General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: The Pharmacy, 12-14 Argyll Street, LOCHGILPHEAD, Argyll, PA31 8LZ

Pharmacy reference: 1041778

Type of pharmacy: Community

Date of inspection: 11/10/2024

Pharmacy context

This is a community pharmacy in Lochgilphead. 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 not all met

Required Action: Improvement Action Plan

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 not all met	2.2	Standard not met	The pharmacy does not train team members within the necessary timescales to ensure they have the right qualifications and skills for their roles and the services they provide.
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

Team members discuss mistakes that happen when dispensing. And they keep records to identify patterns in the mistakes and reduce the risk of errors. The pharmacy has relevant written procedures for the services it provides and team members read and follow them. But it does not review the procedures as often as it should and does not keep them up to date. The pharmacy keeps accurate records as required by law, and it protects people's confidential information to keep it 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) which were accessible to team members. The SOPs included procedures for controlled drugs (CDs) and the responsible pharmacist (RP) regulations. The superintendent pharmacist (SI) reviewed, updated, and issued SOPs. But the dates on most of the SOPs showed they had last been reviewed in 2020. Team members had read and signed most of the SOPs in the last few years to confirm their understanding and ongoing compliance. But the SOPs for CDs had not been dated to show when they had last been reviewed or when they had last been read by team members. Team members were seen to be following safe working practices at the time of the inspection. One of the dispensers had undertaken the accuracy in dispensing qualification training course and awaited receipt of their certificate. The SI and the accuracy checking dispenser (ACD) had developed and implemented a SOP that defined the accuracy checking process. This ensured the ACD knew only to carry out accuracy checks on 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 kept records of near miss errors, and this helped the pharmacy team identify patterns and trends. Team members provided examples of improvement action that had helped them to manage dispensing risks. This included wrapping some items with elastic bands to highlight different pack sizes that had been previously mixed up. And they had discussed look-alike, sound-alike (LASA) medications such as lorazepam and lormetazepam that had been dispensed so they could take greater care when dispensing in the future.

Team members knew to escalate dispensing errors, which were mistakes that were identified after a person had received their medicine. The pharmacist discussed the incidents with team members, so they learned about risks and knew how to keep dispensing services safe. The pharmacist completed an incident report which they retained in the pharmacy. But previous reports did not always show the root cause or improvement action that had been taken. The pharmacy defined its complaints procedure in a documented SOP and team members knew to handle any concerns that people raised in a calm and sensitive manner. Team members maintained the records they needed to by law. And the pharmacy had current professional indemnity insurances in place. The pharmacist displayed an 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 month. The pharmacy kept records of CDs that people returned for disposal

which contained signatures to provide an audit trail 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. 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 protect 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 not all met**

Summary findings

The pharmacy reviews its staffing levels to ensure it has the right number of pharmacy team members working when it needs them. But it does not ensure that team members are trained within the necessary timescales to ensure they have the right qualifications and skills for their roles and the services they provide. Team members provide feedback and suggest improvements to improve working practices.

Inspector's evidence

The pharmacy's dispensing workload had remained stable over the past year and there had been no significant changes to the services it provided. The following team members were in post; one pharmacist, one full-time pharmacy technician, one full-time trainee ACD, one full-time dispenser, one full-time medicines counter assistant (MCA), one part-time MCA and one part-time delivery driver. The pharmacy had induction arrangements and the SI provided tutorials and supervised team members to confirm they met the pharmacy's performance standards. New team members read the pharmacy's SOPs and the pharmacist provided data protection and safeguarding training. Long-serving team members including a medicines counter assistant and a delivery driver had yet to commence the necessary qualification training. The pharmacy had minimum staffing levels in place with only one team member permitted to take leave at the one-time unless there were exceptional circumstances. And the SI arranged locum pharmacist cover well in advance to provide backfill when necessary.

The SI carried out an annual appraisal with individual team members. And they discussed role development such as completion of the accuracy in dispensing training course. The SI discussed new initiatives and service changes to ensure that team members kept up to date in their roles and responsibilities. For example, they had discussed changes to the way the pharmacy ordered and managed its stock using the patient medication record (PMR) system. They had also discussed formulary updates that affected the NHS pharmacy first service and dealing with national medication shortages. This meant team members could discuss options with the GP practice and provide advice on alternative products that were available at the time. The SI empowered team members to make suggestion for change. This had included a new way of ordering and reconciling some prescriptions to make sure they received them when they were due. The new procedure had been implemented and had made a positive impact on the pharmacy's workload. 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 satisfactory facilities for people to have private conversations with pharmacy team members.

Inspector's evidence

The pharmacy premises was large, and the dispensary was well-organised with separate dedicated areas for the dispensing and checking of prescription items. The pharmacist had good visibility of the medicines counter and was able to intervene 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 dispensing bench was used to assemble multi-compartment compliance packs. This ensured sufficient space for the prescriptions and the relevant documentation to carry out the necessary checks and keep dispensing safe.

The pharmacy had a consultation room off to the side of the main dispensary and 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 conducts checks to make sure medicines are in good condition and suitable to supply. And they identify and remove medicines that are no longer fit for purpose.

Inspector's evidence

The pharmacy was on a main road, and it provided its services six days a week from Monday to Saturday. The premises had two separate entrances both of which were step-free. This meant that 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. And they were in the process of carrying out the regular check of medicine expiry dates which they documented so they knew when checks were next due. Team members used stickers to highlight short-dated stock so it could be removed in time. A random check of dispensary stock found no out-of-date medicines. The pharmacy used two fridges 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 a secure cabinet for some of its medicines and these 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. This had included a recent alert from NHS Highland about Phenergan medication.

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 for some people. Team members 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 kept a schedule to show when people's compliance packs were due for delivery. Team members supplied patient information leaflets (PILs) with the first pack of the four-week schedule, and they provided descriptions on the packs of 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 the digital version of the British National Formulary (BNF). Team members used crown-stamped measuring cylinders and these were washed immediately after use. 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.