General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Gordon Chemists, 1 Gracemount Drive, EDINBURGH, Midlothian, EH16 6RR

Pharmacy reference: 1042677

Type of pharmacy: Community

Date of inspection: 12/03/2020

Pharmacy context

This is a community pharmacy beside other shops on a main road in a suburb. 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 provides substance misuse services and dispenses private prescriptions. And it supplies medicines to a hospice. The pharmacy team advises on minor ailments and medicines' use. And supplies a range of over-the-counter medicines. It offers the NHS smoking cessation service and blood pressure measurement.

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 up-to-date standard operating procedures (SOPs). And team members do not follow all the SOPs that are in the pharmacy, including substance misuse processes. And they do not dispose of confidential waste as noted in the SOP. But it is disposed of securely.
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	4.3	Standard not met	The pharmacy does not label all medicines appropriately. It labels wholesale supplied medicines with pre-pack labels but does not hold the relevant licence for this. This means that directions written onto labels by a third party are the pharmacy's responsibility.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

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

Summary findings

The pharmacy has written processes in place but some of these are out of date and team members do not always follow them. This could lead to different procedures being followed and mistakes being made. The pharmacy has recently started recording mistakes to learn from them. The pharmacy keeps all the records that it needs to by law and keeps people's private information safe. Team members help to protect vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) in place, but team members did not follow them all. For example, the substance misuse SOP stated that instalments should be prepared in advance. Team members poured methadone instalments and assembled tablet instalments when people arrived at the pharmacy. And the SOP regarding confidentiality described placing confidential waste into a box and returning it to the warehouse. But head office had supplied the pharmacy with a shredder which the team used. The pharmacy had guidance issued by head office regarding the current COVID-19 outbreak in the SOP folder. But this guidance was for Northern Ireland not Scotland. Although it looked similar. Some pharmacy team members had read some SOPs, and the pharmacy kept records of this. But they had not been updated or read and signed since 2017. So, there was no evidence that team members including pharmacists who had started working in the pharmacy since then had read them. The pharmacist explained that she was aware that some SOPs were not fit for purpose and did not reflect processes in the pharmacy. So, she felt that it was not helpful for team members to read these. Team members could describe their roles and accurately explain which activities could not be undertaken in the absence of the pharmacist. The pharmacy managed dispensing, a high-risk activity, well, with coloured baskets used to differentiate between different prescription types and separate people's medication. The pharmacy had a business continuity plan to address maintenance issues or disruption to services. It had processes and contact numbers for various scenarios available in the dispensary. This included information from the local NHS regarding the process to be followed in the event of unplanned pharmacy closure. The pharmacy displayed show material at the entrance to the building and medicines counter advising people about COVID-19. Team members had discussed how they would manage people presenting at the pharmacy with symptoms and described the process they would adopt. The area manager had asked to be contacted with any changes in people's behaviours or absence related to COVID-19.

Team members had recently started using near miss logs to record dispensing errors that were identified in the pharmacy. They had recently carried out an audit of pharmacy processes in the knowledge that an inspection was imminent. This had identified several areas for the pharmacy to work on including improving near miss recording and reviewing, out of date SOPs, date checking, removing dispensed medicines from retrieval shelves and addressing appropriately in a timely manner, staff training and displaying of staff certificates of qualification.

The pharmacy had a complaints procedure. Team members explained that the pharmacy seldom received complaints and got a lot of positive feedback from people. People often complained about the GP practice to the pharmacy.

The pharmacy had an indemnity insurance certificate, expiring 30 April 20. The pharmacy displayed the

responsible pharmacist notice and accurately kept the following records: responsible pharmacist log; private prescription records including records of emergency supplies and veterinary prescriptions; unlicensed specials records; controlled drugs (CD) registers with running balances maintained and audited; and a CD destruction register for patient returned medicines. Some instalment prescriptions for controlled drugs did not have instalment amounts on them which was required by legislation. The pharmacy backed up electronic patient medication records (PMR) each night to avoid data being lost.

Pharmacy team members were aware of the need for confidentiality. And the pharmacy had a general data protection regulations (GDPR) training manual. They segregated confidential waste for shredding. No person identifiable information was visible to the public. Team members had also read information on safeguarding. They knew how to raise a concern locally and had access to contact details and processes. The pharmacy displayed the local process on the dispensary wall, although it was dated 2014. The pharmacists were PVG registered. But the locum pharmacist's registration was not linked to employment at this pharmacy.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough qualified or team members in training to provide safe services. It identifies their training needs and gives them access to material and time to read this. Team members can share information and make suggestions to improve ways of working. They know how to raise concerns if they have any.

Inspector's evidence

The pharmacy had the following staff: two full-time equivalent pharmacists, one is manager and locum and relief pharmacists worked full-time hours; 2 part-time accuracy checking technicians (ACT), one full-time and two part-time pharmacy technicians, 1 full-time and one part-time dispensers; one full-time and four part-time medicines counter assistants, and a part-time delivery driver. The full-time dispenser and a medicines counter assistant were new and undertaking training. One was still on her probation, and one had just been registered for training. Head office held certificates of qualification for pharmacy technicians and dispensers. And the pharmacy manager was in the process of collating a folder with medicines counter assistants' qualifications. Typically, there were two pharmacists, one ACT, four dispensers/pharmacy technicians and two or three medicines counter assistants working at most times. Team members were able to manage the workload. The pharmacy reviewed staffing levels and replaced lost hours. It used rotas to manage staff levels depending on workload. Part-time team members had some scope to work flexibly providing contingency for absence.

The pharmacy did not provide learning time during the working day for team members to undertake regular training and development. It planned to provide team members undertaking accredited courses with time to complete their coursework. A trainee who had been in the pharmacy for eight months had just received her training material. She anticipated the pharmacy giving her one hour per week protected learning time. The pharmacist supervised trainees. Team members had annual development meetings/appraisals with the pharmacy manager to identify their learning needs. The pharmacy had identified that several team members needed training on the management of medicines administration records (MAR) charts. Team members were observed going about their tasks in a systematic and professional manner. They asked appropriate questions when supplying medicines over-the-counter and referred to the pharmacist when required. They demonstrated awareness of repeat requests for medicines intended for short term use. And they dealt appropriately with such requests.

Pharmacy team members understood the importance of reporting mistakes and were comfortable owning up to their own mistakes. They had an open environment in the pharmacy where they could share and discuss these. They explained they could make suggestions and raise concerns to the manager. And they gave appropriate responses to scenarios posed. The company had a whistleblowing policy that team members were aware of, dated 2015. The ACTs overlapped one day per week and gave examples of how they communicated and the extent of their information sharing. This ensured that they were both aware of any issues or concerns in the pharmacy. The pharmacy had a lot of information from head office including stock information and an update on the current COVID-19 outbreak. It also had local information available in the dispensary such as local formulary choices, direct referral contact numbers, local public holidays, NHS 'specials' bulletins and internal bulletins and staff rotas.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are safe and clean and suitable for the pharmacy services. The pharmacy team members use a private room for some conversations with people. Other people cannot overhear these conversations. The pharmacy is secure when closed.

Inspector's evidence

These were average-sized premises incorporating a retail area, dispensary and back shop area including storage space and staff facilities. The premises were clean, hygienic and well maintained, although some areas were untidy. The pharmacy had a lot of information on the walls in the staff area and dispensary, some several years old and out of date. This diluted the effectiveness of current information available. There were sinks in the dispensary, staff room and toilet. These had hot and cold running water, soap, and clean hand towels.

People were not able to see activities being undertaken in the dispensary. It had defined and segregated areas. The pharmacy used these to its advantage to have separate areas for the different types of dispensing e.g. walk-in prescriptions, collection service prescriptions and hospice dispensing. It also provided a defined area for ACTs to undertaking checking. The pharmacy had a consultation room with a desk, chairs, and computer, and the door closed providing privacy. This room was slightly untidy. The pharmacy also had a separate area for specialist services such as substance misuse supervision which was also untidy. Temperature and lighting were comfortable.

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

Summary findings

The pharmacy helps people to ensure they can all use its services. The pharmacy team mostly provides safe services. But it does not always follow written processes and does not have the licences required for some medicines' supplies. Team members support people by providing them with information and suitable advice to help them use their medicines. And they provide extra written information to people taking higher-risk medicines. The pharmacy obtained medicines from reliable sources and stores them properly. The pharmacy team knows what to do if medicines are not fit for purpose.

Inspector's evidence

The pharmacy had good physical access by means of a ramped entrance and team members helped people with the door when required. It listed its services and had leaflets available on a variety of topics. The pharmacy signposted people to other services such as travel services. And it could provide large print labels for people with impaired vision. All team members wore badges showing their name and role. The pharmacy provided a delivery service and people usually signed to acknowledge receipt of their medicines. But due to the risks associated with the current COVID-19 outbreak, the pharmacy had issued the driver with a new pen and he was signing on behalf of patients.

Pharmacy team members followed a logical and methodical workflow for dispensing. They used coloured baskets to differentiate between different prescription types and separate people's medicines and prescriptions. The pharmacy used different areas of the dispensary to manage different prescription types, with walk-in prescriptions assembled and checked at the front of the dispensary. The medicines counter assistant taking in prescriptions marked on them whether people were waiting or calling back and how many prescription forms were included e.g. one of two etc. This helped the dispensing team members ensure that they kept people's prescriptions together and assemble them in a timely manner. Team members initialled most dispensing labels to provide an audit trail of who had dispensed and checked medicines. They did not always initial labels on some high-risk dispensed items such as methadone instalments or multicompartment compliance packs. The pharmacist initialled prescriptions to identify those that she had carried out a clinical check on. This enabled the ACTs to undertake final accuracy checks. The pharmacist undertook the clinical check before labelling, so relied on the team member labelling to highlight any changes such as changes, new medicines or omissions. The pharmacy did not have an audit trail to confirm that there were no changes identified at the point of labelling. The pharmacy usually assembled owings later the same day or the following day.

The pharmacy managed multi-compartment compliance packs on a four-weekly cycle with four assembled at a time. Team members tried to assemble packs around a week before the first pack was due for supply. But sometimes they were only a few days ahead. They worked on a dispensing bench with plenty of space. The team kept thorough records of when prescriptions were ordered and received, as well as changes, hospital discharges and other interventions. Team members included tablet descriptions on labels and supplied patient information leaflets (PILs) with the first pack of each prescription. They stored completed packs in named boxes on dedicated shelves. The pharmacy had the delivery schedule for people receiving multicompartment compliance packs on the dispensary wall for reference. It supplied a variety of other medicines by instalment. A team member dispensed these in entirety. The pharmacist checked and bagged these. Then the pharmacy stored them in labelled boxes and baskets alphabetically on dedicated shelves.

The pharmacy supplied medicines including controlled drugs to a local hospice. The hospice had its own controlled drug accountable officer and was required to notify any incidents to NHS Healthcare Improvement Scotland (HIS). HIS shared relevant information with the local NHS accountable officer. The pharmacy's process for supplying medicines to the hospice had been the same for many years. The pharmacy supplied medicines against prescriptions for individual patients for discharge or weekends at home. And it supplied medicines on requisitions. The hospice used its own bespoke paperwork, so the pharmacy did not submit these forms to the prescription pricing department as it did with other prescriptions. Many of the items supplied were schedule two and three controlled drugs. These were private transactions and the pharmacy invoiced the hospice. The patients were NHS patients and some of the funding for the medicines came from the NHS. The pharmacy did not record the supplies in the private prescription register. The schedule two controlled drugs were recorded in the relevant CD registers. And there was an audit trail of all supplies from electronic labelling records. The pharmacy labelled medicines' packs supplied against requisitions with 'pre-pack' labels. Hospice staff added dosage instructions and patient names onto them. This implied that the pharmacy had labelled these for patient use. But the pharmacy did not hold the relevant licence to allow them to label pre-packs. The pharmacy did not hold a wholesale dealer's license which was required for the supplies on requisitions. And it did not have a Home Office licence. These were both required for the controlled drug requisitions. This had been highlighted at the previous inspection.

A pharmacist undertook clinical checks and provided appropriate advice and counselling to people receiving high-risk medicines including valproate, methotrexate, lithium, and warfarin. She or a team member supplied written information and record books if required. The pharmacy had put the guidance from the valproate pregnancy prevention programme in place. It had undertaken a search for people in the 'at-risk' group. The pharmacy did not supply valproate to anyone in this group. But the pharmacist described being vigilant and would provide advice. The pharmacy had also implemented the non-steroidal anti-inflammatory drug (NSAID) care bundle. Team members gave verbal and written information to people supplied with these medicines over-the-counter, or on prescriptions. They also discussed 'sick day rules' with people on certain medicines, so that people could manage their medicines when they were unwell. Team members explained that this information was often included on prescriptions, resulting on it being included on dispensing labels. The pharmacy followed the service specifications for NHS services and patient group directions (PGDs) were in place for unscheduled care, pharmacy first, smoking cessation, emergency hormonal contraception, and chlamydia treatment. The team members referred all requests for the minor ailments service to the pharmacist.

Pharmacists and a few other appropriately trained team members delivered the smoking cessation service. People occasionally requested blood pressure measurement and this was usually undertaken by the pharmacist. Recently the pharmacy had started offering a sharps' return service and a service level agreement was in place. This allowed the pharmacy to accept any used needles in appropriate receptacles.

The pharmacy obtained medicines from licensed wholesalers such as Ethigen, Phoenix, Alliance and AAH. It did not yet comply with the requirements of the Falsified Medicines Directive (FMD). The pharmacy did not have equipment on site and team members had not been trained. The pharmacy stored medicines in original packaging on shelves, in drawers and in cupboards. Team members marked liquids with the date of opening to ensure they were not supplied beyond their expiry date. The pharmacy was part of the local NHS palliative care network. It kept palliative care medicines separately in labelled baskets. Team members did not assemble liquid antibiotics or controlled drugs for supply until people presented at the pharmacy. This was related to products' short expiry dates, pressures on storage, and record-keeping. The pharmacy stored items requiring cold storage in a fridge and team members monitored minimum and maximum temperatures. They took appropriate action if there was

any deviation from accepted limits. Team members regularly checked expiry dates of medicines and those inspected were found to be in date. The pharmacy protected pharmacy (P) medicines from self-selection. Team members followed the sale of medicines protocol when selling these.

The pharmacy actioned Medicines and Healthcare products Regulatory Agency (MHRA) recalls and safety alerts on receipt and kept records. Team members contacted people who had received medicines subject to patient level recalls. They returned 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 it needs for the delivery of its services. The pharmacy looks after this equipment to ensure it works.

Inspector's evidence

The pharmacy had texts available including current editions of the British National Formulary (BNF) and BNF for Children. It had Internet access allowing online resources to be used.

The pharmacy kept equipment required to deliver pharmacy services in the consultation room where it was used with people accessing its services. This included a carbon monoxide monitor maintained by the health board, and a blood pressure meter. It was not known if this had been replaced calibrated recently. Team members kept crown stamped measures by the sink in the dispensary, and separate marked ones were used for methadone. The pharmacy had a 'methameasure' pump available for methadone use and this was cleaned at the end of each day and test volumes were poured each morning. The pharmacy team kept clean tablet and capsule counters in the dispensary and kept a separate marked one for cytotoxic tablets.

The pharmacy stored paper records in the dispensary and back-shop area inaccessible to the public. It stored prescription medication waiting to be collected in a way that prevented patient information being seen by any other people in the retail area. Team members used passwords to access computers and never left them unattended unless they were locked.

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.