ensured the pharmacy remained hygienic for its services. Lighting provided good visibility throughout. And the ambient temperature provided a suitable environment to store medicines and to provide services.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy provides services which are easily accessible. And it provides its services safely. The pharmacy gets its medicines from reputable sources, and team members conduct some checks to make sure medicines are in good condition and suitable to supply. But they do not monitor the fridges to provide assurance that medicines are kept at the right temperature and are fit for purpose.

Inspector's evidence

The pharmacy was on a busy high street and provided its services six days a week from Monday to Saturday. The premises had a stepped entrance, and team members had access to a portable ramp. A doorbell was available to ring when people needed help to gain access to the pharmacy. The pharmacy purchased medicines and medical devices from recognised suppliers and team members conducted some monitoring activities to confirm that medicines were fit for purpose. They had been carrying out a regular documented check of medicine expiry dates in the past, but they now relied on the company's annual stock check which included expiry date checks. A random check of dispensary stock found no out-of-date medicines and team members confirmed they checked the expiry date on individual packs at the time of dispensing. The pharmacy used two fridges to keep medicines at the manufacturers' recommended temperature. But team members did not always carry out daily temperature checks to provide assurance that fridges remained within the accepted range of between two and eight degrees Celsius. Records showed that checks had last been carried out in September 2024. One of the fridges was within the accepted range at the time of the inspection, but the temperature of the second fridge could not be confirmed. The pharmacist undertook to reintroduce daily temperature checks and to ensure that records were kept. The fridges were organised with items safely segregated which helped team members manage the risk of selection errors.

The pharmacy used two secure cabinets for some of its medicines and these were kept well-organised. Items waiting to be destroyed were highlighted using a black marker pen. The pharmacy received drug safety alerts and medicine recall notifications. Team members checked the notifications and maintained an audit trail to show they had conducted the necessary checks. For example, they had checked a recent alert for trandolapril. The pharmacy had medical waste bins and denaturing kits available to support the team in managing pharmaceutical waste. Team members knew about the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They knew about the warning labels on the valproate packs, and they knew to apply dispensing labels so people were able to read the relevant safety information. They also knew about recent legislative changes which required them to provide supplies in the original manufacturer's pack unless in exceptional circumstances.

The pharmacy used containers to keep individual prescriptions and medicines together during the dispensing process. This helped team members manage the risk of items becoming mixed-up. It also helped them prioritise prescriptions, for example, for people that wished to wait on their medication. Team members dispensed medicines in multi-compartment compliance packs over a four-week cycle for some people. Team members used supplementary pharmacy records to document the person's current medicines and administration times. This allowed them to carry out checks and identify any changes that they queried with the GP surgery. Team members kept a schedule to show when people's

compliance packs were due. They retrieved the packs from the storage shelves, and these were checked at the time of supply to ensure they were correct. Team members supplied patient information leaflets (PILs) with the first pack of the four-week schedule, and they provided descriptions on the packs of to help people identify their medicines. The pharmacist mostly carried out the dispensing and subsequent supply of substance misuse medicines. This was due to the number of new team members that worked at the pharmacy.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services. And it uses its facilities to suitably protect people's private information.

Inspector's evidence

The pharmacy had access to a range of reference sources, including the British National Formulary (BNF). Team members used crown-stamped measuring cylinders, and they used separate measures for substance misuse medicines. They had highlighted the measures, so they were used exclusively for this purpose. The pharmacy stored prescriptions for collection out of view of the public waiting area and it positioned the dispensary computers in a way to prevent disclosure of confidential information. Team members could conduct conversations in private if needed, using portable telephone handsets.

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.