

# Registered pharmacy inspection report

**Pharmacy Name:** Newmachar Pharmacy, 17 Oldmeldrum Road,  
Newmachar, ABERDEEN, Aberdeenshire, AB21 0PJ

**Pharmacy reference:** 1090277

**Type of pharmacy:** Community

**Date of inspection:** 21/08/2019

## Pharmacy context

This is a community pharmacy on the main road through a village. People of all ages use the pharmacy. The pharmacy dispenses NHS prescriptions and sells a range of over-the-counter medicines. It also supplies medicines in multi-compartmental compliance packs and provides substance misuse services.

## 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
<b>1. Governance</b>	Standards not all met	1.1	Standard not met	The pharmacy's standard operating procedures are out of date. And there is no evidence of team members reading and following them. This means all tasks may not be undertaken properly.
		1.2	Standard not met	The pharmacy does not record mistakes. And there are no arrangements in place to learn from mistakes. This increases the risk of them happening again.
<b>2. Staff</b>	Standards not all met	2.1	Standard not met	There are not always enough suitably qualified staff to operate the pharmacy safely and effectively.
		2.2	Standard not met	Not all team members are undergoing appropriate training for their role, as per GPhC minimum training requirements.
<b>3. Premises</b>	Standards not all met	3.2	Standard not met	People's dignity is compromised because there is not an area in the pharmacy available and useable for discreet conversations.
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance Standards not all met

### Summary findings

The pharmacy team members follow written processes for some services. But these written processes are out of date and have not been reviewed recently. Team members do not routinely record their mistakes. And the pharmacy does not have arrangements in place to learn from these mistakes. So it may miss opportunities to learn from mistakes and improve services. Team members understand their roles but sometimes undertake tasks beyond that role. They understand the importance of confidentiality and safeguarding. But they do not have policies or training in place to support them, and could miss opportunities to improve.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were mostly written four years ago in 2015. It did not have evidence of team members reading these. It had a SOP about whistleblowing written in 2017 which was signed by team members who were not present during the inspection. The team members present during inspection had not signed SOPs in this pharmacy but had read them in another branch. The pharmacy did not have a SOP for dealing with dispensing errors identified in the pharmacy (near misses). It had a SOP about dispensing errors which referred to regular reviewing of errors and near misses. The pharmacy was not doing this. Team members did not use near miss logs to record dispensing errors that were identified in the pharmacy. The pharmacy had near-miss paperwork on a dispensing bench, but team members had not recorded any incidents for five months. And they had not done this consistently prior to that. Team members could describe their roles. But a part-time trainee medicines counter assistant from another branch was dispensing and putting away dispensing stock. He and the pharmacist knew that this was not appropriate, but there were no other team members available to carry out these tasks. He did not sign dispensing labels because he knew he should not be dispensing.

The pharmacy had a complaints procedure. Team members present at the time of the inspection did not usually work in this pharmacy so could not provide any examples of feedback from external stakeholders.

The pharmacy had an indemnity insurance certificate, expiring 30 Sep 19. The pharmacy displayed the responsible pharmacist notice and 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 regularly audited; and a CD destruction register for patient returned medicines. Team members signed any alterations to records, so they were attributable. The pharmacy backed up electronic patient medication records (PMR) each night to avoid data being lost. Private incomplete – some do addresses missing.

Pharmacy team members were aware of the need for confidentiality. The pharmacy documented this in a staff handbook that had been issued several years ago. It did not refer to current general data protection regulations (GDPR). Team members segregated and shredded confidential waste. They ensured that no person identifiable information was visible to the public. Team members present did not recall receiving any training or reading any information about confidentiality or safeguarding. The

delivery driver who had started his role around six weeks previously had not received any training. He had not read or signed policy or information on confidentiality or safeguarding. Team members did not know how to raise safeguarding concerns. The pharmacist was PVG registered but not related to this work

## Principle 2 - Staffing Standards not all met

### Summary findings

The pharmacy does not always have enough qualified and experienced staff to safely provide its services. Sometimes untrained team members are working. So, they may not be competent for the tasks they are undertaking. And they do not have the experience to be able to make professional judgements. The pharmacy does not provide protected time or resource for ongoing learning. This means team members do not have opportunities to increase their skills. Team members discuss incidents that occur in the pharmacy. But they do not all feel confident to raise concerns or make suggestions within the wider organisation.

### Inspector's evidence

The pharmacy had the following staff: one part-time pharmacist manager; one part-time dispenser (four days per week); one Saturday only medicines counter assistant and a part-time delivery driver shared with other branches. Relief pharmacists worked three days per week and a relief dispenser worked one per week. At the time of inspection there was a relief pharmacist and a part-time trainee medicines counter assistant from another branch working. They were able to manage the workload. But they lacked knowledge about this pharmacy and patients. And the medicines counter assistant was dispensing and undertaking other activities that required registration on an appropriate dispensing course. The pharmacist was under pressure at the time of inspection due to the inexperience of the other team member and the level of supervision and coaching required. The pharmacy had a faded notice on the door recruiting for a 'dispenser/medicines counter assistant/delivery driver'. The relief pharmacist did not think it was current.

Team members present stated that the pharmacy did not provide protected learning time. And it did not provide training material for development and learning. They had appraisals with the pharmacy manager over a year ago. A team member had an objective to improve computer skills, but there was no strategy in place to achieve this. Team members asked appropriate questions when supplying medicines over-the-counter. The medicines counter assistant referred to the pharmacist appropriately.

Pharmacy team members understood the importance of reporting mistakes and were comfortable owning up to their own mistakes. But they did not record errors identified in the pharmacy. The company had a whistleblowing policy that some team members were aware of and had signed 2 years ago. Some team members felt unable to raise concerns within the pharmacy structure.

## Principle 3 - Premises Standards not all met

### Summary findings

The premises are safe and clean and mostly suitable for the pharmacy's services. But there is nowhere for the pharmacy team members to have discreet conversations with people. And their dispensing space is limited due to storage constraints. The pharmacy is secure when closed.

### Inspector's evidence

These were small premises incorporating a retail area, dispensary and staff toilet. The dispensary was very small and cluttered. Team members stored some dispensed medicines in bags on the dispensing bench in front of folders containing records and information. These were difficult to access, and this area of bench could not be used for dispensing. They also stored a quantity of bulky items such as dressings that team members did not know if were required for people. There were sinks in the dispensary and toilet. These had hot and cold running water, soap, and clean hand towels. The pharmacy had storage space in an attic reached by a Ramsay Ladder which was not accessed during the inspection.

People were not able to see activities being undertaken in the dispensary. The pharmacy had a consultation room. But it did not have a door as it had been removed several years ago to create more space. It was cluttered with stock and empty boxes so was not in use. Temperature and lighting were comfortable.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy helps people to ensure they can all use its services. It has partial audit trails in place to identify individuals involved at some stages of the dispensing process. Team members give people information to help them use their medicines. Pharmacy gets medicines from reliable sources and stores them properly.

### Inspector's evidence

The pharmacy had good physical access by means of a level entrance and team members helped with the door if required. The pharmacy signposted people to other services such as travel and flu vaccinations. And it could provide large print labels to help people with impaired vision. The pharmacy provided a delivery service and people signed to acknowledge receipt of their medicines. The driver delivered items requiring cold storage first.

Pharmacy team members followed a logical and methodical workflow for dispensing. They used baskets to separate people's medicines and prescriptions. The pharmacist usually labelled to carry out a clinical assessment. Team members initialled dispensing labels to provide an audit trail of who had dispensed and checked all medicines. But at the time of inspection an untrained team member who usually worked part-time (Saturdays) in another branch was dispensing. The pharmacist explained that sometimes she was having to dispense and self-check but tried to get the other team member to check when possible. The pharmacy usually assembled owings later the same day or the following day using a documented owings system for walk-in prescriptions. It did not document owings for collection service prescriptions. Team members had usually completed these by the time people came to collect their medicines.

Some people received medicines from chronic medication service (CMS) serial prescriptions. The pharmacy dispensed these a few days in advance. Team members noted people's names on a calendar to ensure medicines were ready. They kept records of due dates and some dispensing dates. They did not record collection dates so could not monitor compliance. The regular pharmacist and dispenser were not present, so no information on this service as available. The pharmacy managed multi-compartmental compliance packs on a four-weekly cycle with four assembled at a time. Team members assembled these the week before the first supply. The pharmacist undertook the prescription ordering, labelling and record keeping. She had tablet descriptions for most items on backing sheets. The dispenser placed medicines into packs and left packaging to facilitate the final accuracy check. The pharmacist sealed completed packs after checking. The pharmacy stored completed packs in high cupboards on the shop floor. It did not supply patient information leaflets, which was a legal requirement. It kept a folder for each person containing medicines template and needs assessment form. But there was no list of medicine changes or interventions. A pharmacist supervised methadone consumption in the retail area as the consultation room was too cluttered to use.

The team members present during the inspection did not know the extent of the guidance provided to people supplied with valproate. And they did not know where written information for people was kept. The pharmacist was aware of the guidance within the pregnancy prevention programme. She described examples of giving people information in other pharmacies. She was not aware of people supplied with valproate in this pharmacy. She also described providing appropriate advice and counselling to people receiving high-risk medicines including methotrexate, lithium, and warfarin. The pharmacy had

implemented the non-steroidal anti-inflammatory drug (NSAID) care bundle and written and verbal information was given to people supplied with these medicines over-the-counter, or on prescriptions. But the team members present were not aware of how 'sick day rules' information was provided in this pharmacy. 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 supply of chloramphenicol ophthalmic products. The pharmacy team members discussed all requests for the minor ailments service (eMAS) with the pharmacist. Team members could not provide information about the smoking cessation service.

The pharmacy obtained medicines from licensed wholesalers such as Alliance, Ethigen and AAH. It did not yet comply with the requirements of the Falsified Medicines Directive (FMD). It had equipment including software installed, but team members had not been trained and were not using it. They were aware of the requirements and had seen it in use in other pharmacies. The pharmacy stored medicines in original packaging on shelves, in drawers and in cupboards. It stored items requiring cold storage in a fridge with minimum and maximum temperatures monitored and action taken if there was any deviation from accepted limits. Team members did not know if date checking was regularly undertaken and no evidence was seen. Medicines 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 MHRA recalls and 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 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 had a carbon monoxide monitor maintained by the health board to use with people accessing the smoking cessation service. And it had crown stamped measures including separate marked ones used for methadone. It also had clean tablet and capsule counters including a separate marked one for cytotoxic tablets.

The pharmacy stored paper records in the dispensary inaccessible to the public. And it stored prescription medication waiting to be collected in a way that prevented personal information being seen by other people. 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
<span>✓ Excellent practice</span>	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.
<span>✓ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span>✓ Standards met</span>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.