General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Mcdade's Pharmacy Ltd, 88 Belville Street, GREENOCK, Renfrewshire, PA15 4TA

Pharmacy reference: 1042883

Type of pharmacy: Community

Date of inspection: 05/07/2019

Pharmacy context

The pharmacy is on a main street in Greenock. It dispenses NHS prescriptions and provides a range of extra services. It collects prescriptions from the local surgery. And supplies medicines in multi-compartmental compliance packs when people need extra help. 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 does not routinely assess key risks to patient safety from its activities and services. And it cannot provide the necessary assurance that services are as safe as they need to be.
		1.2	Standard not met	The pharmacy had not defined risk management procedures. And team members are not trained to systematically review their processes and procedures. The pharmacy does not keep records of near-misses, dispensing incidents or complaints. And it is unable to show where it has improved its services when things have gone wrong. This means that risks are not managed. And puts people at risk of unsafe services.
		1.6	Standard not met	The pharmacy does not keep all of the records it needs to by law. It does not manage high-risk medicines according to best practices. And it does not keep registers of high-risk medicines up to date. This means the pharmacy cannot provide assurance that people have received the correct medication.
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 Services, including medicines management	Standards not all met	4.2	Standard not met	The pharmacy follows out-of-date working instructions. And does not provide its services according to best practice. This means that services are not as safe as they need to be. And increases the risk of things going wrong.
		4.3	Standard not met	The pharmacy does not have the necessary controls in place to manage the medicines that its keeps. This means that medicines may not be safe to use.
		4.4	Standard not met	The pharmacy does not receive safety information about medicines that are unsafe for use. And it cannot provide

Principle	Principle finding	Exception standard reference	Notable practice	Why
				assurance that it removes affected medicines from stock. This means that unsafe medicines may still be in use. And there is a risk that these may be given to people.
5. Equipment and facilities	Standards not all met	5.2	Standard not met	The pharmacy cannot provide assurance that all equipment is safe to use and fit for purpose.

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

Summary findings

The pharmacy has written procedures for the pharmacy team to follow. But, it has not updated them within the time expected. And this means that its services are not as safe as they need to be. The pharmacy does not keep records when things go wrong. This prevents the team members from learning about weaknesses. And prevents the pharmacy from making needed service improvements. The pharmacy does not keep accurate records of high-risk medicines. And it cannot provide assurance that it has supplied these medicines. The pharmacy keeps confidential information safe. And the team members know to refer people to the pharmacists when they have concerns. But, team members would benefit from having access to a safeguarding policy. And the pharmacy would improve assurance by registering the pharmacists with the protecting vulnerable groups (PVG) scheme. The pharmacy team know to follow the company's complaints handling procedure. But, the introduction of a complaints notice in the waiting area would encourage people to provide feedback. And allow team members to put things right if they can.

Inspector's evidence

The superintendent pharmacist and a second pharmacist provided cover at the pharmacy. The second pharmacist assumed the responsible pharmacist (RP) role. And displayed the RP notice so that people could identify who was in charge. The pharmacy had defined the pharmacy processes and procedures in standard operating procedures (SOPs). And the pharmacy team had signed to confirm they had read the SOPs within the last two years. But the pharmacy does not routinely assess key risks to patient safety from its services. And had not reviewed the SOPs since November 2016. The pharmacy team did not always sign dispensing labels to show who had completed a dispensing task. And, sampling showed that they did not sign labels on multi-compartmental compliance packs. The responsible pharmacist carried out the clinical and accuracy checks. And stated that she could always identify the dispenser's hand-writing. The pharmacy team did not record near-misses or dispensing incidents. And the pharmacy could not show it was identifying and managing dispensing risks. The pharmacy had defined the complaints handling process in a SOP. And this aimed to ensure the pharmacy team handled complaints in a consistent manner. But the superintendent pharmacist had last reviewed the SOP in November 2016. And it was out-of-date. The pharmacy did encourage feedback and did not display a notice in the waiting area.

The pharmacy did not maintain all of the legal pharmacy records it needed to by law. The responsible pharmacist did not keep the RP record up to date. And did not always show the time the RP period had ended. The superintendent pharmacist managed controlled drug dispensing. But did not checked and verify the controlled drug balances. And a significant number of discrepancies were found. The pharmacy had defined the controlled drug dispensing processes in standard operating procedures (SOPs). But there was evidence that they were not being followed, and this was creating significant risk. The superintendent pharmacist dispensed methadone doses. And both pharmacists supervised the consumption of doses in the consultation room. The medicines counter assistant had been trained to record each supply in the relevant controlled drug register. The pharmacists used two registers for methadone. One for incoming stock and the other for supplies that had been made. The pharmacy

recorded controlled drugs that people returned for destruction. But, the superintendent pharmacist could not find the controlled drugs that had been registered in May 2019. And explained that these had been disposed of in error. The pharmacy did not have any expired controlled drugs in the cabinet at the time of the inspection. The superintendent pharmacist was unaware of the controlled drug incident reporting process. And did not know how to report incidents to the controlled drugs accountable officer at the Health Board. A sample of private prescriptions were up to date and met legal requirements. A sample of specials records were up to date. And the pharmacy team recorded the name of the person who had received unlicensed medicines. The pharmacy kept the records loose and not in a designated folder. The Health Board had authorised the pharmacy to provide the pharmacy first service. But the superintendent pharmacist was unable to produce signed copies of the relevant patient group directions (PGDs).

The pharmacy had introduced controls to safeguard personal information. And the pharmacy team knew about the confidentiality arrangements. The team members used designated bags to dispose of confidential information. And a collection service uplifted the bags for off-site shredding. The pharmacy archived spent records for the standard retention period. And stored prescriptions for collection out of view of the waiting area. Computer screens could not be seen. And the pharmacy team took calls in private using a portable phone when necessary. The protecting vulnerable group scheme was not used. And the pharmacists had not registered with the scheme. The pharmacy had not defined the safeguarding arrangements for team members to follow. And had not provided the pharmacy team with training. The pharmacy team were aware of their vulnerable groups. For example, they knew to refer people to the community addictions service (CAT) when they did not present for their methadone doses. Public liability and professional indemnity insurance were in place and valid until May 2020.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacist updates team members when there are service changes. But pharmacy team members have limited access to ongoing training. And this may prevent pharmacy team members from improving in their roles. The pharmacy monitors its staffing levels. And ensures it has the right number of pharmacy team members throughout the week. The pharmacy team members support each other in their day-to-day work. But, they have little opportunity to discuss when safety improvements are needed. And this means the pharmacy cannot provide the necessary assurances that the pharmacy is safe.

Inspector's evidence

The following team members worked at the pharmacy; one full-time superintendent pharmacist, one full-time pharmacist (responsible pharmacist), two full-time dispensers, two full-time medicines counter assistants and a Saturday dispenser. The pharmacy managed annual leave requests. And team members were expected to provide cover for each other. The superintendent pharmacist did not use service targets. And relied on the pharmacy team to provide a good service to maintain and develop the business. The pharmacy work-load had remained stable over the past year.

The pharmacy did not use an annual performance review to develop staff. And the pharmacists updated the pharmacy team whenever there were service changes. The pharmacy team knew about the reclassification of pregabalin and gabapentin and knew to ask people to sign for their prescriptions. The pharmacy team knew about the pregnancy protection scheme. And when to issue warning cards and leaflets. The pharmacy had trained team members to refer concerns to the pharmacists. One of the medicines counter assistants referred a child to the pharmacist when the mother explained she had been bitten by a tick. The pharmacist established that the child had been seen by a GP and an antiseptic cream had been provided.
The team members knew to keep codeine containing products under the counter. And only provided supplies after checking with the pharmacist. The pharmacy team members were expected to raise concerns and provide suggestions for improvement. For example, one of the dispensers rearranged a section of the main dispensary. And moved skillets to a rear room and created more space to keep commonly used medicines to hand.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are clean. And provide a safe and secure environment for people to receive healthcare. But, the pharmacy does not present a professional image for people to receive healthcare services.

Inspector's evidence

The dispensary was split into two sections. A front section where team members dispensed walk-in prescriptions and multi-compartmental compliance packs. A storage room at the back of the pharmacy was used to keep excess stock. And included dressings, bottles and skillets. Part of the ceiling was missing. But the superintendent pharmacist provided assurance it was water tight and secure. And there was no evidence of water marks. The pharmacy waiting area was split into two sections. A main section where people waited for their prescriptions at the medicines counter. And a side-area, that was used to keep the hoover, large black bin bags and shelves full of wool for knitting. The area was messy and unprofessional in appearance. The pharmacy had allocated benches for the different dispensing tasks. And the pharmacy team dispensed walk-in prescriptions near to the waiting area. The responsible pharmacist supervised the medicines counter from the checking bench. And could make interventions when needed. A consultation room was available and was professional in appearance. A security alarm and shutters protected the pharmacy after hours. And panic buttons and CCTV were available. 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 is accessible to people with mobility difficulties. It displays its opening times and service information in the window. But people have limited access to patient information leaflets inside the pharmacy. And this means that people may not always be aware of the services available to them. The pharmacy has working instructions in place for its services. But these are out-of-date. And the pharmacy cannot provide assurance they are providing safe services. The pharmacy dispenses multi-compartmental compliance packs. But it does not supply extra information to support people to take their medicines. The pharmacy sources, stores and manages its medicines. But it does not receive information about faulty medicines. And this means that medicines may not be safe.

Inspector's evidence

The pharmacy was accessible which supported people with mobility difficulties. It displayed its opening hours at the front of the pharmacy. And provided a few information leaflets for self-selection. The pharmacy did not display data protection information and did not inform people how it looked after their personal information. The dispensing benches were mostly organised. And the pharmacy team used dispensing baskets. This kept prescriptions and medicines contained throughout the dispensing process. The pharmacy dispensed multi-compartment compliance packs for people who needed extra support. And it had defined the dispensing process in a standard operating procedure (SOP). But, the superintendent pharmacist had not reviewed the SOP since November 2016. The responsible pharmacist managed the dispensing process. And was responsible for ordering and clinically checking new prescriptions. The responsible pharmacist processed prescriptions on the PMR. And was in the process of developing a template for each person who was supplied with a pack. This was designed to ensure that dispensers identified medication changes and confirmed these with the surgery. The responsible pharmacist confirmed that patient information leaflets were provided with week one of the four-week cycle. But this was not seen during sampling. The pharmacy team did not provide descriptions of medicines to support people to take their medicines.

The pharmacy dispensed a significant number of instalment prescriptions. And sent prescriptions to the pricing bureau before all the prescribed supplies had been given to people. This meant that pharmacists could not refer to the relevant prescription if they needed to. The pharmacy team kept the pharmacy shelves neat and tidy. And purchased medicines and medical devices from recognised suppliers.

The pharmacy used two fridges; one for keeping stock and the other for items they had dispensed. The team members monitored the fridge temperatures. And demonstrated that the temperature had remained between two and eight degrees Celsius. The pharmacist attached fridge stickers to prescription bags, so that team members knew to add the fridge items. The pharmacy team carried out expiry date checks. But, out-of-date stock was found at the time of the inspection. This including olanzapine (expiry date February 2019), and Adcal D3 (expiry date May 2019). The pharmacy kept dressing in a rear store-room. And several boxes were seen to be out-of-date. The expired dressings were kept along-side the other dressings and had not been quarantined. Staff accepted returned

medicines from the public. And disposed of them in yellow containers that the health board collected.

The pharmacists were unable to produce evidence to confirm they received and acted on drug alerts. And could not remember when the last drug alert had been received. The responsible pharmacist had completed the necessary checks to identify people taking valproate medication. And had briefed the pharmacy team about the use of valproate in patients who may become pregnant. The team members knew about the pregnancy protection scheme. And where to find safety leaflets and cards. The pharmacist had briefed the pharmacy team about the Falsified Medicines Directive (FMD). But the pharmacy had not been able to obtain the necessary equipment from their chosen supplier. The pharmacist was going to contact the supplier to check if they were now able to supply scanners. And if they were unable to a new supplier would be arranged.

Principle 5 - Equipment and facilities **Standards not all met**

Summary findings

The pharmacy has the equipment it needs to provide safe services. But, assurance is needed to confirm that equipment is measuring accurately.

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 separate measures for methadone. The measures were marked for methadone and others were available for measuring other liquids such as antibiotics. But not all measuring equipment was satisfactorily maintained. The pharmacy had a range of equipment for counting loose tablets and capsules. Cleaning materials were available for hard surface and equipment cleaning. And the pharmacy sink was clean and suitable for dispensing purposes. The pharmacy had a consultation room. And this protected people's privacy and dignity.

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.