

# Registered pharmacy inspection report

**Pharmacy Name:** Gardner Drive Pharmacy, 62 & 68 Gardner Drive,  
Aberdeen, Aberdeenshire, AB12 5SD

**Pharmacy reference:** 9011416

**Type of pharmacy:** Community

**Date of inspection:** 22/04/2024

## Pharmacy context

This is a community pharmacy within a small parade of shops in Aberdeen. Its main services are dispensing NHS prescriptions, including serial prescriptions. It dispenses medicines in multi-compartment compliance packs to help people take their medicines at the right time. And it supplies medicines to people living in care homes. It also provides substance misuse services and pharmacy team members provide advice 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<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 met

### Summary findings

The pharmacy adequately identifies and manages the risks of the services it provides. Pharmacy team members record and discuss mistakes made during the dispensing process and make changes to help prevent the same or a similar mistake occurring. And they understand their role in helping to protect vulnerable people. The pharmacy keeps the records it needs to by law, and it suitably protects people's confidential information.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were designed to help guide team members to work safely and effectively. They included SOPs about the absence of a responsible pharmacist (RP), protecting people's confidentiality and providing medicines in multi-compartment compliance packs dispensed using an automated machine. SOPs were reviewed by the Superintendent Pharmacist (SI) and team members signed and kept paper-based records to show they had read and understood them. SOPs were mostly in date with one showing a review date of 2021. The pharmacy employed an accuracy checking dispenser (ACD) who followed a procedure for conducting final accuracy checks and they knew only to check prescriptions that had been clinically checked and annotated by a pharmacist. Team members described their roles within the pharmacy and accurately described what activities they couldn't undertake in the absence of the RP. And there was a business continuity plan in place to address disruption to services or unexpected closure.

A signature audit trail on medicines labels showed who dispensed and checked each prescription. This meant the RP and ACD were able to help team members learn from dispensing mistakes identified within the pharmacy, known as near misses. The pharmacy kept paper-based records of near misses as well as errors that were identified after people received their medicines. Team members discussed these and agreed actions to manage the risk of similar mistakes happening again. This included separating stock of medicines with similar names, such as quetiapine and quinine, to avoid selection errors. The pharmacy had a complaints procedure and welcomed feedback. Team members were trained to manage complaints and aimed to resolve them informally. But if they were not able to resolve the complaint they would escalate to the pharmacist or SI.

The pharmacy had current professional indemnity insurance in place. It displayed an RP notice which was visible from the waiting area and the RP record held electronically was up to date. Team members maintained electronic controlled drug (CD) registers and they checked and verified the balances approximately once a month. Running balances for higher-risk liquid medicines were checked once a week. The pharmacy had records of CDs that people returned for safe disposal. Records of private prescriptions and unlicensed medicines were up to date. The pharmacist was an independent prescriber (PIP) and treated a variety of conditions under the NHS Pharmacy First Plus service. The PIP maintained records of the consultations they completed. Records included the persons medical history, examination findings and what treatment was prescribed, or if the person was referred on to another service.

Team members knew how to protect people's privacy and an on-site shredder was used to dispose of confidential waste. And they discussed safeguarding concerns with the pharmacist to protect vulnerable people. Team members were able to provide examples of signs that would raise concerns and provided evidence of interventions the team had made in the past to protect vulnerable people.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members have the necessary skills and qualifications for their roles and the services they provide. They manage their workload well and support each other as they work. And they feel comfortable raising concerns and discussing improvements to provide a more effective service.

### Inspector's evidence

The pharmacy employed one full time pharmacist manager, one full-time accuracy checking dispenser, one full-time dispenser, one part-time dispenser and a delivery driver who worked every day. And there was a vacancy for a medicines counter assistant. The team members displayed their certificates of qualification. On the day of the inspection there were three team members working alongside the pharmacist manager and a trainee pharmacist. Team members spoken to during the inspection were experienced in their roles and were observed managing their workload well. Part-time team members were able to provide contingency cover if needed for absence.

Team members did not plan regular learning time during the working day. But the pharmacy provided protected learning time when team members were undertaking accredited courses. And ad-hoc training was provided when new services were introduced. Team members had appraisals with the pharmacist manager once a year to review progress and identify any individual learning needs. They asked appropriate questions when selling over-the-counter medicines and explained how they would handle repeated requests for medicines liable to misuse such as codeine-containing medicines.

Team members had regular informal discussions with the manager and felt able to make suggestions to improve processes. And they explained how they had recently implemented a paper-based cleaning rota and date checking rota. This improved the way medicines were stored and managed. There was a whistle blowing policy in place and team members felt comfortable to raise any concerns with the manager or the SI.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean, secure and provides a professional environment suitable for the services it delivers. It has a private consultation room where people can have confidential conversations with a member of the pharmacy team if needed.

### Inspector's evidence

The pharmacy premises were clean and provided a professional image. There was a well-presented retail area which led to a healthcare counter and dispensary. Team members supervised the healthcare counter to prevent unauthorised access.

The dispensary was well organised with plenty of work bench space. It was laid out in a way which allowed the pharmacist to supervise 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. Stock was stored neatly on shelves around the perimeter of the dispensary. The dispensary had a sink with access to hot and cold water for professional use and hand washing. There was a second large area which provided further work bench space for team members to work and complete different tasks. And a retrieval area for storage of prescriptions awaiting collection. Staff facilities were hygienic with access to hot water. The pharmacy had a consultation room that was clearly advertised. It was appropriate in size, clean and fit for use. The pharmacy had a separate area for specialist services such as substance misuse supervision. Lighting and temperature were kept to an appropriate level throughout the premises.

## Principle 4 - Services ✓ Standards met

### Summary findings

Pharmacy team members manage and provide the pharmacy service's safely and effectively. And they make them accessible to people. The pharmacy suitably sources its medicines from recognised suppliers, and it stores them appropriately. And team members carry out checks to help ensure they keep medicines in good condition.

### Inspector's evidence

The pharmacy had good physical access via a level entrance and a push pad to help people open the door. The pharmacy advertised its opening hours and some of the services it provided in the main window. And a range of healthcare leaflets were available for people to read or take away, these included information on depression. Pharmacy team members used the electronic patient medication record (PMR) to provide large-print labels to help people with visual impairments take their medicines properly. And gave examples of how they accessed a translator service for a person who did not use English as their first language.

Team members used baskets during the dispensing process to separate people's prescriptions and prevent medicines becoming mixed-up. And they highlighted the inclusion of a fridge line or CD on a prescription by attaching coloured stickers to the outside of the bag of the dispensed medicines. The pharmacy provided a delivery service and people signed to acknowledge receipt of their prescription. Some people received serial prescriptions from the Medicines: Care and Review (MCR) Service. These were made up in advance of the expected collection date and the pharmacy maintained records of when people collected their medicines. This meant the pharmacist could easily identify any issues with people not taking their medicines as they should.

The pharmacy supplied medicines to people in multi-compartment compliance packs when requested. Most of these were sent to another pharmacy within the company to be dispensed via an automated dispensing machine. Team members worked two weeks in advance of supply to allow time to resolve any issues. The pharmacist clinically checked the prescription to ensure it was suitable for the automated dispensing system. Exclusions included CDs, reducing dose regimes and prescriptions with over fifteen medicines. Backing sheets were provided with each pack and included warning labels for each individual medicine, instructions for use and a description of what each medicine looked like. The pharmacist carried out a further accuracy check on receipt of the packs in the pharmacy. Patient information leaflets (PILs) were not routinely supplied with packs but were supplied when new medicines were started. So, people may not always have up-to-date information relating to their medicines. The pharmacy provided medication for care homes. This service was managed on a monthly cycle with paper-based medicine administration charts provided for use by care home staff. The pharmacist had recently attended a care home and completed an audit on the service provided. This provided the opportunity to check how medicines were managed within the care home. And ensured the service provided by the pharmacy was safe and effective.

The pharmacy provided injectable treatment to some people requiring treatment for substance misuse. And the pharmacist had attended in person specialist training to provide this service. The pharmacist managed this service under an agreed protocol with the local substance addiction team. And kept records of administration which were shared with the local addiction team.

The pharmacy team members were trained to deliver the NHS Pharmacy First service within their competence and under the pharmacist's supervision. They referred to the pharmacist as required. The PIP provided the NHS Pharmacy First Plus service. They treated several common clinical conditions including those affecting the ears, chest and throat. They were supported by other prescribers within the group of pharmacies. And worked to an agreed formulary that listed the medication that could be prescribed, supporting information for the prescribers and when referral to a GP would be appropriate. They held consultation records electronically and these were communicated to people's GP via email. This ensured their medical records were kept up to date.

The pharmacy purchased medicines and medical devices from recognised suppliers. And team members conducted appropriate monitoring to ensure they were fit for use. This included a rota to check expiry dates of medicines. Red stickers were attached to stock to indicate it was short dated and should be used first. The pharmacy used three fridges to store medicines. The pharmacy manager checked and recorded temperatures daily to show that the temperature remained within the recommended limits of 2 and 8 degrees Celsius. The fridges were well organised with one being used for dispensed medicines only and another to separate insulin from other medicines.

The pharmacist appropriately counselled patients receiving prescriptions for higher-risk medicines. And pharmacy team members were aware of the risks associated with valproate containing medicines and the Pregnancy Prevention Programme. The pharmacy actioned Medicines Healthcare and Regulation Authority (MHRA) product recalls and safety alerts on receipt and kept records on action they had taken.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Pharmacy team members have access to appropriate equipment that is fit for purpose and safe to use. And team members use the equipment appropriately to protect people's confidentiality.

### Inspector's evidence

The pharmacy had up-to-date written reference resources available including the British National Formulary (BNF). And team members were able to access online resources such as Specialist Pharmacy Services and Electronic Medicines Compendium to obtain up to date information and guidelines.

A range of equipment was available for use in the consultation room. Electrical equipment was visibly free from wear and tear. The pharmacist manager confirmed equipment such as blood pressure monitor and stethoscope had been recently purchased to provide the NHS Pharmacy First Plus service with a plan for testing in the future to ensure they continued to be fit for use. The pharmacy had tablet counters for dispensing loose medicines and CE stamped glass cylinders for dispensing liquids.

Prescriptions awaiting collection were stored on shelves in a retrieval area and confidential information was not visible to waiting customers. Computers were password protected and computer screens were protected from unauthorised view. Cordless telephones were used to enable private conversations in a quieter area.

### 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.