General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Willis Pharmacy, 142 Duntocher Road, CLYDEBANK, Dumbartonshire, G81 3NQ

Pharmacy reference: 1041971

Type of pharmacy: Community

Date of inspection: 24/10/2019

Pharmacy context

This is a community pharmacy in the middle of a housing estate in Clydebank. It dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. The pharmacy offers a repeat prescription collection service and a medicines' delivery service. It also dispenses private prescriptions. The pharmacy team advises on minor ailments and medicines' use and supplies a range of over-the-counter medicines. It also offers a smoking cessation service.

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 routinely assess risks to patient safety from its activities and services. And it does not keep its working instructions up to date. The pharmacy does not confirm that team members are providing services according to its working practices. This means it cannot provide the necessary assurance that services are as safe and effective as they need to be.
		1.2	Standard not met	The pharmacy does not keep records of near-misses. And it does not keep adequate records when mistakes happen. The pharmacy is unable to show where it has improved its services when things have gone wrong. This means that risks are not managed. And services may not be as safe as they need to be.
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	4.2	Standard not met	The pharmacy does not routinely assess the risks when it introduces new ways of working. And it does support the pharmacy team members by providing working instructions to guide them. This means they may not be providing services in the safest most effective way.
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 adequately assess the risks of the processes it uses for providing its services. And, there is a lack of assurance that pharmacy team members follow the pharmacy procedures. So, they may be unclear about the safest and most effective way to carry out their tasks. Pharmacy team members do not always record mistakes that happen. They do not analyse the information they collect to identify any patterns to the mistakes. And, they do not always make changes to help prevent mistakes happening again. So, they may miss opportunities to improve and make services safer. The pharmacy keeps most of the records required by law. It protects people's privacy and confidentiality. And, pharmacy team members generally know how to safeguard the welfare of children and vulnerable adults.

Inspector's evidence

The pharmacy had defined its working practices in 2015, but it had not reviewed them to ensure they were as safe and effective as they needed to be. The pharmacy team members at the time had signed the procedures. But, the team members had changed since then, and they had not added their signatures to show they followed them. The pharmacy had displayed the responsible pharmacist notice. And it showed the name and registration number of the pharmacist in charge. The pharmacy team signed dispensing labels to show they had completed a dispensing task. And the pharmacist checked prescriptions and gave feedback to dispensers who failed to identify their own errors. The pharmacy team did not record near-misses. And they occasionally made changes to manage dispensing risks. For example, they had separated propranolol strengths due to similar packaging. But, this was not a routine activity. The pharmacists managed the incident reporting process. And they used an electronic spreadsheet to record the incidents. But, the form didn't prompt the pharmacists to capture all the necessary information such as the root cause or the improvement action. The pharmacy used a complaints procedure so that team members handled complaints in a consistent manner. But, it did not use a complaint notice or leaflet to inform people about the complaints process or how to give feedback.

The pharmacy maintained the legal pharmacy records it needed to by law. And although the pharmacist in charge kept the responsible pharmacist record up to date, the time had not been recorded at the end of the day. The pharmacy had public liability and professional indemnity insurance in place. And it was valid until 30 January 2020. The team members kept the controlled drug (CDSs) registers up to date. And they checked and verified the balance of controlled drugs at the time they were dispensed. But, they did not check the balance of slow-moving stock on a regular basis so that they could investigate and resolve discrepancies in a timely manner. The pharmacy team did not record controlled drugs that people had returned for destruction at the time of receipt. And a significant number of returned CDs were seen in the cabinet at the time of the inspection. The pharmacist and a team member made the entries at the time of the destruction. And they both signed the register to confirm they had carried-out the destruction. A sample of private prescriptions were up to date and met legal requirements. And specials records were kept up to date with details of who had received each supply. The pharmacists used patient group directions (PGDs) to improve access to medicines and advice. And a sample trimethoprim PGD was valid until August 2020.

The pharmacy displayed a data processing notice which provided people with information about its data protection arrangements. And the pharmacy knew how to process and safeguard personal information. The team members shredded confidential information when it was convenient. And they archived spent records for the standard retention period. The protecting vulnerable group (PVG) scheme was not used to provide extra assurance that services were safely provided. And the superintendent had not registered the pharmacist with the scheme. The company did not train its team members to recognise the signs and symptoms of abuse and neglect. But, they knew to refer their concerns to the pharmacist. For example, they knew to contact the community addictions team (CAT) when people did not arrive for their doses.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy monitors its staffing levels. And it ensures it has the right number of suitably qualified pharmacy team members throughout the week. But, the pharmacy team have limited access to ongoing training. And they are not always supported to develop in their roles. The pharmacy team members support each other in their day-to-day work. And they suggest service changes to make sure they have effective working practices.

Inspector's evidence

The pharmacy had not experienced an increase in the number of NHS prescriptions it dispensed. And the number of pharmacy team members had remained the same. A new pharmacist manager had taken up post in August 2019. And he had contacted the superintendent to advise that more team members were needed to safely provide the services they offered. The superintendent advised he was in the process of recruiting extra team members for the five branches. And that a full-time dispenser or accuracy checking technician (ACT) would be appointed soon. A second pharmacist worked at the branch once or twice a week. The superintendent pharmacist worked at the pharmacy. And he provided cover when the regular pharmacist was on leave. The company managed annual leave requests with only one team member authorised leave at the one time. And the pharmacy team worked extra when cover was needed. A pharmacy student worked at the branch every Saturday. And had worked full-time over the summer to provide holiday cover and support.

The pharmacy team confirmed they had attained the necessary qualifications to work in the dispensary. But the company did not retain certificates on-site. The following team members were in post; one full-time pharmacist, one part-time pharmacist, three full-time dispensers, one full-time medicines counter assistant (MCA) and one full-time delivery driver. The pharmacy carried out individual appraisals every six-months. And the previous pharmacist had authorised one of the dispensers to enrol on the NVQ pharmacy service level 3 course. The pharmacy did not provide regular ongoing training. And the pharmacist kept the team members up-to-date with changes and new initiatives when they happened so they were competent in their roles.

The pharmacist delegated responsibility, and each dispenser was responsible for specific tasks. For example, ordering and processing multi-compartmental compliance pack prescriptions and isolating and making changes to packs. A new dispenser was responsible for dispensing methadone and Suboxone medication. And she carried-out dispensing the day before the doses were due. The team members had been trained to carry-out all of the tasks. And this ensured they were competent to provide cover during periods of absence. The superintendent used performance targets to grow services. But, he did not expect the pharmacy team to achieve the targets until the extra team member was appointed and there was sufficient capacity. The team members felt empowered to raise concerns. And they provided suggestions for improvement. For example, they had recently introduced a delivery schedule which they referred to when people arrived to collect their prescriptions and they could not find it in the pharmacy.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are clean and maintained. And provide a safe and secure environment. But, the room used to carry out consultations is being used to keep stock due to insufficient storage space. And this means it does not provide a professional environment for people to receive healthcare services.

Inspector's evidence

The pharmacy presented a well-kept waiting area. And it provided seating next to the consultation room. The consultation room was congested with stock due to storage constraints in the dispensary. And it did not present a suitable environment to receive healthcare services. The pharmacy used a separate hatch to provide supervised doses. And it provided privacy to those that used it.

The pharmacy had allocated benches for the different dispensing tasks. For example, the team members used a section of bench to carry-out the tasks associated with multi-compartmental compliance packs. The pharmacist supervised the medicines counter from the checking bench. And could make interventions when needed. The pharmacy had effective lighting. And the ambient temperature provided a comfortable environment from which to provide services.

Principle 4 - Services **Standards not all met**

Summary findings

The pharmacy doesn’t always assess the changes it makes to the way it delivers its services. And it doesn't always provide instructions when it introduces new ways of working. This means that the pharmacy may not manage the risks to services. And team members are not fully supported to provide the services as safely as they need to. The pharmacy obtains its medicines from licenced wholesalers. But it doesn’t always store higher-risk medicines as safely as it needs to. The pharmacist mostly keeps the pharmacy team up-to-date about high-risk medicines. This means that team members know when to provide people taking these medicines with extra information. The pharmacy does not display its opening times and healthcare information. And people may not be up-to-date with the service that are available to them.

Inspector's evidence

The pharmacy had step-free access. And it provided unrestricted access for people with mobility difficulties. The pharmacy did not display its opening hours at the front of the premises. And it did not display healthcare information leaflets to help keep people informed about its services. The dispensing benches were mostly organised. And the pharmacy team used dispensing baskets to keep prescriptions and medicines contained throughout the dispensing process. The pharmacy supplied multi-compartment compliance packs that had been dispensed by a Synmed robot at the company’s hub pharmacy. The pharmacy had been sending prescriptions for dispensing to the hub for over a year. But, it had not carried out a documented risk assessment. And it was not using working instructions to ensure that they managed risks and the team members were working in a safe and effective way. The pharmacy was supplying multi-compartment compliance packs to around 370 people. And the team members processed the prescriptions. And the pharmacist carried out clinical and accuracy checks. The pharmacist annotated the prescriptions to confirm he had carried out the checks. And once completed, the driver collected the prescriptions and patient records which the team members kept in individual poly-pockets. The driver took the prescriptions to the hub for dispensing. And collected and returned the completed packs to the pharmacy. The team members checked the packs for extra labels. And this informed them that they needed to dispense medicines that the hub was unable to. For example, alendronic acid and controlled drugs. The team members did not supply patient information leaflets. But, they provided photographs of medicines inside the packs.

The team members identified suitable people who would benefit from the chronic medication service (CMS). And they used a questionnaire to identify concerns which they referred people to the pharmacist. The team members dispensed serial prescriptions at the time they were requested. But, they were not proactive at checking whether people using the CMS service were collecting their prescriptions on time. The pharmacist had identified someone who was frequently ordering salbutamol inhalers. And on questioning had found they had not been using their Clenil inhaler as prescribed. The

pharmacist had provided support so that they understood how their inhalers worked.

The pharmacy did not have sufficient storage space in the main pharmacy. And the team members were using a unit next door to store multi-compartment compliance packs awaiting collection or delivery. The superintendent had not registered the unit with the GPhC. And the premises registration record was not up-to-date. The pharmacy held stocks of medicines used in palliative care. And these were kept in a basket at the bottom of a controlled drugs (CD) cabinet. But, the stock was mixed with CDs that had been returned from people for disposal. The team members carried out date checks when they had time. But, they did not keep records to track when they next needed to do so. The team members kept CDs in three controlled drug cabinets. But, the main cabinet was congested with stock closely packed together. The team members monitored and recorded the fridge temperatures. And demonstrated that the temperature had remained between two and eight degrees Celsius. The pharmacy had two separate fridges. And used one for stock and one to store prescriptions that had been dispensed and awaiting collection or delivery. The pharmacy accepted returned medicines from the public. And disposed of them in yellow containers that the health board collected.

The team members confirmed they acted on drug alerts and recalls. But, they did not keep an audit trail to show they had done so. A dispenser remembered seeing an alert for ranitidine. But, she was not sure if they had actioned it. The pharmacy had not implemented the Falsified Medicines Directive (FMD). And the pharmacy team had not been briefed about its use and when it was due to be introduced. The team members had learned about the valproate pregnancy protection programme. And knew about the initiative and where to find the safety leaflets and cards. The pharmacist monitored prescriptions for valproate. And spoke to people to confirm they had been given safety information. But he did not record that he had carried out the checks. Such as, adding flash notes to the PMR.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services. And it keeps it clean and well-maintained. But, it does not always separate the equipment used for measuring liquids. And this means that team members may use the wrong measures.

Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the British National Formulary (BNF). The pharmacy knew which measures to use for methadone. But, they had not marked them to differentiate from the measures used for other liquids, such as water to reconstitute antibiotics syrups.

The pharmacy kept cleaning materials for hard surface and equipment cleaning. And the pharmacy sink was clean and suitable for dispensing purposes. The pharmacy stored prescriptions for collection out of view of the waiting area. And it arranged computer screens, so they could only be seen by the pharmacy team. The pharmacy team members used a portable phone. And they took calls in private when necessary.

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.