

# Registered pharmacy inspection report

**Pharmacy Name:**Richardson Pharmacy, 181 - 183 Blackness Road,  
DUNDEE, Angus, DD1 5PH

**Pharmacy reference:** 1041718

**Type of pharmacy:** Community

**Date of inspection:** 16/09/2020

## Pharmacy context

This is a community pharmacy beside other shops on a main road close to a city centre and GP practices. It dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. And it supplies medicines to care homes. It also provides substance misuse services and dispenses private prescriptions. The pharmacy team advises on minor ailments and medicines use. This inspection took place during the COVID-19. pandemic.

## 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 identifies and manages the risks associated with its services. It has adapted its ways of working during the pandemic to ensure it delivers its services safely and effectively. It has up-to-date written procedures for team members to follow. The pharmacy keeps the records it needs to by law. The team members understand their responsibilities in protecting people's private information and they keep this safe. They know how to help protect the welfare of vulnerable people. They record and discuss mistakes made during the dispensing process. But the information they record is sometimes limited so learning opportunities may be missed.

### Inspector's evidence

The pharmacy was inspected during the COVID-19 pandemic and it had identified changes needed to help manage the risks of virus transmission. The pharmacy had clear plastic screens in place at the counters between the dispensary and retail area. It had a free-standing hand sanitiser unit available for people to use in front of the medicines counter. The pharmacy team members wore personal protective equipment (PPE) including face masks and plastic aprons. They frequently washed their hands, and some wore disposable gloves. The pharmacy had standard operating procedures (SOPs) in relation to the COVID-19 pandemic. These included the wearing of PPE and cleaning and disinfecting. The pharmacist advised that the team had discussed their individual needs but was not aware of any documented personal risk assessments. The team were aware of current information in relation to the COVID-19 pandemic such as the process for testing, if required, under the government guidelines.

The pharmacy had a range of up-to-date standard operating procedures (SOPs) which the owner had reviewed in January 2020. The pharmacy had produced a duplicate file of the SOPs. The pharmacy team members had read some SOPs during the working day and also taken the duplicate file home on a rotational basis to read. The owner had signed each SOP to show that the pharmacy team member was authorised to carry out the process. The team members then signed the relevant sections after reading each SOP. The pharmacy displayed several SOPs on walls in various locations which served as a reference point for the team. This included the compliance pack dispensing process. The team members advised of their roles. They were knowledgeable about their roles and explained and demonstrated tasks enthusiastically.

The pharmacy recorded near miss errors found and corrected during the dispensing process. The team recorded these directly on to an electronic record. The electronic recording had commenced around June 2020. A dispenser demonstrated the system. The majority of near miss errors recorded were mistakes with strengths. Prior to June the pharmacy had used a book for recording near miss errors and since the last inspection the pharmacy team members had completed entries when they occurred. Both the book and electronic records showed that the team members consistently recorded any near miss errors. Examples included enalapril and citalopram which the team members advised had very similar packaging. The team members separated these items on the dispensing shelves to help minimise incorrect selection. Some of the entries electronically had limited detail. The team members advised they discussed any errors as they occurred and reviewed these monthly. They had discussed opening packets to check the contents inside and to pay more attention when selecting cream or ointments. They noted a trend with a regular error, with empagliflozin instead of ezetimibe, and shared and highlighted this to try to avoid repetition. Up until May 2020 a brief review was documented in the

book, but it was unclear where current reviews were recorded. The pharmacy had a procedure for handling complaints and notified the Health board quarterly of any. There had been no complaints received formally recently. There had been a few people complaining from the start of the pandemic but generally these were issues resolved after explanation by the team regarding the unusual circumstances. The pharmacy had up-to-date indemnity insurance with an expiry date of July 2021.

The pharmacy displayed the correct responsible pharmacist (RP) notice. And the pharmacists completed the responsible pharmacist records as required. The pharmacist recorded these electronically. This had been in place since June 2020. A sample of the electronic controlled drugs (CD) registers looked at found that they met legal requirements. The physical stock of an item selected at random agreed with the recorded balance. The pharmacy undertook weekly stock audits. It had a chart which indicated which member of the team undertook the audit for the week. The checks were recorded electronically. The team members advised that the electronic register was good to use, and it was clear. They demonstrated how they recorded any errors and the weekly checks to maintain the audit trail. The pharmacy recorded CDs which people had returned for disposal in a book for that purpose and it had a process in place to ensure the team destroyed these promptly. This prevented a build-up of items in the CD cabinet. The pharmacy suitably maintained the records for private prescriptions. These were electronic from June 2020. The pharmacy kept special records for unlicensed products with the legal requirement met.

The pharmacy team members understood the requirements of confidentiality and there was a copy of the SOP on the wall reminding the team of requirements. There was also a folder with information from recent training which had been undertaken by the team. This included scenarios as learning examples. The team members kept people's private information safely. They stored confidential waste in separate containers for offsite shredding. The pharmacists were registered with the protecting vulnerable group (PVG) scheme to help protect children and vulnerable adults. The pharmacy did not formally train its team members to identify vulnerable adults and children. But they knew to refer concerns to the pharmacist so they could take the necessary actions to protect people.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has team members with the skills required for their roles. And they undertake required training within the GPhC's guidelines. The pharmacy encourages team members to complete ongoing training. They help each other in their day-to-day work and share information and learning so, they can improve their performance and skills. They feel supported by the pharmacy owner who keeps them well informed during the pandemic.

### Inspector's evidence

The pharmacy had one part-time pharmacist, the owner superintendent (SI) pharmacist who worked part-time, one accuracy checking technician (ACT), seven dispensers and one medicines counter assistant (MCA). The ACT and MCA worked full time. The dispensers all worked full time except two. One worked part-time during the week and advised that she worked extra hours if required. The other worked on Saturdays and also came in one day during the week specifically to date check, clean and generally tidy up. Since the last inspection she had been enrolled on the Buttercups dispensing training course and was about halfway through the course. Usually there were three or four dispensers who worked upstairs in the main dispensary and two downstairs dispensing medicines for the care homes and into multi-compartment compliance packs.

Since the last inspection the team members had registered with the NHS Education for Scotland (NES) training platform, TURAS. The pharmacy team members had their own accounts and had completed courses on topics such as Complaints Investigations Skills, Pharmacy First and Confidentiality. They also had folders with their records of completion. They advised that they received some time in the pharmacy for training but often chose to do training at home. This also included reading of SOPs. Some pharmacy team members attended webinars for training. The pharmacists and team kept up to date with information regarding the COVID-19 pandemic. The pharmacy team members reported that they had worked well together during the COVID-19 pandemic. And they had supported each other with the increased workload and the changes in ways of working. The prescription numbers had increased during the pandemic and remained at a higher level than when the pandemic started. The team said they could raise concerns within the pharmacy by speaking to the pharmacist or SI.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy environment is secure and suitable for the services it provides. And changes help make the premises COVID secure. It has suitable facilities to meet the needs of people requiring privacy when using its pharmacy services.

### Inspector's evidence

The pharmacy had a retail area, dispensary and basement including dispensing areas, storage space and staff facilities. The pharmacy team used the basement to dispense and manage the care home and multi-compartment compliance packs. It was also used for the storage of some stock and paperwork. The public space presented a safe environment. The pharmacy allowed only two people in at any one time to maintain social distancing. The pharmacy had a clear plastic screen at the medicines counter and hand sanitiser available in a dispensing unit near the counter for people to use. The pharmacy team members had introduced a cleaning chart which the pharmacy displayed in the dispensary. They had increased the frequency of cleaning to help reduce the risk of infection and completed the chart every hour after they had undertaken the required cleaning. This included cleaning the chairs in the waiting area.

The pharmacy was fitted out to an acceptable standard with suitable space for dispensing, storing stock and medicines and devices waiting for collection. The sink in the dispensary for preparation of medicines was clean. Separate hand washing facilities were in place for the team. The room temperature was comfortable, and the pharmacy was well lit. The pharmacy had a good sized, signposted, sound proofed consultation room. The pharmacy team members had not used this during the pandemic. The pharmacy team members had removed most unnecessary items from the consultation room to ease cleaning now they were beginning to use the room again. The pharmacy also had a separate area for substance misuse supervision. It was a discreet area with a division from the main medicines counter. The pharmacy had also added a clear plastic screen at this counter at the start of the pandemic.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides services which support people's health needs and it manages these services well. It identifies the risks to the delivery of pharmacy services during a pandemic and it makes changes to ensure people receive their medicines safely and efficiently. The team members give people extra information to help them use their medicines properly. The pharmacy obtains, stores and generally manages its medicines appropriately. The team carries out suitable checks to make sure medicines are in good condition and suitable to supply.

### Inspector's evidence

The pharmacy was accessible to all, including patients with mobility difficulties and wheelchairs. There was a power assisted door. The pharmacy displayed COVID-19 information posters and had a separate poster reminding people to wear face coverings. There was some customer seating which people continued to use during the pandemic. The pharmacy team members cleaned the seats frequently throughout the day. The pharmacy displayed its services in the window and within the pharmacy. The pharmacy had a defined professional area. And items for sale were mostly healthcare related. People could not self-select pharmacy medicines and the team assisted with sales of these items.

The pharmacy had a small range of leaflets at the end of the medicines counter. Leaflets available included the up-to-date NHS Pharmacy First advice, treatment and referral booklets and the NHS Coronavirus washing hands information leaflet. The team members advised that the dispensers and pharmacists had undertaken training on the new Pharmacy First service and were getting used to the new formulary. They advised that people liked the service and it was useful to get advice and medication if required. The pharmacy provided a smoking cessation service but during the pandemic the process had changed, and no carbon monoxide readings were undertaken. It had also undertaken a few emergency hormonal contraception (EHC) consultations. These had been undertaken in the pharmacy in a private area. The team had not used the consultation room. The pharmacy provided a remote GP consultation service which used the consultation room. This service stopped at the start of the pandemic but had recently started again although there had been little uptake. The pharmacy supplied a lot of people with weekly instalments of a variety of different medicines. The team prepared these higher-risk dispensing activities where there was little distraction. And there was adequate space to dispense, check and store the dispensed medicines. The pharmacy offered a substance misuse service and needle exchange service. It used the Methameasure system. During the pandemic people received weekly supplies but most of them had resumed to daily supervised supplies. Some people received part of their supplied supervised and part of their dose to take away. The pharmacy kept a weekly audit document and recorded the percentage of overage or underage to monitor that the difference in volume was within an acceptable range. This was signed as checked by two team members.

The pharmacy workflow provided different sections for dispensing activities with dedicated benches for assembly and checking, with a separate room for the care homes and compliance pack preparation. The pharmacy team members used coloured baskets with pink for people waiting and yellow for priority. They used other colours for all other dispensing. The pharmacy identified medication for delivery with bag labels and placed any deliveries which were urgent into yellow baskets. This helped the pharmacists prioritise items for checking. There was a clear audit trail of the dispensing process. The team

completed the 'dispensed by' and 'checked by' boxes which showed who had performed these roles. And a sample of completed prescriptions looked at, complied with this process. The pharmacists generally stamped prescriptions with a stamp which stated, 'clinically checked' and initialled and dated when they completed the clinical check. On occasions the pharmacists just marked 'cc' on the prescriptions and dated and initialled. This allowed the accuracy checking technician to do their accuracy check. This was done when dispensing compliance pack and homes' prescriptions.

The team members used CD and fridge stickers on bags and prescriptions to prompt the person handing the medication over that they needed to add some medication to complete the supply. And to give additional advice if necessary. They had warning cards in the dispensary which they provided to people for the non-steroidal anti-inflammatory drugs (NSAID). And they had a notice at the end of the dispensary bench to remind the team to provide this information to people who were taking these medicines. There was also a notice to remind the team to provide advice on certain other medicines known as 'sick day' rules. The pharmacist showed a new card which they supplied to people who were taking methotrexate which provided information. The pharmacy completed the day of the week when the person was to take their methotrexate. The pharmacy team members were aware of the valproate Pregnancy Prevention Programme (PPP). The pharmacist ensured any people taking this medication had been suitably counselled and the pharmacy team reminded them each time they received a supply. The pharmacy had booklets and cards to hand out if any person who met the criteria presented a prescription. When the pharmacy could not provide the product or quantity prescribed in full, people received an owing slip. And the pharmacy kept one slip with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy contacted prescribers for an alternative if items were unobtainable.

The pharmacy managed multi-compartment compliance packs on a four-weekly cycle with four assembled at a time. The pharmacy team followed a robust and thorough process and kept records of when the pharmacy ordered and received prescriptions. It documented any changes and interventions. A team member checked prescriptions on receipt and queried any missing items with the GP practice. The pharmacy kept a diary to record calls. And team members recorded these on people's individual records. They stored completed packs in individual labelled box files with records and prescriptions. They supplied patient information leaflets (PILs) with the first pack of each prescription. And they included tablet descriptions on the backing sheets. The dispensers left original boxes with the packs to allow the pharmacists and ACT to make appropriate checks. Since the last inspection the team members stapled the backing sheets to the packs to prevent the details becoming separated from the contents. They advised that they took care to position the staples and they had thought about taping the backing sheets to the packs to avoid any risk of sharp edges. The pharmacy also provided pharmaceutical services to care homes. Team members followed a robust process for this, with the homes generally ordering and checking their own prescriptions. But pharmacy team members also checked them and queried any missing items. For the last two cycle the process had changed with the pharmacy providing medicines in original packs with medication administration record (MAR) sheets. They had introduced this system following the care commission requirements and had reviewed their process. The pharmacy kept a record of medicines it delivered from the pharmacy to people, including the homes. This had been reviewed during the pandemic and signatures from the person receiving the medication had stopped. The drivers kept records of when they delivered. The pharmacy had employed two additional drivers during the pandemic and was waiting for another van to help with deliveries.

Since the last inspection a member of the pharmacy team dedicated some time each week to tidy the shelves and check the stock for expiry dates. She highlighted and recorded any items which were going out of date within the following six months. The team reported this had been useful to keep stock organised and it had helped keep the pharmacy tidy. The stock was mostly stored in manufacturer's



original containers and the pharmacy stored medicines in an organised way. There were a few medicines that had been transferred from the manufacturer's original containers to bottles which had the name of the medication with the batch number and expiry date but did not show the manufacturer or product licence number. And a few bottles of CDs contained medicines with the name of the medicine and generally the name of a person but no other details. These were from items taken out of the compliance packs as they were no longer required. The team didn't then have the information to correctly label the medicine as the original packaging had been discarded. This was discussed.

The pharmacy had a refrigerator from a recognised supplier. This was appropriate for the volume of medicines requiring storage at such temperatures. The team members recorded temperature readings daily and they checked these to ensure the refrigerator remained within the required temperature range. The team members marked liquid medication with the date of opening which allowed them to check to ensure the liquid was still suitable for use. The pharmacy obtained medicines from several reputable sources. The pharmacy had scanners in place for the implementation of the Falsified Medicines Directive (FMD). The team members advised they had scanned for a while but stopped as there were too many error messages. The team used appropriate medicinal waste bins for patient returned medication. The contents of the bins were securely disposed of via the waste management contractor. The pharmacy had appropriate denaturing kits for the destruction of CDs. The pharmacy had a process to receive drug safety alerts and recalls from the Medicines and Healthcare products Regulatory Agency (MHRA). The team actioned these and kept records of the action taken.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs for the pharmacy services it provides. It manages and uses the equipment in ways to protect people's privacy.

### Inspector's evidence

The pharmacy team members had access to a range of up-to-date reference sources, including the British National Formulary (BNF). They used the internet as an additional resource for information. The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. It had a separate range of measures for measuring specific liquids and for calibration purposes. The pharmacy used the Methameasure system. A pharmacy team member explained the cleaning and calibration process which was undertaken at the start and end of the day and when a team member replaced any stock bottles.

It also had a range of equipment for counting loose tablets and capsules. The equipment such as the carbon monoxide monitor appeared in good working order and the Health Board checked it. The team advised they had not used this during the pandemic.

Since the last inspection the pharmacy had move any confidential files from the consultation room to the downstairs office. This was an area with no public access which kept these confidential. The pharmacy stored medication waiting collection on shelves where no confidential details could be observed by people. The computer screens were out of view of the public. They were password protected and locked when not in use. The team used cordless phones for private conversations. The pharmacy had resources and facilities in place, such as hand sanitiser, to manage infection control.

### 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.