General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: I. J. Allan Pharmacy, 4 Muirhouse Road, MOTHERWELL, Lanarkshire, ML1 2LS

Pharmacy reference: 1042575

Type of pharmacy: Community

Date of inspection: 26/09/2019

Pharmacy context

This is a pharmacy in a small row of shops in the suburbs of Motherwell. It dispenses walk-in and repeat prescriptions. Including for people on multi-compartmental compliance packs. It also supports people receiving supervised methadone doses. It provides the usual services found under the local health board Pharmacy First Scheme. These include the minor ailments service, smoking cessation and emergency hormonal contraception.

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 doesn't always identify and manage key risks in its processes. For example, it doesn't have robust stock management processes. And it doesn't have processes in place to adequately protect vulnerable people and those taking some high-risk medicines. Its standard operating procedures (SOPs) are not sufficiently up to date nor read and understood by staff to be helpful in the identification and management of risk.
		1.2	Standard not met	Dispensing errors are infrequently identified and recorded. There is lack of recording and proper analysis of trends in errors. And there are insufficient arrangements in place to learn from things that go wrong.
		1.7	Standard not met	The pharmacy has not adequately identified, separated and destroyed confidential waste which increases the risk of a breach of people's confidentiality.
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 doesn't have a robust process in place to identify and support people who may need to be on the valproate pregnancy protection programme. There is no evidence of review of existing people taking valproate to determine if they have received the required counselling. And the pharmacy doesn't have all of the required written material to give to people.
		4.3	Standard not met	Arrangements to ensure stock remains fit for purpose are insufficient.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

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

Summary findings

The pharmacy has inadequate systems in place for the management of risk. It has written procedures to provide some guidance for staff. But most staff have not signed them to say they have read and understood them. And the written procedures are out of date and not properly authorised by a registrant. Pharmacy team members record some near misses. But these often lack details of effective corrective actions taken to prevent recurrence. The pharmacy does not inform people on how to provide feedback about its services. The pharmacy keeps the required records it must by law. The pharmacy does not adequately protect people's privacy and confidentiality. There are examples of pharmacy team members safeguarding the welfare of children and vulnerable adults.

Inspector's evidence

The pharmacy was medium sized with a small storage area at the rear. There was an office off the main dispensary. And adequate shelving and bench space around the main dispensing area. Space was tight when multi-compartmental compliance packs were being prepared. The checking bench overlooked the front counter and allowed for effective supervision. The pharmacy had a set of standard operating procedures (SOPs). These were out of date and were not authorised by a registrant. They were due for review in 2017. And were a mixture of handwritten SOPs and pre-printed SOPs from Numark. There were two sets of SOPs for the management of controlled drugs. And no way of knowing which took precedence. Not all members of staff had signed them to show they had read and understood the SOPs. The pharmacy team members were unaware of details of the SOPs when asked.

The pharmacy recorded and reviewed some near misses. And took infrequent actions to prevent recurrence. The team gave only one example of separating Citalopram 10mg and 20 mg on the shelves. But there were few examples of near misses recorded. With nothing since 1st of July 2019, nearly 3 months ago. And similar gaps were present earlier in the year. They did not always fully analyse data collected to identify opportunities for improvement. Or to prevent a recurrence. There were no recent records of dispensing errors, and no evidence of root cause analysis or of preventive action. The health board were not informed of any errors.

The pharmacy did not inform people on how to complain or provide feedback about their services. There were no methods in place to collect such feedback or to review and learn from it. And there was no evidence of actions taken as a consequence of feedback.

Professional indemnity insurance was in place until 30 April 2020. Controlled drug (CD) records were generally complete. And there had been regular balance checks. A check of actual versus theoretical stock showed agreement. Not all records of patient-returned controlled drugs (CDs) were accurate. One entry awaiting destruction showed a patient had returned 28 Longtec 5mg. But a check of the stock showed only 22. The pharmacy team members assumed this was an error on receipt and that the box had been assumed to be full with 28. All records of destroyed patient returns had both pharmacist and witness signatures for destruction. The pharmacy kept private prescription records. The register contained all required details. But the pharmacy had dispensed eight private prescriptions in the last year that had no prescriber signature. The pharmacy team members had identified a prescription allegedly from a nurse prescriber. But there was no record of their registration. And they had referred this to the NMC. The pharmacy made emergency supplies under the Community Pharmacy Urgent

Supply (CPUS) scheme. And records for this were complete. There was also an example of an emergency supply at the request of a patient from England. And the pharmacist had made an appropriate entry in the register. The pharmacy recorded fridge temperatures daily. And these were within the required range of two to eight degrees Celsius. The Responsible pharmacist log was complete.

People standing at the counter could not see other people's details on prescriptions awaiting collection. Nor could they see computer screens. Pharmacy team members collected confidential waste and shredded it on-site. But there were several examples of patient identifiable records in both of the normal waste locations. Pharmacy team members were unaware of the requirements of the General Data Protection Regulations. And had not received any training in it.

Pharmacy team members could give examples of safeguarding the welfare of people. But there was no written guidance for staff on this and no notes of local contact numbers. There was no training on safeguarding for pharmacy team members. Nor was the responsible pharmacist trained in safeguarding. The responsible pharmacist was the owner of the pharmacy. And had exemption from needing Protection of Vulnerable Groups (PVG) registration. But the pharmacy had no arrangements in place to determine if locums used were on the banned list.

The pharmacy supplied 80 people on multi-compartmental compliance packs

Principle 2 - Staffing ✔ Standards met

Summary findings

There are suitable numbers of qualified staff to provide the services on offer. And pharmacy team members can provide a range of services. They are comfortable providing feedback and the owner responds to this. The team members complete some training on an ad-hoc basis to help develop their skills. But there is no process of appraisal to identify ongoing training needs. And there are no structured training plans to ensure a range of training materials are available. There is little evidence of learning from feedback and errors.

Inspector's evidence

On the day of inspection there were: one pharmacist, one accuracy checking technician (ACT), two NVQ2 dispensers and one NVQ3 dispenser. There were also a medicines counter assistant, a pharmacy student and a delivery driver. There were enough suitably qualified staff on the day of the inspection. Pharmacy team members struggled to give examples of ongoing training once they had obtained their qualification. There was no formal appraisal system in place. And no formal training plans. The last training the pharmacy team members had was when the pharmacy started to supply EllaOne. Further training arrangements were ad-hoc. Pharmacy team members were confident they could provide feedback to the owner. And they were able to give examples of ideas for improvement that they had come up with. Such as keeping specific brands of medicines for patients, when requested. Pharmacy team members did not feel under undue pressure to meet targets.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is secure and very clean and tidy. There is provision of facilities to provide confidential consultations. And there is sufficient space to provide the range and volume of services.

Inspector's evidence

The pharmacy was medium sized with enough bench and shelf space. The premises were very clean and tidy. The pharmacy team members kept benches clear of clutter and shelves were well organised. The premises were well lit and temperatures were comfortable. There was a consultation room to allow people to speak to staff confidentially. The room had handwashing facilities, a table and chairs. It also contained carbon monoxide monitors for smoking cessation.

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

Summary findings

The pharmacy offers a range of services to meet the needs of local people. But records of the processes the pharmacy uses to comply with the requirements of the valproate pregnancy protection programme are inadequate and need remediation. It uses a range of safe working techniques. These include baskets to keep items and prescriptions together whilst dispensing. And audit trails to track dispensing. There are adequate arrangements for the supply of multi-compartmental compliance packs. The pharmacy has suitable arrangements for dealing with medicine recalls.

Inspector's evidence

Entry to the premises was through a power-assisted door with level access from street level. And the counters were low in height for those using wheelchairs. The pharmacy promoted the services it offered by leaflets in-store and posters in the window. It offered a range of services which included the minor ailment service and other Pharmacy First services. It did not offer flu vaccinations. But it provided multi-compartmental compliance packs for many people.

Safe working practices included the use of baskets to keep items and prescriptions all together. And audit trails of "dispensed by" and "checked by" signatures. The pharmacy had a range of stickers to alert the pharmacist to issues. These included "controlled drug", "consultation required" and "Fridge Line". These stickers prompted counter staff to refer people to the pharmacist when they collected their prescriptions.

The system for dispensing multi-compartmental compliance packs had its own specific standard operating procedure (SOP). But as noted above this was not signed by most staff members. Pharmacy team members recorded all requests for changes directly on the cardex in the person's record. And this was done as the call came in. The accuracy checking technician (ACT) was aware of which items they could and could not accuracy check. But there were no markings on the prescriptions to confirm this. Clinical checks took place on items when the pharmacist was labelling them.

The pharmacy offered a delivery service. And it kept records of people's signatures, obtained on receipt of delivery of controlled drug and POM items. The driver made no unattended deliveries through the letter box. In such cases he left a card asking the person to contact the pharmacy.

There was a system in place for date checking. But this was ad-hoc and sporadic. When date checking occurred pharmacy team members labelled any short-dated items with the expiry date. A tube of Axsain cream, with an expiry date of 9/2019 was present on the shelf. There were also examples of de-blistered medicines in bottles with no label. Or missing details including batch number or expiry date. There were also mixed batches and brands in some containers. There was also a patient returned medicine on the normal stock shelf. The patient and pharmacy name had been removed and there was no expiry date.

There were not enough materials available to provide guidance to any person requiring valproate. Other than those found in the original medicine pack. Pharmacy team members could not find such support material on the day of inspection. There were no records of the pharmacy assessing existing patients on valproate. The pharmacy had installed the hardware needed to support the Falsified Medicines Directive (FMD). But this was not fully in use yet. So, the pharmacy had not implemented all

the features of FMD. The pharmacy did not have a plan other than to wait until the outcome of October 31st and Brexit.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has enough equipment for the services it offers. And it maintains such equipment to provide accurate measurement.

Inspector's evidence

The pharmacy had a range of glass measuring equipment which was ISO or Crown stamped. The pharmacy had access to the British National Formularies for both adults and children. And had online access to a range of further support tools. The carbon monoxide meter used in smoking cessation was calibrated by the local health board.

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.