General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Tillydrone Pharmacy, 109 Hayton Road, ABERDEEN, Aberdeenshire, AB24 2RN

Pharmacy reference: 1090449

Type of pharmacy: Community

Date of inspection: 07/05/2019

Pharmacy context

This is a community pharmacy in a mainly residential area of a city, with few other retail premises locally. The pharmacy is used by people of all age groups. There is a local Polish community. The pharmacy dispenses NHS prescriptions and sells a range of over-the-counter medicines. It also supplies medicines in multi-compartment compliance packs.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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 has processes in place to ensure that services are safe. But the pharmacy team members do not always follow some of these processes. This could cause mistakes. Team members sign labels on some medicines, so it is clear who has made them up. But they do not sign all labels. This means if there was a query about these, it would be difficult to know who to ask about it. Team members record some but not all mistakes to learn from them. They review these but cannot make improvements because they don't have enough information. The pharmacy keeps all the records that it needs to by law and keeps people's information safe.

Inspector's evidence

Standard operating procedures (SOPs) were in place and staff followed these for most activities/tasks. Relevant staff members had read and signed these. They had been written in 2008 and reviewed annually over the past few years. A pharmacist had signed to this effect. There had been a gap of several years from 2008 when there was no evidence of review, so some processes were out of date. Some procedures were not followed as per the SOP, with different pharmacists doing things slightly differently. Some of these differences had resulted from recent review of the process and more efficient processes adopted. But the SOPs did not reflect this.

Dispensing, a high-risk activity, was smooth with coloured baskets in use for dispensing. There was an audit trail in place for dispensed medicines in the form of dispensed and checked by signatures on some labels. Other labels only had one signature, so all personnel involved in the dispensing process could not be identified.

There was a business continuity plan available, provided by the NHS.
The pharmacy kept near miss logs and recorded errors. The pharmacy had recorded very few near misses the previous month, suggesting that they had not recorded all incidents. Team members present at the time of inspection agreed that this was the case. The pharmacist undertook a monthly review with a small note on the back of the near miss logs. These were very basic and did not identify trends or patterns. Comments such as 'concentrate and do not multitask', 'same mistakes happening all the time – staff must concentrate more'; and 'there were fewer mistakes this month - good job'. The near miss entries showed very little information. So there was no evidence of causes e.g. 'multitasking'. There was no evidence seen of strategies introduced to minimise repeat incidents or reduce errors. There had been a few errors reaching patients over the past few months. And the pharmacy recorded these electronically on a template which was sent to head office. There had been no harm caused to any patients. Incidents included a common error involving similarly named products - amitriptyline and amlodipine. These were on separate shelves, although close.
A regular relief pharmacist had reviewed several processes and implemented some changes. Pharmacy team members followed some of these changes but not others.

The dispenser present during inspection was clear of her role and responsibilities. And demonstrated which tasks needed to be undertaken by or checked by a pharmacist.

There was a complaints procedure in place, but no complaints were described.

Indemnity insurance certificate provided by NPA was displayed, expiring 09/19.

The pharmacy maintained the following records were maintained in compliance with relevant legislation: responsible pharmacist notice displayed; responsible pharmacist log; private prescription records including records of emergency supplies and veterinary prescriptions. Entries were incomplete e.g. with incorrect prescriber qualification, and no address. There were unlicensed specials records; controlled drugs registers, with running balances maintained and regularly audited. These were not always done weekly as the SOP required. Methadone solution running balances were audited at the end of each day. There were controlled drug (CD) destruction register for patient returned medicines. Two items which the pharmacy had not recorded were in a controlled drug cabinet.

The pharmacy backed up electronic patient medication records each night. Alterations to records were attributable, by pharmacists' signatures.

Staff members were aware of the need for confidentiality and had read an SOP. No person identifiable information was visible to the public. Confidential waste was segregated for secure destruction. Pharmacy team members had read information on safeguarding and had general awareness. The pharmacist knew how to raise concerns. The pharmacists were PVG registered.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough qualified and experienced staff to safely provide its services. Staff members have access to training material to ensure that they have the skills they need. Team members can share information and raise concerns if they have any.

Inspector's evidence

A part time dispenser had left a few months before. The pharmacy had reviewed staffing levels at that time and a part-time dispenser changed to full-time hours to cover the lost hours. There was some scope for part-time dispensers to work extra to cover absence. If they were unable to do this, and the pharmacists felt there was a need for periods to be covered, head office were amenable to requests for support from other branches. The pharmacist explained that while staff were in training, they were generally supported during absence. At the time of inspection, a part-time dispenser was on annual leave, so there was only the full-time dispenser and pharmacist present. They were able to manage the workload.

The pharmacy displayed qualification certificates. Training material was available in the pharmacy and filed in a separate section for each staff member. A relief pharmacist had provided some material that she had written. And there were other modules received from other providers. Recent topics included childhood illnesses. The pharmacy kept records of training undertaken. And it recently held staff development meetings for team members but not pharmacists. These were described as informal identifying strengths, but not identifying training and development needs. The pharmacy team members went about their tasks in a systematic and professional manner.

Team members present during the inspection described an open environment where there was a lot of discussion about incidents. They were comfortable owning up to mistakes and discussing them with colleagues. They understood the importance of reporting mistakes. And they sent dispensing error reports to head office. But there was no knowledge of any sharing of this information for other branches to learn from.

Team members knew how to raise concerns and share information within the organisation. The pharmacist described contacting head office to discuss issues such as gaps in staffing which required covered. She explained that when she asked for help it was usually forthcoming.

Targets were not set.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is safe and clean and suitable for its services. But some areas do not look professional. The pharmacy team members use a private room for some conversations with people. Other people cannot overhear these private conversations. But sometimes conversations can be overheard when the team members do not use the consultation room. The pharmacy is secure when closed.

Inspector's evidence

These were reasonably sized premises although half of the area was not generally used for pharmacy activities. The pharmacy used to have post office on-site. And the pharmacy now used this area for storage. It cluttered and untidy in places. It did not convey a professional image.

The pharmacy had ‘weekly walkabout’ checklist, to encourage a team member to critically look at the pharmacy through the eyes of the public. Some areas looked cluttered and unprofessional despite this. The pharmacy had a small retail area offering medicines and toiletries for sale. Mainly special offers such as items selling for one pound were popular.

The dispensary was small, but space was used appropriately. People were not able to see activities being undertaken in the dispensary. The pharmacy stored prescription medication waiting to be collected in a way that prevented patient information being seen by any other patients or customers. This area was small which meant that some sealed bags containing medicines waiting to be supplied were stored on the floor.

The back-shop area had some storage and two staff toilets. One had previously been for post office staff. There were no other staff facilities. There were sinks in the dispensary and toilet. These had hot and cold running water, soap, and clean hand towels.

The pharmacy had a consultation room with a desk, chairs and sink which was clean and tidy and the door closed providing privacy. When the pharmacy was quiet, the team members had conversations with people at the medicines counter, but sometimes these could be overheard.

The pharmacy had a separate area for specialist services such as substance misuse supervision. It had a separate entrance to this area which was accessed through a locked door. People used a buzzer and Entryphone system to enter this area. There was CCTV covering this area. If there was already someone in this area a pharmacy team member spoke to the person pressing the buzzer explaining that there was somebody in the room. It could be accessed when that person left. Only one person at a time was permitted into this room. The pharmacy staff used the CCTV to identify the person ringing the buzzer before entry was given. Pharmacy team members used this room constantly with people accessing the needle exchange service. And several people receiving methadone to consume on the premises.

The premises were clean and hygienic. Team members followed a cleaning rota. The pharmacy was alarmed and had CCTV. A back door was reinforced and secured with several bolts. Temperature and lighting were comfortable.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy helps people to ensure they can all use its services. The pharmacy team provides safe services. But they don't ask all people receiving medicines for identification. This could mean the wrong medicine supplied. Team members give people information to help them use their medicines. They provide extra written information to people with some medicines. The pharmacy gets its medicines from reliable sources and stores them properly.

Inspector's evidence

People could access the pharmacy using steps or a gradual slope. The door was wide enabling prams and wheelchairs to enter with help given as required.

The pharmacist contacted another pharmacy to find medicines that were in short supply. And then she signposted people who needed these medicines.

Dispensing work flow was logical and methodical with baskets used to separate different people's medication. Dispensers shared information such as changes or omissions with the pharmacist. Owings were usually assembled later the same day or the following day. There was a delivery service and the driver obtained signatures on receipt. The driver first delivered items that required cold storage.
The pharmacy managed multi-compartment compliance packs on a four-weekly cycle with four assembled at a time. And they supplied patient information leaflets (PILs). A pharmacist had recently reviewed this process and made some changes. It was robust and thorough. The pharmacy recorded requests for changes in a diary. The pharmacist then updated and reprinted the backing sheet, retaining a master copy. Details of changes were brief and did not include prescribers' names. The pharmacy stored completed trays were stored in a designated area which was kept tidy.

The pharmacist poured and self-checked methadone instalments each day for the following day. They then stored them overnight in a basket in a controlled drug (CD) cabinet. The pharmacist supervised people with their dose. People drank from the bottles and these were re-used for the same person. People were given a new bottle twice a week. This relief pharmacist had reviewed and changed this proces. Previously team members poured methadone into cups as people arrived at the pharmacy. Sometimes this meant there was a delay that kept people waiting when the pharmacy was busy. The review process used feedback from an inspection at another pharmacy. And the new process was more efficient. Labels included date of assembly and date of supply. The pharmacist also marked them with the last supply, reminding people that they needed new prescriptions. The pharmacy team did not ask for identification such as address or date of birth when they made supplies. They explained that they knew patients well. There were some prescriptions that were not legally compliant – they had no instalment amount. And they did not have the current Home Office wording about pharmacy closure.

There were a variety of other medicines supplied by instalment. The pharmacy team dispensed these when prescriptions were received. They picked individual instalments into bags which were labelled with patient details and date of supply. These were then stored in baskets labelled for each day of the month. There was a guide for locum pharmacists about instalments, listing patients supplied on each day.
Clinical checks were undertaken by a pharmacist. And the pharmacy gave appropriate advice and

counselling to people receiving high risk medicines. These included valproate, methotrexate, lithium, and warfarin. The pharmacy provided written information and record books if required. The valproate pregnancy prevention programme was in place. The pharmacy had implemented the non-steroidal anti-inflammatory drug (NSAID) care bundle and supplied written and verbal information to people taking these. 'Sick day rules' were also discussed with people on certain medicines, so that they could manage their medicines when they were unwell.

NHS services followed the service specifications. And patient group directions (PGDs) were in place for unscheduled care, pharmacy first, smoking cessation, emergency hormonal contraception and chloramphenicol ophthalmic products. These were current, and the pharmacists had been trained and signed them.

There were around 100 people receiving medicines on chronic medication service (CMS) prescriptions. The pharmacy team dispensed these in anticipation of people coming to the pharmacy. At the time of inspection medicines for a patient had been on retrieval shelves for three months. Records of other prescriptions suggested that some people were not collecting these as expected. This service was being changed and people were arriving in the pharmacy with serial prescriptions who were not already registered. People often did not understand that these were serial prescriptions. This may have been the reason for the uncollected items. Staff members were empowered to deliver the minor ailments service (eMAS) within their competence. The pharmacist overheard most requests, so could intervene if required.

People accessing the smoking cessation service were always seen by the pharmacist for their first appointment. Dispensers spoke to people and took carbon monoxide readings at later appointments. The pharmacist usually spoke to them as well.
The pharmacy obtained medicines from reputable suppliers. The pharmacy did not comply complied with the requirements of the Falsified Medicines Directive (FMD). A scanner was available in the pharmacy, but the software was not functional yet. Staff members were aware of the requirements. The pharmacy kept records of date checking. And rotated its stock so that no out of date items were on its shelves. The pharmacy stored medicines in original packaging on shelves/in drawers. It stored items requiring cold storage in a fridge. And it monitored minimum and maximum temperatures. And the pharmacy took action if there was any deviation from accepted limits.

The pharmacy stored controlled drugs (CDs) in four CD cabinets. Space was well used to segregate stock, dispensed items and obsolete items. The pharmacist marked sugar free methadone bottles to highlight that they were different from standard formulation. And the pharmacy kept these on separate shelves.
The pharmacy protected pharmacy (P) medicines from self-selection.
Sale of P medicines was as per sale of medicines protocol.
Pharmacy team members took action on receipt of MHRA recalls and alerts. And they kept records. The pharmacy contacted people following patient level recalls. They pharmacy 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

Texts available in the pharmacy included current editions of the British National Formulary (BNF) and BNF for Children. There was internet access allowing online resources to be used.

A carbon monoxide monitor maintained by the health board, was available to use with people accessing the smoking cessation service.

ISO and Crown stamped measures were available in the dispensary, and separate marked ones were used for methadone. Clean tablet and capsule counters were also kept in the dispensary, and separate marked ones were used for cytotoxic tablets.

Paper records were stored in the dispensary. Computers were never left unattended and were password protected. Screens were not visible to the public. Pharmacy team members took care to ensure phone conversations could not be overheard.

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.