General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Gordons Chemists, 52a Sinclair Street, HELENSBURGH, Dumbartonshire, G84 8TQ

Pharmacy reference: 1041986

Type of pharmacy: Community

Date of inspection: 01/08/2019

Pharmacy context

The pharmacy is in the town centre of Helensburgh. It dispenses NHS prescriptions and provides a range of extra services. The pharmacy collects prescriptions from the local surgeries. And it supplies medicines in multi-compartmental compliance packs when people need extra help to take their medicines. Consultation facilities are available, and people can be seen in private.

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 team members do not always follow the standard operating procedures. They dont have a robust process for checking some prescriptions. And they cannot evidence a full audit trail. And this is creating a significant risk.
		1.2	Standard not met	The pharmacy does not have a system for assessing the safety and quality of its services. And this prevents it from learning and from making needed safety improvements.
		1.7	Standard not met	The pharmacy does not identify, separate and safely destroy personal information.
2. Staff	Standards not all met	2.2	Standard not met	The pharmacy has not trained, or arranged to train, members of the pharmacy team for their roles. They do not meet the minimum training requirements.
3. Premises	Standards not all 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 safeguard medicines from unauthorised access. And it does not use the security controls that are available to it.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance **Standards not all met**

Summary findings

The pharmacy defined the pharmacy processes in a range of standard operating procedures (SOPs). And this managed the risks associated with providing a pharmacy service. But, the pharmacy team did not always follow the SOPs. And this prevented the pharmacy from being as safe as it needed to be. The pharmacy doesn’t follow a robust process for checking some prescriptions. And it cannot evidence a full audit trail. The pharmacy keeps most of the records it needs to by law. But it doesn’t always check the responsible pharmacist record to ensure they know who has been in charge each day. The team members understand their role in protecting the welfare of vulnerable people. But, they don't understand the importance of keeping information safe. And they don't dispose of confidential information in a safe and secure way.

Inspector's evidence

The pharmacy used standard operating procedures (SOPs) to define the pharmacy processes and procedures. But, only the pharmacist and the pre-registration pharmacist had signed to confirm they followed them. And there was evidence that team members did not follow the SOPs. The accredited checking technician (ACT) knew about the final accuracy checking SOP. But it wasn't always being followed. The pharmacist did not always annotate prescriptions to show they had carried out a clinical check. And the ACT did not check that prescriptions had been annotated or that these prescriptions had been clinically checked. So, as the process wasn't robust there was a risk of people receiving their medicines without a clinical check by the pharmacist.

The pharmacy 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 and the accuracy checking technician (ACT) checked prescriptions and gave feedback to dispensers who failed to identify their own errors. The pharmacy had recorded only two near-miss records since the start of January 2019. And it did not systematically identify and review the risks associated with the dispensing process. The pharmacist managed the incident reporting process. And the pharmacy team knew when incidents happened and what the cause had been. For example, they knew about an error involving the wrong strength of alfuzosin. And knew that the pharmacist had arranged for the products to be separated and a shelf-edge caution label attached. The pharmacy kept a complaints policy in the SOPs folder. But, it did not display a notice or inform people how they could complain or provide feedback to improve services.

The pharmacy maintained most of the legal pharmacy records it needed to by law. And the pharmacist

in charge kept the responsible pharmacist record up to date. But, a locum pharmacist who had provided covered for a few weeks in July 2019 had not completed the record. The pharmacy team kept the controlled drug registers up to date. And checked and verified the balance of controlled drugs every month with methadone balances checked every week. The pharmacy team recorded controlled drugs that people returned for destruction. And the pharmacist and a team member recorded their name and signature against each 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 what had been supplied and who had received it. The pharmacists used patient group directions to improve access to medicines and advice. And a sample trimethoprim patient group direction was valid until October 2020. Public liability and professional indemnity insurance were in place and valid until September 2019.

The pharmacy trained new team members during induction to safeguard confidential information. But the pharmacy team did not segregate confidential waste from the general waste. And several labels and repeat slips were found discarded in the dispensary bin even though a shredder was available nearby.

The protecting vulnerable group (PVG) scheme was used to help protect children and vulnerable adults. And the company had registered the pharmacist with the scheme. A dispenser had completed Dementia Friends training. But, the pharmacy had not provided general training about the signs and symptoms of neglect and abuse. The pharmacy team were aware of their vulnerable groups. And knew to refer concerns to the pharmacist.

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

Summary findings

The pharmacy monitors the numbers of pharmacy team members throughout the week. But it has not trained all of them to meet the minimum training requirements for their role. The pharmacy provides limited access to ongoing training. And some team members are unable to develop and improve in their roles. The pharmacy team members support each other in thier day-to-day work. But, they have little opportunity to discuss when they need to make safety improvements. And this means the pharmacy is not as safe as it needs to be.

Inspector's evidence

The company did not use performance targets to develop the service. And the team members did not feel undue pressure to do so. The pharmacy had not experienced any significant growth over the past year. And the work-load had remained mostly the same. The pharmacy team had worked at the pharmacy for many years. And were experienced in their roles. But three assistants worked on the medicines counter when they had not been trained or accredited to do so.

The pharmacy kept the team members' qualifications on-site. And the following were in post; one full-time pharmacist who had worked at the pharmacy for 12 years, one part-time second pharmacist who had worked at the pharmacy three days per week, one full-time accredited checking technician (ACT), one full-time pre-registration pharmacist, one full-time trainee pharmacy technician, one full-time dispenser, one full-time medicines counter assistants, two part-time medicines counter assistants and three part-time untrained assistants.

The pharmacy managed annual leave requests. And team members were expected to provide cover for each other. The pharmacist also arranged for the work-load to be completed in advance to reduce pressure on the team members. For example, they dispensed multi-compartmental compliance packs as far in advance as possible. The pharmacy used an annual appraisal to develop the pharmacy team. For example, the ACT had agreed to coach less experienced colleagues including the pre-registration pharmacist and the dispenser who had been enrolled onto the NVQ pharmacy services level 3 course. The pharmacist provided support to the pre-registration pharmacist. And bi-weekly meeting were in place to ensure she made good progress. The pre-registration pharmacist was off-duty at the time of the inspection.

The pharmacist updated the pharmacy team members when there were service changes. For example, they knew about the reclassification of pregabalin and gabapentin. And knew to ask people to sign for their prescriptions. The team members knew about the pregnancy protection programme. And knew to refer excessive requests for over-the-counter medicines to the pharmacist. The pharmacy team members were expected to raise concerns and provide suggestions for improvement. And they listened to locum pharmacists who provided examples of good practices. For example, providing alternatives when gluten-free products were out-of-stock.

Principle 3 - Premises **Standards not all met**

Summary findings

The premises are clean. And provide a safe, secure and professional environment for people to receive healthcare.

Inspector's evidence

The pharmacy presented a professional image to the public. A large well-kept waiting area provided seating. And a consultation booth was located next to the medicines counter. The booth was used to keep healthcare information leaflets. But access was restricted to people using the booth. The pharmacy was congested with limited storage and dispensing space. But, the pharmacist had organised the benches so there was adequate work space for the five team members. The pharmacy used a separate area with separate off-street access for multi-compartmental compliance pack dispensing. And this provided the necessary space for safe and effective dispensing. 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 sources and generally manages its medicines appropriately. But it does not always store them safely and securely. The pharmacy dispenses multi-compartmental compliance packs to people. But, does not always supply them with extra information to help them to take their medicines. The pharmacy supports people taking some high-risk medicines to take these medicines safely. They do this by working in collaboration with prescribers.

Inspector's evidence

The pharmacy had a step-free entrance and people with mobility difficulties were not restricted from entering the pharmacy. The pharmacy displayed its opening hours and service posters in the window. But displayed patient information leaflets in the consultation room which had restricted access.

The pharmacy used dispensing baskets to keep prescriptions and medicines contained throughout the dispensing process. And it dispensed multi-compartment compliance packs for people who needed extra support to take their medicines. The pharmacy team members dispensed one pack at a time due to space restrictions. And they used trackers to manage the work-load. The team members did not always supply patient information leaflets for these people. And they did not always annotate the packs with medicine descriptions. The team members isolated packs when they were notified about prescription changes. And completed records that were retained alongside people's notes. The pharmacy provided a delivery service to housebound and vulnerable people. And made sure that people signed for controlled drugs to confirm receipt. The team members dispensed methadone doses each morning. And they obtained an accuracy check at the time of dispensing and at the time of supply.

The pharmacy had restricted storage space. But team members kept the shelves reasonably tidy and organised. The team members carried out regular stock management activities. And highlighted short-dated stock during six-monthly checks. The team members monitored and recorded the fridge temperatures. And they demonstrated that the temperature had remained between two and eight degrees Celsius. The team members used two controlled drug cabinets. And they kept them organised to manage the risk of selection errors. The team members pre-packed several commonly used medicines for multi-compartmental compliance pack dispensing. But, they didn't record the batch number and the expiry date on the dispensing labels. And the necessary information was not available in the event of drug alerts or other concerns.

The pharmacy team received notifications of drug alerts and recalls from head office. And they were expected to report the outcome following checks. The pharmacist was unable to produce an audit trail of previous checks. But produced a list of B&S Healthcare products that had been out of the regulated medicines' supply chain during distribution and later re-introduced. The pharmacy had identified that Neupro 4mg patches had been affected and removed from stock. The pharmacy accepted returned medicines from the public. And disposed of them in yellow containers that the health board collected. The pharmacist identified people who had been issued with valproate prescriptions. And ensured the GP had considered the need for medication changes or the pregnancy protection programme. The team

members knew about the valproate pregnancy protection programme. But did not know about the requirement to supply safety cards and leaflets. And the pharmacy needed to ensure that supplies were always available. The pharmacy had purchased the scanners and software necessary for the Falsified Medicines Directive (FMD). And the pharmacy team had heard about the system. The pharmacist could not confirm when the system would be implemented. But knew that the company was conducting a trial in another branch.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services. And it uses it to protect the privacy and dignity of people.

Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the British National Formulary (BNF). The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. And it had a separate range of measures for measuring methadone. The measures were marked in red for methadone and others were available for measuring other liquids such as antibiotics. The pharmacy had a blood pressure monitor that it had replaced in January 2019. The pharmacy had a blood glucose monitor. And this was rarely used by the pharmacist. But, the pharmacy was unable to provide assurance that it had been recently calibrated. The pharmacy provided cleaning materials for hard surface and equipment cleaning. And the surfaces were clean. The pharmacy stored prescriptions for collection out of sight of the waiting area. And kept computer screens facing away from people at the medicines counter. The pharmacy team took calls in private using a portable phone when necessary. And used a generic password to restrict access to patient medication records.

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.