General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Strachan Pharmacy Limited, 69 High Street, BANFF, Banffshire, AB45 1AN

Pharmacy reference: 1041916

Type of pharmacy: Community

Date of inspection: 22/05/2019

Pharmacy context

This is a community pharmacy amongst other shops in a town centre. People of all ages use the pharmacy. There are summer visitors who also use the pharmacy. The pharmacy dispenses NHS prescriptions and sells a range of over-the-counter medicines. It also supplies medicines in multi-compartment compliance packs. It provides pharmacy services to one care home. The owner works one day each week 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 have standard operating procedures in place. So there are risks of mistakes being made.
		1.2	Standard not met	The pharmacy does not check and review dispensing accuracy. So the pharmacy is missing learning opportunities.
2. Staff	Standards not all met	2.1	Standard not met	The pharmacy does not have enough staff members at all times for all its services.
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 not all met**

Summary findings

The pharmacy does not have processes to follow, so there is a risk of mistakes. The team has made some mistakes, and these are not all recorded. So, the team are missing learning opportunities. The pharmacy does not review these so cannot identify learning points. The pharmacy keeps all the records that it needs to by law and keeps people's information safe. Pharmacy team members help to protect vulnerable people although they have not had training on this.

Inspector's evidence

The pharmacy did not have current and up-to-date standard operating procedures (SOPs) in place. It had versions from 2013, which predated the SOPs seen at the last inspection two years ago. The pharmacy manager explained that she did not have time to review or re-write these as the pharmacy was busy. It had become busier following the merger of two GP practices. Walk-in prescriptions had become particularly busy.

An accuracy checking technician (ACT) mainly checked multi-compartmental compliance packs after a clinical check had been undertaken by the pharmacist. He initialled prescriptions as he undertook the clinical check. Sometimes the pharmacist labelled 'collection service' prescriptions, undertaking a clinical check at the same time. He placed these prescriptions in grey baskets. Other team members placed labelled prescriptions in red baskets. The ACT knew that she could check any dispensed items in grey baskets. All team members were aware of this process. The pharmacy had an audit trail in place for dispensed medicines in the form of dispensed and checked by signatures on labels. Except multi-compartmental compliance packs. The dispenser only initialled the label on the front of the pack with the patient's name and address.

The pharmacy had a business continuity plan in place to address maintenance issues or disruption to services. However, this was not seen during the inspection, but the pharmacist knew it was somewhere on the premises. It had not provided for all tasks, and sometimes there was just one dispenser and the pharmacist on the premises. The pharmacy sometimes recorded near misses, and recorded errors. These were brief, and no analysis or reflection was undertaken. The pharmacy did not record all near misses, and there had been a gap of a few months. Team members attributed this to staff shortage due to absence and holidays. They undertook basic reviews, although these was limited due to the lack of data and were not structured. The pharmacy had made some changes including now doublechecking insulin and storing dispensed insulin in clear bags to enable a final check at the time of supply. Controlled drugs were checked twice when possible. The trainee dispenser got a second check on high-risk items before labelling them. Team members could describe their roles and accurately explain which activities could not be undertaken in the absence of the pharmacist.

The pharmacist believed there was a documented complaints procedure in place, but the inspector did not see this.
The pharmacist explained that she had to send quarterly updates to the NHS regarding complaints, and there had been none recently.
Indemnity insurance certificate was displayed, expiring 03/20.

The following records were maintained in compliance with relevant legislation: Responsible Pharmacist

notice displayed; Responsible pharmacist log; Private prescription records including records of emergency supplies and veterinary prescriptions; Unlicensed specials records; Controlled drugs registers, with running balances maintained and regularly audited. Controlled drug (CD) destruction register for patient returned medicines. The pharmacy backed up electronic patient medication records each night.

Team members were aware of the need for confidentiality. They had signed a confidentiality agreement some time previously. No person identifiable information was visible to the public. The pharmacy segregated confidential waste for shredding.

Team members demonstrated some awareness of safeguarding but could not remember any documentation or training on the topic. The pharmacist was aware that local processes were available on the intranet. She was PVG registered, but not linked to employment in this pharmacy.

Principle 2 - Staffing **Standards not all met**

Summary findings

The pharmacy does not always have enough team members to safely provide its services. They do not have regular training time. This means that some team members may miss opportunities for learning. Team members know how to raise concerns if they have any.

Inspector's evidence

Staff numbers working in the dispensary were: One full-time pharmacy manager, four days and five days alternate weeks; One relief pharmacist one day per week; One locum pharmacist every second Saturday and one Monday per month. The pharmacist owner worked at least one or two days per week, usually on management and operations tasks with a little pharmacy cover. He worked one day per month as the sole pharmacist. So, the pharmacy had two pharmacists, two days per month. One pharmacist visited a care home one of these days, leaving the other day to catch up with any tasks accumulating over the month. One accuracy checking technician (ACT), three days per week; Two dispensers, four days per week and three days per week; One trainee dispenser, working four part days per week; One part-time delivery driver. A pharmacy technician and a part-time dispenser where on maternity leave. One of the part-time dispensers had been employed recently to cover the maternity leave. The hours were covered but some flexibility had been lost due to it being one person rather than two. There were several other staff members who were not pharmacy trained and worked in other areas of the premises.

There were no medicines counter assistants, so dispensing team members were interrupted to serve on the medicines counter. The increased volume of walk-in prescriptions was contributing to interruptions. The dispensers explained that they were aware of the risks of being interrupted by dispensing, so started tasks again to minimise any risk. The workload was challenging to manage. The trainee dispenser worked mainly in an upstairs area assembling multi-compartmental compliance packs.

The pharmacy displayed certificates of qualification. The trainee dispenser had recently been given an extension for her coursework and was undertaking most of this in her own time. The pharmacy did not have any structured training or development in place. Team members explained that there was no time to undertake training. They occasionally attended local events in their own time. Sometimes NHS trainers came to the pharmacy to deliver training on services e.g. smoking cessation and needle exchange. The owner had recently issued all team members with appraisal paperwork. They had completed this and it was in sealed envelopes for the owner to pursue.

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.
The team members described working in an open environment where they could discuss errors and incidents among themselves. They were able to own up to their own mistakes and understood the importance of reporting these. Although as noted above not all incidents were recorded.

The pharmacy did not have formal meetings, but team members knew how to raise concerns if they had any. They knew to contact the NHS controlled drug accountable officer if there were any incidents involving controlled drugs. Targets were not set.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is safe and clean and mostly suitable for its services. Some areas would benefit from upgrading. Pharmacy team members use a private room for some conversations with people. This room is basic and used for storage. People cannot overhear private conversations. The pharmacy is secure when closed.

Inspector's evidence

These were large premises over three floors. The ground floor was a reasonably sized area with a very small dispensary and medicines counter at the rear of the premises. The store also incorporated a retail area and café which were staffed separately. A room on the second floor was used for the management of multicompartmental compliance packs. This room was appropriately laid out and equipped for this activity. There were sinks in the dispensary, staff room and toilet. These had hot and cold running water, soap, and clean hand towels. There was no bucket in the toilet area, so any waste including sanitary waste had to be carried to the staff room.

People were not able to see activities being undertaken in the dispensary. The premises were observed to be clean. Prescription medication waiting to be collected was stored in a way that prevented patient information being seen by any other patients or customers.

The pharmacy had a very small consultation room with a desk and chairs. The pharmacy team used this room for storage and some administration tasks. It was cramped and cluttered and was unprofessional in appearance. The inspector gave advice following the last inspection that this room should be rearranged to provide a more professional environment. The pharmacy was alarmed when it was closed.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy team members help people to ensure that they can all use its services. The pharmacy team provides safe services although written processes are not followed. Team members give people information to help them use their medicines. They provide extra written information to people with some medicines. The pharmacy gets medicines from reliable sources, and mostly stores them properly. The fridge temperature is not reliable and slightly out of the acceptable range.

Inspector's evidence

The pharmacy had a level entrance and assistance was offered to people with the door when required. Pharmacy team members signed prescriptions and provided large print labels for people with impaired vision. The pharmacy team had identified a need locally for needle exchange. It had made application to the health board which had been accepted. Team members had received training from the NHS substance misuse service team. The pharmacy manager explained that she hoped all team members would be offered hepatitis B vaccination before starting the service.

Dispensing work flow was methodical with baskets used to segregate each patient's prescriptions and medicines. The area was cramped but team members managed the available space well. Dispensing audit trails were in place in terms of initials on dispensing labels of personnel who had dispensed and checked medicines. Owings were usually assembled later the same day or the following day.

There was a delivery service and signatures were obtained on receipt of controlled drugs. The driver was very experienced having worked in the pharmacy for several years. She signed on behalf of patients if they were unable to do so. He managed confidentiality, preventing people seeing other names or addresses. There was not a fridge in the delivery vehicle, so the driver delivered items requiring cold storage first to maintain the cold chain.

Multi-compartmental compliance packs were managed on a four-weekly cycle with four assembled at a time. These were managed by the trainee dispenser who had been involved in this process for several months. There was no documented standard operating procedure for it. But the process was robust and methodical. The pharmacy used a room on the second floor of the premises for this activity. This room was well laid out and organised. The dispenser gathered the stock she required from the dispensary and it was checked by the pharmacist before tablets were removed from packaging. The pharmacist signed packets to denote this check. The accuracy checking technician (ACT) undertook the final accuracy check of these packs. The team stored completed packs in individual bags which were named for each patient. They stored packs for the current and following weeks in cupboards in the dispensary, and remaining packs in the named bags in the room on the upper floor. Tablet descriptions were written on to packaging and patient information leaflets were supplied with the first pack of each prescription. Controlled drugs were placed into packs in the dispensary, and these were stored in a controlled drug cabinet until supply. The pharmacy kept records for each patient including hospital admissions/discharges, and changes to medication.

The ACT poured methadone instalments weekly and these were checked by a pharmacist then stored in a controlled drug cabinet. The pharmacist removed the current day's instalments from the cabinet each morning and stored them on a dispensing bench close to the area she worked. Team members

supervised self-administration in the consultation room. People drank from the bottle which was discarded by the pharmacy team member after the label was removed. Pharmacy team members offered people a drink of water after consumption of their methadone.
The pharmacy dispensed other instalment prescriptions in advance. Team members notified prescribers if people did not collect their medicines as expected.

The pharmacy managed care home dispensing in a similar way to other prescriptions. People were supplied with their medicines in original packs and medicines administration record (MAR) charts supplied.

The pharmacist undertook clinical checks and gave appropriate advice and counselling to people receiving high risk medicines including valproate, methotrexate, lithium, and warfarin. She provided written information and record books if required. The valproate pregnancy prevention programme was in place. The non-steroidal anti-inflammatory drug (NSAID) care bundle had been implemented and written and verbal information was given to people supplied with these medicines over-the-counter, or on prescriptions. The pharmacist 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 had patient group directions (PGDs) in place for unscheduled care, pharmacy first, smoking cessation, emergency hormonal contraception and chloramphenicol ophthalmic products. The pharmacist made urgent and emergency supplies of medicines to people on holiday in the area who had forgotten medicines. She used different processes depending on eligibility e.g. Scottish people entitled to urgent supplies under the NHS. The pharmacist managed chronic medication service (CMS) serial prescriptions. The team dispensed these prescriptions before people arrived at the pharmacy. They recorded due dates and date of collection to monitor compliance. The team removed any uncollected medicines from retrieval shelves after two weeks and addressed any issues appropriately, such as contacting patients or prescribers. They left other dispensed medicines on the shelves for up to 6 weeks depending on the patient and medicines involved. The pharmacist tried to synchronise medicines for people receiving serial prescriptions, by adjusting quantities supplied.

The team used stickers on bags to identify schedules to controlled drugs on retrieval shelves, to ensure these were not supplied after the expiry date of the prescription. Team members were empowered to deliver the minor ailments service (eMAS) within their competence.

The pharmacy obtained medicines from licensed suppliers such as Phoenix. The pharmacy did not comply with the requirements of the Falsified Medicines Directive (FMD). It had the scanners on the premises, but these were not yet functioning. The pharmacist had read information on the subject and discussed it with a colleague in another branch. Records of date checking and stock rotation were observed, and items inspected were found to be in date. The pharmacy stored medicines in original packaging on shelves and in cupboards. Methotrexate tablets were stored in a labelled box to minimise the risk of them being supplied in error. The pharmacy stored items requiring cold storage in a fridge with minimum and maximum temperatures monitored. It took appropriate action taken if there was any deviation from accepted limits. Inspector observed the maximum temperature was always recorded as nine Celsiius. The pharmacist explained that the owner had checked and assured her that this was satisfactory. But this was above the normal accepted limits of eight celsius.

The pharmacy protected Pharmacy (P) medicines from self-selection. And it followed the sale of medicines protocol. The pharmacy team actioned MHRA recalls and alerts on receipt and kept records. Team members contacted people receiving medicines subject to patient level recalls. They returned any 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 and resources it needs for the delivery of its services.

Inspector's evidence

The pharmacy had texts including current editions of the British National Formulary (BNF) and BNF for Children. And it had internet access enabling it to use online resources. The pharmacy team kept Crown stamped measures by the sink, and separate marked ones were used for methadone. It also had tablet and capsule counters in the dispensary, and a separate one was used for cytotoxic tablets, although it was not marked as such.

The pharmacy stored paper records in the consultation room. They were not visible to people using the room. Computers were never left unattended, were password protected, and screens were not visible to the public.

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.