

Registered pharmacy inspection report

Pharmacy Name: Bertha Park Pharmacy, Unit 3, Adamson Avenue,
Bertha Park, Perth, PH1 0AU

Pharmacy reference: 9012276

Type of pharmacy: Community

Date of inspection: 11/11/2024

Pharmacy context

This is a community pharmacy in Perth. It dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. The pharmacy dispenses private prescriptions and pharmacy team members advise on minor ailments and medicines use. They provide over-the-counter medicines and prescription-only medicines via patient group directions (PGDs).

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 has relevant written procedures for the services it provides, and team members follow them. Team members discuss mistakes that happen when dispensing. And they keep some records to identify patterns in the mistakes to make safety improvements and reduce the risk of errors. The pharmacy keeps accurate records as required by law, and it keeps people's confidential information safe and secure. Team members understand their roles in protecting vulnerable people.

Inspector's evidence

The pharmacy defined its working practices in a range of standard operating procedures (SOPs). The accuracy checking dispenser (ACD) produced a folder which contained paper copies of SOPs that had been approved by the superintendent pharmacist (SI). The dates showed they had last reviewed them in 2018 and the headers showed a different pharmacy. They had been signed and dated by the team members that worked there. Following the inspection, the area manager produced copies of digital SOPs and a record of competence sheet that showed that the ACD had read them and had been deemed competent. They confirmed the ACD had access to them. This included SOPs for dispensing and controlled drugs (CDs). The ACD was seen to be following safe working practices and knew only to check prescriptions that had been clinically checked and annotated by a pharmacist.

A signature audit trail on medicine labels showed who was responsible for dispensing each prescription. This meant the pharmacist and the ACD were able to identify and help team members learn from their dispensing mistakes. The pharmacy opened for the first time in December 2023 and the number of prescriptions it dispensed was relatively low. Team members had last recorded a near miss error in July 2024. They had been proactive at managing dispensing risks and provided several examples of the improvement action they had taken. This included the separation of look alike, sound alike (LASA) medications, such as placing amitriptyline on a random shelf to avoid mix-ups with other medications such as amlodipine and separating gabapentin and pregabalin.

Team members knew to escalate dispensing errors, which were mistakes that were identified after a person had received their medicine. A locum pharmacist who had worked at the pharmacy a few times before knew to discuss incidents with team members. This meant they learned about dispensing risks and how to keep dispensing services safe. They also knew to contact the area managers so they could intervene and implement extra improvements if necessary. The pharmacy defined its complaints procedure in a documented SOP and team members knew to handle concerns although they had not received any since the pharmacy opened.

Team members maintained the records they needed to by law. And the pharmacy had current professional indemnity insurances in place. The pharmacist displayed a responsible pharmacist (RP) notice which was visible from the waiting area and the RP record was up to date.

Team members maintained CD registers and they checked the balance recorded in the register matched the physical stock, once a week. The pharmacy knew to keep records of CDs that people returned for disposal and to annotate the records to provide an audit trail to show when destructions had taken place. Team members filed prescriptions so they could easily retrieve them if needed. They kept

records of supplies of unlicensed medicines and private prescriptions which were accurate and correct.

The pharmacy trained its team members to safeguard sensitive information. This included managing the safe and secure disposal of confidential waste. The pharmacy defined its safeguarding procedure in a documented SOP and team members knew to escalate any safeguarding concerns and discuss them with the pharmacist to help vulnerable people. For example, when some people failed to collect their medication on time so that alternative arrangements could be arranged if necessary.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy reviews its staffing levels to ensure it has the right number of suitably skilled pharmacy team members working when it needs them. It encourages team members to provide feedback and suggest improvements to improve working practices.

Inspector's evidence

The pharmacy's dispensing workload had steadily increased since it opened in December 2023. A regular pharmacist had been in post, but the pharmacy had recently been running on locum pharmacists. A replacement RP was due to take up their post in the next few months. An ACD and a delivery driver had started working at the pharmacy when it first opened. The company monitored the pharmacy's staffing arrangements and the number of team members and skill-mix for its services. And there had been no need to make any increases. The pharmacy had contingency arrangements in place. Team members could contact a nearby sister branch and a relief dispenser provided cover when the ACD was on leave. The company used an Application to keep team members up to date and informed about service changes. It also used the communication platform to instruct team members to carry out urgent tasks such as acting on drug alerts and recall notifications. The area manager visited the pharmacy to check it was operating safely according to the company's governance arrangements and to ensure that team members were supported.

The ACD kept up to date in their role. They had reflected on the demographic of the people that used the pharmacy which was mostly young families. This differed from the demographic at the previous pharmacy they had worked at which provided services to a mostly elderly population. They had reviewed the NHS pharmacy first formulary, so they were aware of the range of medications available to all of the people that used the pharmacy. They also discussed new medications and new dosage regimes with the pharmacist at the time they carried out final accuracy checks so they could identify and correct dispensing errors.

The pharmacy empowered team members to make suggestions for change. For example, the ACD had colour-coded the records they used to help with multi-compartment compliance pack dispensing. They used a different colour for each of the weeks over the four-week cycle of dispensing. This had also helped with serial prescription dispensing. The pharmacist encouraged team members to raise whistleblowing concerns to help to keep pharmacy services safe and effective.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are secure, clean, and hygienic. The pharmacy has good facilities for people to have private conversations with pharmacy team members.

Inspector's evidence

The pharmacy was in modern purpose-built premises that presented a professional appearance to the people that used it. The dispensary was well organised with separate dedicated areas for the dispensing and checking of prescription items. The pharmacist was able to intervene at the medicines counter when needed. Team members used dispensing baskets to help organise the workspace on the dispensing benches. And they organised the shelves and kept them tidy to manage the risk of medicines becoming mixed up. A separate rear dispensing bench was used to assemble multi-compartment compliance packs. And team members ensured the bench was free from other items before they commenced dispensing. This ensured sufficient space for the prescriptions and the relevant documentation to carry out the necessary checks and keep dispensing safe.

The pharmacy had two consultation rooms with separate access from the dispensary and from the retail waiting area. They both had sinks with hot and cold running water. People could speak to the pharmacist and team members in private. A clean sink in the dispensary was used for medicines preparation and team members cleaned all areas of the pharmacy daily. This ensured the pharmacy remained hygienic for its services. Lighting provided good visibility throughout. And the ambient temperature provided a suitable environment to store medicines and to provide services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services which are easily accessible. And it provides its services safely. The pharmacy gets its medicines from reputable sources, and it stores them appropriately. The team regularly checks medicines are in good condition and suitable to supply. And they identify and remove medicines from use that are no longer fit for purpose.

Inspector's evidence

The pharmacy was in a large new housing development, and it provided its services six days a week from Monday to Saturday. The premises had a step-free entrance and people with mobility issues were able to gain access without restrictions. The pharmacy purchased medicines and medical devices from recognised suppliers. Team members conducted monitoring activities to confirm that medicines were fit for purpose. They regularly checked medicine expiry dates which they documented so they knew when checks were next due. A random check of dispensary stock found no out-of-date medicines. The pharmacy used a large fridge to keep medicines at the manufacturers' recommended temperature. And team members monitored and recorded the temperature every day to show that fridges remained within the accepted range of between two and eight degrees Celsius. The fridges were organised with items safely segregated which helped team members manage the risk of selection errors. The pharmacy used secure cabinets for some of its medicines and they were kept well-organised. Items were quarantined whilst they awaited destruction. The pharmacy received drug safety alerts and medicine recall notifications. Team members checked the notifications and maintained an audit trail to show they had conducted the necessary checks.

The pharmacy had medical waste bins and denaturing kits available to support the team in managing pharmaceutical waste. Team members knew about the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They knew about the warning labels on the valproate packs, and they knew to apply dispensing labels so people were able to read the relevant safety information. They also knew about recent legislative changes which required them to provide supplies in the original manufacturer's pack unless in exceptional circumstances.

The pharmacy used containers to keep individual prescriptions and medicines together during the dispensing process. This helped team members manage the risk of items becoming mixed-up. It also helped them prioritise prescriptions, for example, for people that wished to wait on their medication. Team members dispensed medicines in multi-compartment compliance packs over a four-week cycle. They used supplementary pharmacy records to document the person's current medicines and administration times. This allowed them to carry out checks and identify any changes that they queried with the GP surgery. Team members sometimes supplied patient information leaflets (PILs) with new medicines but not always with the first pack of the four-week schedule. They provided descriptions on the packs to help people identify their medicines.

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 access to a range of up-to-date reference sources, including access to the digital version of the British National Formulary (BNF). Team members used crown-stamped measuring cylinders, and they used separate measures for substance misuse medicines. The pharmacy stored prescriptions for collection out of view of the public waiting area and it positioned the dispensary computers in a way to prevent disclosure of confidential information. Team members could conduct conversations in private if needed, using portable telephone handsets.

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.