General Pharmaceutical Council

# Registered pharmacy inspection report

**Pharmacy Name:** Bairds Pharmacy King St, 519 King Street, ABERDEEN, AB24 3BT

**Pharmacy reference:** 1113105

**Type of pharmacy:** Community

**Date of inspection:** 13/06/2024

## Pharmacy context

This is a community pharmacy located close to Aberdeen city centre. Its main activity is dispensing NHS prescriptions for people across the city and for students at the neighbouring University campus. And it supplies medicines in multi-compartment compliance packs to some people who need help remembering to take their medicines at the right times. The pharmacy offers a medicines delivery service and provides substance misuse services. It also offers private services which includes travel consultations and vaccines. The pharmacy team advises on minor ailments and medicines' use.

## 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. And pharmacy team members follow written procedures to help them safely carry out tasks. They mostly keep accurate records needed by law and keep people's private information safe. Team members recognise safeguarding concerns and they appropriately respond to help protect the welfare of vulnerable people. They record and review details of the mistakes they make while dispensing and learn from these to reduce the risk of further mistakes.

### Inspector's evidence

The pharmacy used standard operating procedures (SOPs) to define its working practices. The SOPs covered tasks such as the prescription handling, responsible pharmacist (RP) regulations, and safeguarding. One of the pharmacy's directors was in the process of reviewing SOPs and some newer team members had not signed to confirm they had read all of the current SOPs. Team members described their roles within the pharmacy and the processes they were involved in and accurately explained which activities could not be undertaken in the absence of the RP. Team members described the process for branch closure when there was no responsible pharmacist available.

Team members kept records about dispensing mistakes that were identified in the pharmacy, known as near misses. The team member responsible for the mistake entered the details on to an electronic record. And they also recorded errors that had been identified after people received their medicines. They reviewed near misses and errors periodically to learn from them. They discussed their mistakes at the time an incident occurred. And acted to reduce risk. For example, by sharing information when they noticed medicines in similar packaging to others. The team aimed to resolve any complaints or concerns informally. But if they were not able to resolve the complaint, they would escalate to the manager or one of the company's directors.

The pharmacy had current indemnity insurance. It displayed the correct responsible pharmacist notice and had an accurate responsible pharmacist record. It kept private prescription records, although several entries did not accurately record the prescribers' details. The pharmacy kept complete records for unlicensed medicines and digital controlled drug (CD) records with running balances. A random check of the quantity of two CDs matched the balance recorded in the register. Stock balances were observed to be checked periodically, with the last check being completed in February 2024. The RP engaged in a conversation with the inspector about the benefit of regular balance checks so that any discrepancies could be resolved effectively. The pharmacy had a CD destruction register to record CDs that people had returned to the pharmacy. And the pharmacy backed up electronic patient medication records (PMR) to avoid data being lost.

Pharmacy team members were aware of the need to protect people's private information. They separated confidential waste and shredded it in the pharmacy. No person-identifiable information was visible to the public. The team engaged in safeguarding learning to help protect vulnerable people. Team members discussed how they would use their knowledge and experience to recognise and raise safeguarding concerns. One team member gave examples when they had provided a safe space to people using code words associated with safety initiatives, designed to offer a safe space to people experiencing domestic abuse.

## Principle 2 - Staffing ✔ Standards met

### Summary findings

The pharmacy's team members have the necessary qualifications and skills to safely provide the pharmacy's services. They manage their workload well and support each other as they work. They have opportunities to complete ongoing learning to help keep their knowledge up to date. And they feel comfortable raising concerns if they need to.

### Inspector's evidence

The pharmacy employed three part-time pharmacists, one of whom assumed managerial responsibilities. It also employed a full-time pharmacy technician, two full-time dispensers, a part-time dispenser, and three part-time medicine counter assistants. The pharmacy displayed their certificates of qualification. It also employed part-time pharmacy students to cover periods such as staff holidays. The pharmacy was busy during the inspection, and the team was working well together in an organised way to manage the workload. Team members spoken to during the inspection were experienced in their roles and had been working at the pharmacy for several years. They were well-supported by the company’s directors and knew who to speak to if they needed help.

Team members were given protected time to undertake regular training and development. And they gave examples of recent modules they had completed, including migraine treatments and hayfever. They were observed to work on their own initiative. And asked appropriate questions when supplying over-the-counter medicines 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 openly discussing their own mistakes with the rest of the team to improve learning. Team members had daily informal discussions as they worked that related to issues such as workload and stock issues. They did not receive formal appraisals with the pharmacist manager. But they felt comfortable to make suggestions and raise concerns to the pharmacist or directors. The pharmacy had a whistleblowing policy that team members were aware of.

## Principle 3 - Premises ✔ Standards met

### Summary findings

The pharmacy premises are suitable for the services it provides. They are clean, secure, and well maintained. And the pharmacy has a suitable, sound-proofed room where people can have private conversations with the pharmacy's team members.

### Inspector's evidence

The pharmacy premises was large, modern and presented a professional appearance. It included a spacious, bright retail area, an average-sized dispensary with an automated dispensing robot, and staff facilities. The dispensary was laid out in a way which allowed the pharmacist to supervise the sale of medicines and intervene in a sale where necessary. But also allowed for privacy to prevent distractions during the dispensing and checking of prescriptions. The dispensary was organised, and team members utilised available work bench space well with clearly defined areas for dispensing. And the RP used a dedicated area to complete their final checks of prescriptions. The dispensary and consultation room had sinks with access to hot and cold water for professional use and hand washing.

The pharmacy had a large soundproof consultation room with a desk, chairs, sink and computer. It was clean and tidy, and the door closed which provided privacy. And it provided a suitable environment for the administration of vaccinations and other services. The pharmacy also had a second separate private area for specialist use such as substance misuse supervision. Lighting was comfortable through the premises, and it benefited from air conditioning to provide a comfortable and controllable ambient temperature. The premises were clean, hygienic and well maintained.

## Principle 4 - Services ✔ Standards met

### Summary findings

The pharmacy makes its services accessible to people. And it manages its services well to help people look after their health. The pharmacy correctly sources its medicines, and it completes regular checks of them to make sure they are in date and suitable to supply. And the pharmacy team provides appropriate advice to people about their medicines.

### Inspector's evidence

The pharmacy had good physical access by means of a level entrance and power-assisted door with a push-button for automated opening. The pharmacy advertised some of its services and its opening hours in the main window. Team members demonstrated how they proactively signposted people to the services provided by the pharmacy. And other local NHS services such as mental health support, vaccination services and family planning. They effectively used online translation services for people accessing the pharmacy who did not use English as their first language. All team members wore badges showing their name and role. The pharmacy provided a delivery service using a driver from one of the company's other pharmacies. It kept an electronic record of prescriptions that were due to be delivered each day.

Pharmacy team members followed a logical and methodical workflow for dispensing with an automated dispensing robot used. The robot had two workstations and outlet chutes. They used baskets to separate people's medicines and prescriptions. And they attached coloured labels to bags containing people's dispensed medicines to act as an alert before they handed out medicines to people. For example, to highlight the presence of a fridge line or a CD that needed handing out at the same time. Team members initialled dispensing labels to provide an audit trail of who had dispensed and checked all medicines. Some people received medicines from Medicines Care and Review (MCR) serial prescriptions. The pharmacy prepared these when people called the pharmacy to request them. Team members only prepared the medicines that were requested by people to avoid waste. They maintained records of when people collected their medication. This meant the pharmacist could then identify any potential issues with people not taking their medication as they should. Team members checked regularly for any prescriptions that had not been requested. They then communicated with the GP practice to ensure the prescription remained appropriate.

The pharmacy supplied medicines in multi-compartment compliance packs for people who needed extra support with their medicines. Pharmacy team members managed the dispensing and the related record-keeping for these on a four-weekly cycle. They kept a master record for each person which documented the person's current medicines and administration time. Some records had notes of previous changes to medication, creating an audit trail of the changes. The pharmacy sent the majority of its packs to another of the company's pharmacies to assemble using automation. The pharmacy kept the responsibility for the management of the service. This included ordering prescriptions and the accuracy and clinical check by the pharmacist. On receipt of the packs into the pharmacy, a team member completed a further check to make sure the right number of medicines were in the right compartments in the packs. Team members demonstrated an organised and logical process for tracking the prescriptions through the process. This meant it was easy for team members to check at what stage the dispensing was at, and how many packs had been supplied to an individual person and when. Packs were labelled with a description of what medicines looked like, so people could identify the individual

medicines in the pack. The pharmacy also provided pharmaceutical services to care homes. It dispensed medication in original packs and supplied medication administration records with these.

Team members had knowledge of the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They knew to apply dispensing labels to valproate packs in a way that prevented any written warnings being covered up. And they always dispensed valproate in the original pack. The pharmacy had patient group directions (PGDs) for unscheduled care, emergency hormonal contraception (EHC), and the Pharmacy First service, which included treatment of urinary-tract infections and impetigo. The pharmacy team members were trained to deliver the Pharmacy First service within their competence and under the pharmacist's supervision. They referred to the pharmacist as required. Two of the part-time pharmacists were independent prescribers and provided the NHS Pharmacy First Plus service. They treated several common clinical conditions including those affecting the ear, nose and throat. They were trained to carry out clinical examinations and worked to a national service specification and prescribed to a local formulary. They used NHS prescriptions with a unique prescriber number so their prescribing activity could be reviewed and audited. All consultations were documented, and a summary was sent to the person's regular GP.

The pharmacy obtained medicines from recognised suppliers. It stored medicines in their original packaging on shelves and in the dispensing robot. Medicine expiry dates were checked regularly, and expired items removed from the robot. Team members regularly checked expiry dates of medicines stored on shelves. A random sample was inspected, and all were found to be in date. The team marked liquid medicines with details of their opening dates. This prompted additional checks during the dispensing process to ensure they were safe to supply to people. The pharmacy protected pharmacy (P) medicines from self-selection to ensure sales were supervised. And team members followed the sale of medicines protocol when selling these. The pharmacy stored items requiring cold storage in two fridges and team members monitored and recorded minimum and maximum temperatures daily. They took appropriate action if these went above or below accepted limits. The pharmacy had disposal bins for expired and patient-returned stock. The pharmacy actioned Medicines and Healthcare products Regulatory Agency (MHRA) recalls and safety alerts on receipt but did not keep records of the action taken, date or the team member involved. So the pharmacy was not able to demonstrate that recalls had always been handled appropriately. 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 to provide safe services. And it uses its facilities to suitably protect people’s private information.

### 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 to provide a range of further support tools. This meant the pharmacy team could refer to the most recent guidance and information on medicines.

The pharmacy kept equipment required to deliver pharmacy services in the consultation room where it was used with people accessing its services. Team members kept clean crown-stamped measures by the sink in the dispensary, and separate marked ones were used for substance misuse medicines. The pharmacy used an automated pump for measuring doses of substance misuse medicines on a daily basis. Team members cleaned it at the end of each day and poured test volumes to check calibration daily. The pharmacy had a service contract for its automated dispensing robot. It kept clean tablet and capsule counters in the dispensary. The pharmacy stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. Computers were all password protected and screens were not visible to the public. The pharmacy had cordless phones, so that team members could have conversations with people in private.

## 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. |