

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: 14/04/2021

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. This pharmacy was inspected during the COVID-19 pandemic.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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 met	N/A	N/A	N/A
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 met

Summary findings

The pharmacy suitably identifies and manages the risks with its services, including reducing the infection risk during the pandemic. It keeps all records that it needs to by law and keeps people's private information safe. The pharmacy team members follow written processes for the pharmacy's services to ensure they provide them safely. They record and review their mistakes to learn from them and make changes to avoid the same mistakes happening again. Team members know who to contact if they can have concerns about vulnerable people.

Inspector's evidence

The pharmacy had put strategies in place to keep people safe from infection during the COVID-19 pandemic. It displayed show material at the entrance to the building and medicines counter advising people about COVID-19. It had screens up at the medicines' counter and had hand sanitiser at the premises entrance. The pharmacy had tape on the floor to encourage people to socially distance and follow a one-way system. The marking on the floor was very clear and prominent. Most people coming to the pharmacy wore face coverings and team members all wore masks. They also washed and sanitised their hands regularly and frequently. They cleaned surfaces and touch points several times during the day. A team member cleaned the consultation room immediately after use. The pharmacy manager had carried out a personal risk assessment with each team member to identify any risk that may need to be mitigated in the pharmacy. No such risks had been identified.

The pharmacy had standard operating procedures (SOPs) which team members followed. They had read them, and the pharmacy kept records of this. The pharmacy superintendent or area manager reviewed them every two years and signed them off. The pharmacy had recently introduced new SOPs for processes including managing confidential waste and some instalment dispensing. The previous versions did not reflect processes in the pharmacy. The pharmacy superintendent/area manager was in the process of reviewing all SOPs as some were now past their review date. The preregistration pharmacist had written SOPs for the NHS 'pharmacy first' service, including one for team members working on the medicines counter. 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. Two accuracy checking pharmacy technicians undertook the final accuracy check for dispensed medicines if a pharmacist had clinically checked them. The pharmacy manager typically clinically checked all prescriptions on receipt and initialled them to confirm this. 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.

Team members used 'near miss logs' to record dispensing errors that were identified in the pharmacy, known as near miss errors. And they recorded errors that had been identified after people received their medicines. They reviewed all near misses and errors each month to learn from them and they introduced strategies to minimise the chances of the same error happening again. Periodically the pharmacy carried out audits of all processes which sometimes identified areas for improvement. This had last been undertaken just before the previous inspection a year ago. The pharmacy had a

complaints procedure and welcomed feedback. The pharmacy seldom received complaints and people using the pharmacy often gave positive feedback.

The pharmacy had an indemnity insurance certificate, expiring 30 April 2021. The pharmacy displayed the responsible pharmacist notice and had an accurate responsible pharmacist log. It had private prescription records including records of emergency supplies and veterinary prescriptions. It kept unlicensed specials records and controlled drugs (CD) registers with running balances maintained and regularly audited. It had a CD destruction register for patient returned medicines. Team members signed any alterations to records, so they were attributable. All records were accurate and up to date. The pharmacy backed up electronic patient medication records (PMR) each night to avoid data being lost. The pharmacy labelled and filed previous records and documents in an orderly manner by year, so archived documents were easily located.

Pharmacy team members were aware of the need for confidentiality. The pharmacy had a general data protection regulations (GDPR) training manual that team members had read and were familiar with. They shredded confidential waste. 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 manager was registered with the Disclosure Scotland 'Protecting Vulnerable Groups' (PVG) scheme.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough qualified or team members in training to provide safe services. Team members 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: one full-time pharmacist manager, two part-time accuracy checking pharmacy technicians (ACPTs), two part-time pharmacy technicians, two dispensers (pharmacy assistants), one full-time and four part-time medicines' counter assistants, and a part-time delivery driver. Head office held their certificates of qualification. An additional locum pharmacist worked each day, with a view to recruiting a permanent second pharmacist. A full-time pharmacist had recently transferred to another branch. A full-time pharmacy technician had left a few months ago, and part-time dispenser hours had become full-time. Typically, there were two pharmacists, one ACPT, four pharmacy technicians/dispensers 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 was supported by an area manager in this process. 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 kept a 'dispensary skills record'. This helped e.g. locum pharmacists identify who could carry out what tasks. It also identified gaps in training.

The pharmacy provided learning time during the working day for team members undertaking accredited courses with additional time to complete coursework. Currently two part-time pharmacy assistants were undertaking training. The pharmacy manager supervised them, and all other team members supported them, answering queries and demonstrating processes. The pharmacy had not provided structured on-going training for team members throughout the pandemic which had been a very busy and challenging year. But team members had all read new SOPs e.g. confidentiality and opiate replacement therapy and been briefed on new processes such as supply of medicines including controlled drugs on requisition forms. Team members now understood that these were wholesale transactions and knew that the pharmacy held the necessary licenses. Team members had annual development meetings with the pharmacy manager to identify their learning needs. They asked appropriate questions when supplying medicines over the counter and referred to the pharmacist when required. They demonstrated an 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 that they could make suggestions and raise concerns to the manager or area manager. And they gave appropriate responses to scenarios posed. The ACPTs overlapped one day per week which gave an opportunity to share information. And all team members used a diary which was checked twice a day, for sharing information and ensuring tasks were not forgotten. This had been implemented following a suggestion by a team member. It was working well. The pharmacy had a lot of topical information provided by head office for team members to refer to. This included information such as formulary choices, NHS 'special' bulletins, stock availability, direct referral contact numbers, local public holiday dates, and internal bulletins. The company had a

whistleblowing policy that team members were aware of.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are safe, clean and suitable for the pharmacy services. The pharmacy team members use a private room for some conversations with people, with appropriate hygiene measures in place. 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. At the previous inspection, some areas were observed to be untidy, but the pharmacy team had tidied these areas. The pharmacy had also removed out-of-date documents from noticeboards. Team members cleaned surfaces and touch points more often than before the pandemic. There were sinks in the dispensary, staff room and toilet. These had hot and cold running water, soap, and clean hand towels. And the pharmacy had hand sanitiser available.

People were not able to see activities being undertaken in the dispensary. It had defined and segregated areas. Team members used this layout to advantage, creating separate areas for different types of dispensing e.g. walk-in prescriptions, collection service prescriptions and hospice dispensing. And the pharmacy had dedicated areas for ACPTs and pharmacists checking prescriptions. Team members had marked the floor in the dispensary to create defined areas two metres apart, enabling social distancing when undertaking tasks. The pharmacy had a consultation room with a desk, chairs and computer, and the door closed providing privacy. During the pandemic this room had only been used when it was not possible for the pharmacist to consult or deliver services in the retail area. A team member cleaned touch points after use. The pharmacy also had a separate area for specialist services such as substance misuse supervised consumption. Temperature and lighting were comfortable.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy helps people to access its services. And it provides safe services. Pharmacy team members follow written processes and have the relevant licences which are required for some supplies. They 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 obtains medicines from reliable sources and stores them properly. Pharmacy team members know 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 team members signposted people to other services such as travel services, although there was little requirement for this during the pandemic. Team members were aware of pharmacy strategies as part of initiatives to support victims of domestic abuse. They could respond to requests appropriately and provide resources as required. The pharmacy could provide large print dispensing labels on medicines for people with impaired vision. All team members wore badges showing their name and role. The pharmacy provided a delivery service. People used to sign to acknowledge receipt of their medicines but were not being asked to do this during the pandemic for infection control reasons.

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 for different prescription types. Walk-in prescriptions were 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 prescriptions forms were included e.g. one of two etc. This helped the dispensing team members ensure that they kept people's prescriptions together and assembled them in a timely manner. Team members initialled dispensing labels to provide an audit trail of who had dispensed and checked medicines. The pharmacist initialled prescriptions to identify those that she had carried out a clinical check on. This enabled the ACPTs 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 new medicines or omissions. She explained that team members were competent, and she was confident that they shared this information. The pharmacy usually assembled owings later the same day or the following day using a documented owings system.

The pharmacy managed the dispensing and the related record-keeping for multi-compartment compliance packs on a four-weekly cycle. Pharmacy team members assembled four weeks' packs at a time, usually one week before the first pack was due to be supplied. They kept records of conversations with prescribers, medicine changes and hospital discharges. And they recorded who ordered prescriptions and the date of the order. 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 multi-compartment 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 these and placed them in bags labelled with the date of supply. 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 and worked well. 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 the forms to prescription pricing department as it did with other prescriptions. There was an audit trail of all supplies from electronic labelling records. And the hospice kept a copy of all requisitions and prescriptions. The pharmacy had recently reviewed the process of supplying medicines against requisitions. This had resulted in it obtaining a wholesale dealer's licence and a Home Office controlled drug licence which was observed during the inspection. The pharmacy had previously labelled medicines supplied on requisitions, enabling hospice team members to add directions which was not in keeping with legislation. And as pharmacy team members had initialled these labels it could be assumed they had put the directions on. As part of the review, the pharmacy had stopped this practice. This removed any ambiguity about pharmacy team members actions.

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. 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. It had patient group directions (PGDs) in place for unscheduled care, the Pharmacy First service, smoking cessation, emergency hormonal contraception (EHC), and chlamydia treatment. The pharmacy team members were trained to deliver parts of the Pharmacy First service within their competence and under the pharmacist's supervision. They used the sale of medicines protocol and the formulary to respond to symptoms and make suggestions for treatment. They completed a consultation form recording personal details and the nature of the consultation, including whether treatment, referral or advice was given. This was used by the pharmacist when people were referred to her, and to update computer records. During the pandemic the pharmacist had delivered some services remotely by phone. This had ensured service delivery while minimising footfall on the premises. Services delivered in this way included smoking cessation, urinary tract infection (UTI) treatment and supply of emergency hormonal contraception (EHC). If appropriate, the team prepared medication ready for collection when the person came to the pharmacy. There were currently no people accessing the smoking cessation service. The pharmacy team members had reviewed and changed the process for supplying medicines to people who consumed their medicine in the pharmacy. The process now ensured that people received their medicine in the order that they had come into the pharmacy. And the pharmacy had updated the SOP and pharmacy team members had read and signed it.

The pharmacy obtained medicines from licensed wholesalers such as Ethigen, Phoenix, Alliance, AAH and its own warehouse. 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 that 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 received large quantities of patient returned medicines. Team members dealt with these as soon as they could. During the pandemic they were leaving them quarantined for three days. This meant that sometimes a lot of space was used, as was the case during the inspection. Team members destroyed returned controlled drugs as soon as they could, meaning there were not many at the time of inspection. The hospice returned a lot of obsolete items, but the pharmacy kept on top of the destruction of these. The hospice had procedures in place to destroy its own stock, so returned items had been dispensed for named people. The pharmacy stored items requiring cold storage in a fridge and team members monitored and recorded minimum and maximum temperatures daily. 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 resources 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 when people accessed its services. This included a carbon monoxide monitor maintained by the health board, and a blood pressure meter. The team was not using this equipment during the pandemic to reduce the chance of spreading infection. Team members kept crown-stamped measures by the sink in the dispensary, and separate marked ones were used for methadone. The pharmacy used a 'Methameasure' pump for measuring methadone solution. Team members cleaned it at the end of each day and poured test volumes each day. 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 in the back-shop area which was 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 did not leave 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.