

Registered pharmacy inspection report

Pharmacy Name: Gordons Chemists, 16 Douglas Street, MILNGAVIE,
Dumbartonshire, G62 6PB

Pharmacy reference: 1041993

Type of pharmacy: Community

Date of inspection: 19/09/2019

Pharmacy context

The pharmacy is in a shopping precinct in the centre of Milngavie. It dispenses NHS prescriptions and provides a range of extra services. The pharmacy collects prescriptions from local surgeries. And it supplies medicines in multi-compartmental compliance packs when people need extra help. Consultation facilities are available. And people can speak in private with the pharmacy team.

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	1.7	Standard not met	The pharmacy does not comply with data protection requirements. The team does not adequately identify, separate and destroy confidential information.
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 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 has defined its working practices in standard operating procedures (SOPs). But, the team members do not always follow them. They do not always protect people's personal information. And there is a need for re-training, so the team members know how to dispose of confidential information in a safe and secure manner. The team members identify some risks in the dispensing process whilst working. But they do not keep records of their mistakes. And this may prevent team members from learning and making needed improvements. The team members know to follow the company's complaint handling procedure. And this means they listen to people and put things right when they can. The pharmacy keeps the records it needs to by law.

Inspector's evidence

The pharmacy displayed the responsible pharmacist notice. And it showed the name and registration number of the pharmacist in charge. But the notice could not be easily seen by people in the waiting area. The pharmacy used standard operating procedures (SOPs) to define the pharmacy processes and procedures. And the pharmacist had reviewed and approved the new SOPs that the company had recently issued. The team members had read and signed the SOPs. And this provided assurance that they would follow current practices and provided safe and effective services. The pharmacy team members 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 members did not record any of these near misses. And this meant they were not able to effectively identify and manage any emerging risks and concerns. So, it was difficult then to identify the best action to take to prevent a similar error in the future and to learn from their mistakes. The team members had taken some action to manage risks. And used shelf-edge caution labels to highlight look-alike and sound-alike medications. For example, they had attached labels to shelves containing zopiclone and zolpidem. And they had recently separated prednisolone and propranolol due to mix-ups. The pharmacist was responsible for managing the incident reporting process. And informed the pharmacy team when incidents happened and what the cause had been. The pharmacy had not experienced any dispensing incidents over the past year. But, the pharmacist knew to carry out an investigation and complete the company's incident report template should there be.

The pharmacy used a complaints policy to ensure that team members handled complaints in a consistent manner. But it did not inform people about the complaints handling process. And who to contact should they wish to complain or provide feedback about services. The pharmacy received mostly positive comments. And there had been no suggestions for service improvements.

The pharmacy maintained the legal pharmacy records it needed to by law. And the pharmacist in charge kept the responsible pharmacist record up to date. The pharmacy had public liability and professional indemnity insurance in place. And this was valid until 30 September 2019. The pharmacy team kept the controlled drug registers up to date. And checked and verified the balance of controlled drugs once a month. The team members 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 who had received each supply. The pharmacist had been accredited to use patient group directions to improve access to medicines and advice. But, a sample trimethoprim patient group direction was seen to have expired in November 2018. The pharmacist confirmed she had received and read the new SOPs. And had read and signed and returned the necessary form to the health board. The pharmacist contacted the health board. And the staff there confirmed receipt. The pharmacist produced other PGDs. And these were found to be up to date. For example paracetamol for prophylaxis of post-vaccination fever.

The pharmacy did not inform people about its data protection arrangements. And did not provide assurance about how it handled their personal information. The pharmacist trained team members during induction to comply with data protection arrangements. But, the team members did not always dispose of confidential waste in a safe and secure manner. And they were putting labels with people's personal details in the general waste. The team members were tearing the labels up. But names could still be easily read, and people could still potentially be identified. The pharmacist and team members thought that the process met the data protection requirements. But, they did not appreciate the risk that people's identifiable data could be removed by others from the general waste.

The protecting vulnerable group (PVG) scheme was used to help protect children and vulnerable adults. The pharmacy did not provide safeguarding training. But, the team members were aware of who their vulnerable groups were. And knew when to refer to the pharmacist. For example, they referred someone who they knew had recently been diagnosed with Alzheimer's disease. And this was due to them needing extra support.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy ensures it has enough suitably skilled pharmacy team members throughout the week. And the pharmacy team members support each other in their day-to-day roles. The pharmacy uses an annual appraisal to help team members develop in their roles. And the pharmacy encourages and supports the pharmacy team to learn and develop. The pharmacy asks for feedback from the team members before it makes significant changes in the pharmacy.

Inspector's evidence

The pharmacy had experienced significant work-load increases over the past year. And the pharmacist continued to monitor the work-load to provide assurance that the pharmacy continued to have the capacity and capability to safely provide services. The pharmacist knew that she could contact the superintendent pharmacist for more team members. But had not needed to do so. The company did not use performance targets. And the pharmacy team did not feel pressure to increase services.

The pharmacy team had changed over the past few years. And most of the team were undergoing qualification training. The pharmacist allocated protected training time. And was able to provide support on a Wednesday afternoon when there was double pharmacist cover. The following team members were in post; one full-time pharmacist and one second pharmacist providing double cover on a Wednesday. Two full-time trainee dispensers, two full-time trainee medicines counter assistants and one full-time delivery driver. The pharmacy team members submitted holiday requests at least one month in advance. And this ensured the pharmacist could plan and maintain minimum levels.

The pharmacist carried out annual performance reviews to identify areas for development. For example, a new team member had been enrolled onto the medicines counter assistant training course. And the other team members had agreed to provide ongoing support. The trainee medicines counter assistant was making good progress with her course. And knew when to refer concerns to the pharmacist. For example, when people tried to buy excessive quantities of medicines liable to abuse. The pharmacy provided ongoing training so that team members were competent and able to carry out their roles. For example, informing them about the falsified medicines directive (FMD), and the safe handling of finasteride and methotrexate, especially when pregnant.

The pharmacy team members could raise concerns and provide suggestions for improvement. For example, a trainee dispenser had introduced a box file to keep prescriptions with 'Owings'. And this was due to the increasing number of items that were out of stock. This had freed up bench space and had made it easier to retrieve prescriptions when people arrived at the pharmacy. The company had a refit planned. And had shared the plans with the pharmacy team and asked for feedback. The pharmacist had fed back that the computer terminals needed to be re-sited to improve the work-flow. And the medicines counter assistant had given feedback about the retail displays.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

A well-kept waiting area presented a professional image to the public. And it provided seating for people that were waiting on their medicines. The team members dispensed walk-in prescriptions near to the waiting area. And the pharmacist supervised the medicines counter from the checking bench. The pharmacy had effective lighting. And the ambient temperature provided a comfortable environment from which to provide services. The pharmacy provided a suitably sized consultation room with hot and cold running water. And this was professional in appearance.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy has working instructions in place for its services. And these support the pharmacy team to work in a safe and effective way. The team members effectively manage the dispensing services. And multi-compartmental compliance pack dispensing is safe and effective. The pharmacy sources, stores and manages its medicines appropriately. And updates the pharmacy team about high-risk medicines. This means that team members know when to provide people taking these medicines with extra information. The pharmacy does not provide people with information about its opening times. And provides limited information about the services that are available to them.

Inspector's evidence

The pharmacy had step-free access at the entrance to the pharmacy. And it provided unrestricted access for people with mobility difficulties. The pharmacy did not display its opening hours in its window. And only displayed a few patient information leaflets in the waiting area and in the consultation room. The pharmacy employed a podiatrist who provided services in a dedicated room separate to the main pharmacy. And professional indemnity insurance arrangements were checked by the superintendent's office. And was due to renew on 31 December 2019. The dispensing benches were organised. And the pharmacy team used dispensing trays to keep prescriptions and medicines contained throughout the dispensing process. The team members counselled people. For example, they confirmed that people taking methotrexate, lithium and warfarin were having their blood tested on a regular basis.

The pharmacy dispensed multi-compartmental compliance packs to around 220 people. And team members had read and signed the SOP that defined the process so that dispensing was safe and effective. The pharmacist closely supervised the service. And knew to delay starting any more people on the service if team members felt under pressure or if the dispensary became congested. The team members used trackers to manage dispensing. And audit trails of prescription changes were kept in the patient medication record. The pharmacist carried out clinical checks before handing over the prescriptions for dispensing. And the pharmacist carried out regular checks so that the dispensary did not become congested. The packs were checked and taken to an upstairs area where they were kept until they were due to be issued. And team members removed packs when they were due. And produced a delivery schedule for the driver who made sure that people signed to confirm receipt of their medicines. The team members kept packs for collection in the dispensary. And this also helped them identify when people were having difficulties taking their medicines. The pharmacist liaised with the practice pharmacist at the local surgeries. And this helped identify prescription changes when people were discharged from hospital so that packs could be supplied in time. The pharmacy supplied patient information leaflets and provided descriptions of medicines.

The team members kept the pharmacy shelves neat and tidy. And purchased medicines and medical devices from recognised suppliers. The pharmacy used two controlled drug cabinets. And kept expired and returned medication separate to avoid dispensing incidents. The team members carried out regular stock management activities. And highlighted short dated stock and part-packs during regular checks. The team members monitored and recorded the fridge temperatures. And demonstrated that the temperature had remained between two and eight degrees Celsius.

The pharmacy accepted returned medicines from the public. And disposed of them in yellow containers that the health board collected. The pharmacy team members acted on drug alerts and recalls. For example, they had actioned an alert in August 2019 for aripiprazole. And this had been shared with team members and an audit trail kept at head office. The team members knew about the valproate pregnancy protection programme. And they knew to provide safety leaflets and cards. The pharmacist monitored prescriptions for valproate. And confirmed that people received safety information from their GP. The pharmacy had not introduced the Falsified Medicines Directive (FMD). And the team members were unable to confirm when it was due to be implemented.

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.

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. And it used crown-stamped measures for measuring liquids with the methadone measure marked to keep it separate. 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 arranged computer screens so they were only visible to pharmacy team members. The pharmacy used a portable phone. And the pharmacy team 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.