General Pharmaceutical Council

# Registered pharmacy inspection report

**Pharmacy Name:** Davidsons Chemists, 9-11 Roods, KIRRIEMUIR, Angus, DD8 4EZ

**Pharmacy reference:** 1041761

**Type of pharmacy:** Community

**Date of inspection:** 18/09/2023

## Pharmacy context

This is a community pharmacy in the rural town of Kirriemuir that has recently changed ownership. Its main services include dispensing of NHS prescriptions, including serial prescriptions, and it dispenses some medicines in multi-compartment compliance packs to help people take their medicines at the right time. And it delivers medication to people's homes. The pharmacist is an independent prescriber and delivers the NHS Pharmacy First Plus service to treat common clinical conditions.

## 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 appropriately manages the risks associated with the services it provides for people. Its complete set of written procedures helps the team carry out tasks consistently and safely. Members of the team record and learn from the mistakes they make when dispensing. And they keep the records they need to by law. Team members have knowledge and experience to help support vulnerable people

### Inspector's evidence

The pharmacy had a range of up-to-date standard operating procedures (SOPs) to help team members manage risks. The SOPs were all kept electronically, and each team member had an individual login to the electronic platform to access them. The pharmacy's superintendents (SI) team reviewed the SOPs on a regular basis. Team members were in the process of reading the SOPs relevant to their role and completed a declaration to confirm their understanding. They were observed working within the scope of their roles. Team members were aware of the responsible pharmacist (RP) regulations and of what tasks they could and couldn't do in the absence of an RP.

Pharmacy team members recorded any mistakes they identified during the dispensing process, known as near misses. These were recorded on an electronic near miss record. Team members could also access the record using a quick response (QR) code from smart phone devices. They explained that an error would be highlighted to them by the pharmacist, and it was their responsibility to enter it onto the record. This allowed them to reflect on the mistake. The pharmacy manager reviewed the near miss record monthly to identify any trends and patterns. This was recorded on a patient safety report which was reviewed centrally by the SI. Team members also recorded details of any errors which were identified after the person had received their medicines, known as dispensing incidents. These incidents were recorded on an electronic platform and were then reviewed by the SI. A patient safety report was shared regularly by the pharmacy head office which shared details of common errors within the network of pharmacies and any alerts from head office. Pharmacy team members read the bulletin and signed the front to confirm they had done so. A suggestion box and QR poster was in place in the retail area for people to provide feedback and to rate their experience of pharmacy services. The feedback was reviewed by the team. The pharmacist advised that they had recently received praise from people using pharmacy services as the pharmacy had undergone a significant period of disruption and reduced opening hours, but now people had full access to pharmacy services. Team members aimed to resolve any complaints or concerns informally. But if they were not able to resolve a complaint, they would escalate to the manager or SI.

The pharmacy had current professional indemnity insurance. The RP notice displayed contained the correct details of the RP on duty and it could be viewed from the retail area. The RP record was generally in order, but there were some missed sign-out entries which could cause confusion. The pharmacy held its CD register electronically, and it appeared to be in order. The team checked the physical levels of CDs against the balances recorded in the CD register every week. There was a record of patient returned CDs and this was maintained up to date. The pharmacy held certificates of conformity for unlicensed medicines and full details of the supplies were included to provide an audit trail. Appropriate electronic records of private prescriptions were maintained.

Team members were aware of the need to keep people's private information secure. They were

observed separating confidential waste into marked bags which were collected by a head office for secure destruction. The pharmacy stored confidential information in staff-only areas of the pharmacy. A privacy notice was on display in the retail area explaining how the pharmacy handled confidential information. Pharmacy team members had completed learning associated with their role in protecting vulnerable people. They understood their obligations to manage safeguarding concerns well and were familiar with common signs of abuse and neglect. The team had access to contact details for relevant local agencies. The pharmacist was a member of the Protecting Vulnerable Groups (PVG) scheme.

## Principle 2 - Staffing ✔ Standards met

### Summary findings

The pharmacy has enough suitably skilled team members to manage its workload. And it has an additional trained team member to support the team and help with the change in ownership process. Team members receive the correct training for their roles and they complete additional regular training to maintain their knowledge and skills. They receive some feedback about how they are performing and know who to raise concerns with should they need to.

### Inspector's evidence

The pharmacy employed a full-time pharmacist manager who was an independent prescriber. They had started in role when the pharmacy changed ownership. There was a full-time trainee dispenser and three part-time trainee dispensers. And there was a vacancy for a part-time dispenser. Since the change of ownership, the team had also been supported by an experienced dispenser who had worked with the pharmacy company for some time. This was to help embed the new pharmacy processes. All team members were enrolled on an accredited training course and received one hour protected learning time per week to support its completion. They also received an additional hour of protected learning time to support with reading the new pharmacy company SOPs and completion of mandatory training modules. The team had recently received a face-to-face training session on the new NHS Naloxone service.

Team members were observed working well together and managing the workload. A task rota was displayed to help the team manage responsibilities. Planned leave requests were managed so that only one team member was absent at a time. Part-time staff supported by working additional hours during periods of planned leave. And there was additional relief dispenser support available if required. The pharmacy team had received regular visits from the company operations manager, and other members of the company head office to support with the change in ownership. They felt comfortable to raise any concerns with their manager or members of the head office team. Members of the team received regular feedback as they worked. The company had a formal appraisal process, but team members had not yet received this.

Team members were observed asking appropriate questions when selling medicines over the counter and referring to the pharmacist when necessary. They explained how they would identify repeated requests from people for medicines subject to misuse, for example, codeine containing medicines. And that they would refer them to the pharmacist. There were no targets set for pharmacy services.

## Principle 3 - Premises ✔ Standards met

### Summary findings

The pharmacy premises are suitable for the services provided and are appropriately maintained. It has a suitable consultation room where people can have a confidential conversation with a pharmacy team member.

### Inspector's evidence

The premises were secure and provided a professional image. The pharmacy workspaces were well organised with designated areas for completion of pharmacy tasks and suitable storage for prescriptions. A dispesning area had recently been installed in the rear of the pharmacy where team members could work if required to reduce distractions. This was mainly used to dispense multi-compartment compliance packs. A bench used by the RP to complete the final checking process was located at the side of the dispensary near the retail counter. The medicines counter could be clearly seen from the checking area which enabled the pharmacist to intervene in a sale when necessary. A good-sized consultation room was clearly signposted and had lockable storage for confidential information.

There was a clean, well-maintained sink in the dispensary used for medicines preparation and there were other facilities for hand washing. The pharmacy kept heating and lighting to an appropriate level in the dispensary and retail area.

## Principle 4 - Services ✔ Standards met

### Summary findings

The pharmacy provides a range of services to support people's health needs. It manages it services well and they are easily accessible to people. The pharmacy receives its medicines from reputable sources and stores them appropriately. And the team carries out checks to help ensure the medicines are kept in good condition.

### Inspector's evidence

The pharmacy had a manual door with a touch pad for people requiring assistance. A ramp was available and there was a buzzer to alert the pharmacy team if people requiring assistance needed access to the pharmacy. The pharmacy advertised its services and opening hours on the exterior of the premises. And there were other healthcare information leaflets available for people to take away with them.

The dispensary had separate areas for labelling, dispensing, and checking of prescriptions. Team members used baskets to store medicines and prescriptions during the dispensing process to prevent them becoming mixed-up. Team members signed dispensing labels to maintain an audit trail. They provided owings slips to people when they could not supply the full quantity prescribed. And they contacted the prescriber when a manufacturer was unable to supply a medicine. The pharmacy offered a delivery service and kept records of completed deliveries including CD deliveries.

Team members demonstrated some awareness of the Pregnancy Prevention Programme (PPP) for people in the at-risk group who were prescribed valproate, and of the associated risks. But they had not completed the high-risk medicine section of their accredited training yet. They explained how they would highlight any prescriptions for valproate for the attention of the RP. And the pharmacist knew to apply dispensing labels to the packs in a way that avoided covering up the written warnings on them. Team members used various alert stickers to attach to dispensed medicines that were waiting to be collected. They used these as a prompt before they handed out medicines which may require further intervention from the pharmacist.

A large proportion of the pharmacy’s workload involved supplying some people’s medicines in multi-compartment compliance packs. This helped people better manage their medicines. Team members used medication record sheets that contained a copy of each person’s medication and dosage times. They were responsible for managing the ordering of people’s repeat prescriptions and reconciled these against the medication record sheet. They documented any changes to people’s medication on the record sheets and who had initiated the change. This ensured there was a full audit trail should the need arise to deal with any future queries. The packs were annotated with detailed descriptions which allowed people to distinguish between the medicines within them. The pharmacy supplied people with patient information leaflets, so they had access to up-to-date information about their medicines. The compliance packs were signed by the dispenser and RP so there was an audit trail of who had been involved in the dispensing process. Around half of the compliance packs were dispensed at an offsite dispensing hub. The prescriptions were clinically checked by the pharmacist at the pharmacy, and this was confirmed with a stamp. The prescription and medication record sheets were sent to the hub for completion of the dispensing process. And the completed multi-compartment compliance packs were then returned to the pharmacy. The pharmacist accuracy checked all compliance packs from the hub to

provide an additional check as the team had only recently started using the hub service.

Team members managed the dispensing of serial prescriptions as part of the Medicines: Care and Review (MCR) service. The prescriptions were stored weekly in alphabetical order. This allowed the team to assemble the medicines in advance of people collecting. The team had recently stated using the MCR dispensing hub which had helped manage workload within the pharmacy. They kept a record of dates when people collected their medicines which allowed them to monitor compliance.

The NHS Pharmacy first service was popular. This involved supplying medicines for common clinical conditions such as urinary tract infections under a patient group direction (PGD). The pharmacist could access the PGDs electronically and had paper- based copies. The pharmacist was also an independent prescriber and provided the NHS Pharmacy First Plus service where they could prescribe for common clinical conditions. They kept paper and electronic records of all consultations and a copy of the prescription. These were shared with the GP practice. This service had provided positive outcomes for people using the service who had been able to access prescription only medicines at the weekend when GP access was limited.

The pharmacy obtained its stock medicines from licensed wholesalers and stored them tidily mainly on shelves. Team members had an interim process for checking expiry dates of the pharmacy's medicines. This was completed in sections. Short-dated stock which was due to expire soon was highlighted with stickers and was rotated to the front of the shelf, so it would be used first. The team advised that they were up to date with the process and would move to the company process once the stock was fully transferred to the electronic system. A random selection of medicines were all found to be in date. The pharmacy had medical grade fridges to store medicines that required cold storage which were operating within the correct temperature range. The team recorded daily checks of the maximum and minimum temperatures. A sample of the records seen showed the fridge was operating within the correct range of between two and eight degrees Celsius. The pharmacy received notifications of drug alerts and recalls via email. It kept a record of actioned recalls and this was shared with head office. Team members carried out the necessary checks and knew to remove and quarantine affected stock. The pharmacy had medical waste bins and CD denaturing kits to dispose of pharmaceutical waste.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to support the safe delivery of its services. It maintains its equipment to ensure it remains fit for purpose and safe to use. And its team members use the equipment appropriately to protect people's confidentiality.

### Inspector's evidence

Team members had access to up-to-date reference sources including the British National Formulary (BNF) and the BNF for children. And there was access to internet services. The pharmacy had a range of CE marked measuring cylinders which were clean and safe for use. And it had a set of clean, well-maintained tablet and capsule counters. The pharmacy used an automated measuring machine for dispensing of some CD liquids that was calibrated before use and regularly cleaned. And it documented when these tasks were completed on an electronic log. The pharmacy stored dispensed medicines awaiting collection, in a way that prevented members of the public seeing people's confidential information.

The dispensary was screened, and computer screens were positioned to ensure people couldn't see any confidential information. The computers were password protected to prevent unauthorised access. The pharmacy had cordless telephones so team members could move to a quiet area to have private conversations with people.

## 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. |