General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: William Murray Pharmacy, 35 Galloway Street, DUMFRIES, Dumfriesshire, DG2 7TN

Pharmacy reference: 1042005

Type of pharmacy: Community

Date of inspection: 10/10/2019

Pharmacy context

The pharmacy is on the edge of the town centre. The pharmacy dispenses NHS and private prescriptions and sells over-the-counter medicines. It offers a prescription collection service from local surgeries. And delivers to people's homes. It supplies medicines in multi-compartment compliance packs to help people take their medicines. And it offers a range of services including a substance misuse service.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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 identifies and manages risks to its services. It has a set of written procedures which it reviews. The team members generally follow these to manage the risks associated with its services. The pharmacy maintains the pharmacy records it must by law. The pharmacy team members look after people's private information. And they know how to protect the safety of vulnerable people. The pharmacy has reviewed the process for dealing with complaints and the team members are aware of this. And they act to ensure any complaints or concerns are suitably dealt with. The pharmacy team members respond appropriately when mistakes happen during the dispensing process. They discuss what happened. And they share learning to reduce the risks of error in the future. But the pharmacy does not formally document the review process. So, they may be missing out on identifying trends and may be losing some learning opportunities to prevent similar mistakes from occurring.

Inspector's evidence

The pharmacy had up to date standard operating procedures (SOPs) which the pharmacy team members have read. These provided the team with information to perform tasks supporting delivery of service. They covered areas such as the dispensing and assembly of stock (updated May 2019). This was following the changes with the process when implementing the Falsified Medicines Directive (FMD). The SOPs had a range of revision dates from May 2018 to May 2019 and the team members had signed once read.

The pharmacy team members used baskets throughout the process to keep prescriptions and medicines together. They dispensed the waiters and call backs at one terminal to distinguish patients' prescriptions by degree of urgency and this helped plan workload. The team dispensed other prescriptions at the other side of the dispensary. The team marked deliveries on the prescription.

The pharmacy kept a basket for putting any prescriptions which had been involved in near miss errors. The team members entered these on to the electronic system as soon as possible. They had improved the recording of near miss errors over the last few months. They tried to record reasons why they thought the error had occurred at the time of the entry. And the pharmacist discussed these with them at the time. They kept the prescriptions for any further discussion. And if the person who had made the near miss was not present. So, they could see the prescription involved. Examples of near missies included Budesonide dispensed instead of Beclomethasone, tramadol 50mg capsules instead of tablets and naproxen 50mg with ordinary provided instead of EC. There were other examples of tablets when capsules should have been given or vice versa. The team discussed these monthly but to date had not undertaken any formal recorded reports. But this had been a vast improvement from before and they had plans to generate monthly reviews to improve leaning. The pharmacy now used more shelf edge alerts with the word 'stop' to highlight picking errors.

The pharmacy had a patient complaint and feedback SOP which they had recently developed. The team had all read and signed. In the folder the pharmacist had printed off several blank templates which any member of the team could complete at the time any person raised a concern. This ensured the pharmacy responded to concerns and the initial information noted and recorded at the time. Then the pharmacy could take appropriate action. The pharmacy displayed a notice, 'How do I complain about William Murray Pharmacy's prescription or NHS service' at the counter. The pharmacy had current indemnity insurance with an expiry date of 30 April 2020.

The pharmacy had the correct Responsible pharmacist (RP) notice. And the pharmacist completed the Responsible pharmacist records as required. The pharmacy also completed the Community Pharmacy Scotland book and had a record of all team members for each day. A sample of the CD registers looked at were complete, these were electronic. The pharmacy team undertook running balance checks and now completed this once a month. Physical stock of an item selected at random agreed with the recorded balance. The pharmacy kept a record of CDs which people had returned for disposal and it had a process in place to ensure the team destroyed these promptly. And did not allow a build-up in the CD cabinet. The pharmacy maintained the records for private prescriptions and special records for unlicensed products as required.

The team had read General Data Protection Regulation (GDPR) information. The IT system was password protected. The computer stored patient medication records (PMRs) electronically. And the team stored completed prescriptions safely. The pharmacy stored confidential waste and shredded this as required. The pharmacy had a safeguarding SOP, with relevant contact details available.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has suitable systems in place to make sure it has enough staff with the right skills to provide its services. It reviews the staffing levels and provides extra pharmacist help when required. The pharmacy team members support each other in their day-to-day work. And they feel comfortable raising any concerns they have. The pharmacy provides access to ongoing training. But this is done on an ad-hoc basis and doesn't have a structure. Training undertaken is not always recorded. So, team members may miss opportunities to review and complete learning relevant to their role.

Inspector's evidence

There was one pharmacist, one accuracy checking technician (ACT), four dispensers and two medicines counter assistants who worked at the pharmacy. The pharmacy had a regular pharmacist who had been supported by an additional pharmacist two days a week, but they had left. The superintendent(SI) had covered at least one day a week initially but became aware that the pharmacy required extra support. And he had increased his working day to two days a week. Recruiting for pharmacists was difficult in the area with the Health Board creating several new positions. The SI advised that he was still trying to recruit and had obtained some additional locum support. But if he could not get a second pharmacist he would look at getting additional dispensers to support the pharmacy.

The accuracy checking technician worked 37 and a half hours weekly. She advised that due to the current staffing structure she did not get to use her ACT role. She spent most of the time dispensing the compliance packs. Two of the dispensers worked full time and the others worked between 18 hours and 23.5 hours weekly. The two MCAs, both worked two days a week. Most of the pharmacy team had worked at the pharmacy between seven and 30 years. The pharmacy had a trainee technician from the Health Board at the moment who was working to gain experience. He worked two and a half days a week.

Certificates and qualifications were available for the team. The pharmacy team members advised that here was little time for ongoing training to be undertaken in the pharmacy. But some of the team members had attended evening meetings on the Chronic Medication service and smoking cessation and how to assist people managing medicines in their homes. This ensured they were up to date for these services. They also kept up-to-date with information from the pharmacist. There was no formal appraisal system in place. But they could raise issues with the pharmacist or the

The dispensary team worked closely together, and the dispenser said they could feedback about the pharmacy or make suggestions for improvement. There was a whistleblowing policy and telephone numbers were available, so the team members could easily and confidentially raise any concerns outside the pharmacy if needed.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises are of a suitable size for the services it provides. And people can have private conversations with the team in the consultation room.

Inspector's evidence

The pharmacy was clean and reasonably tidy. And fitted out to an acceptable standard. The sink in the dispensary for preparation of medicines was clean. Separate hand washing facilities were in place for the team. The benches, shelves and flooring were all clean. The team used a cleaning rota to ensure they attended to required tasks. Floor spaces were generally kept clear to reduce the risk of trip hazards. The room temperature was comfortable and well lit.

The pharmacy had a good sized, signposted, sound proofed consultation room which the team promoted for use. The pharmacy had separate facilities for the substance misuse service, with a separate room and entrance.

The team used cordless phones for private conversations. Members of the public could not access the dispensary. The counter was clearly observed from the dispensary and the staff were aware of customers in the premises.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are accessible to people. And it displays information about health-related topics. The pharmacy provides its services using a range of safe working practices. It takes the right action if it receives any alerts that a medicine is no longer safe to use. The pharmacy team members take steps to identify people taking some high-risk medicines. And they provide these people with extra advice. The pharmacy team members dispense medicines into multi-compartment compliance packs to help people remember to take them correctly. The pharmacy gets its medicines from reputable suppliers. And it generally manages its medicines appropriately.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was some customer seating. The pharmacy displayed its services in the window and within the pharmacy. The hours of opening were on the door. It displayed a variety of posters and had a range of leaflets on healthcare topics for self-selection. The pharmacy had a defined professional area. And items for sale were mostly healthcare related. People could not reach pharmacy medicines and the pharmacy team members assisted them when these were required. The team signposted to other healthcare services and had a standard operating procedure (SOP) for self-care and signposting which they referred to if required.

The pharmacy had a few people who had received reviews on the Chronic Medication Service (CMS). The team members advised that this had not had good uptake. But the Health Board had refreshed the service. And a pharmacy champion for the area had been to the pharmacy and surgeries, advising of this. The pharmacy team members had attended training. They were nominating suitable people for serial prescriptions to the surgeries. They had seen an increase in the number of serial prescriptions. The pharmacy used Patient Group Directives (PGDs) for Impetigo and flucloxacillin, with limited use, and trimethoprim which had more uptake. The Minor Ailment Scheme was popular with about 500 people registered and the pharmacy made around 12 supplies each day. The pharmacy provided a needle exchange service with around 1500 supplies each month. The pharmacy referred people to the outreach worked for supplies of naloxone. The people using the needle exchange service had client codes and could collect for others. Some people returned items and they were encouraged to do so. The pharmacy provided them with sharps bins, needles, paraphernalia, including foils. The pharmacy also provided steroid kits. The pharmacy had limited uptake for blood pressure readings and glucose tests. The pharmacist and ACT provided the smoking cessation service. The Community Pharmacy Unscheduled care service was well used, and the pharmacy advised they used it for synchronisation of medicines which was beneficial for patients to have their medicine aligned together.

The pharmacy supplied around 165 people with multi-compartment compliance packs to help them take their medicines. The pharmacy supplied most people with trays weekly. And it delivered about half of them. The team members advised that people were receiving assessments before the pharmacy provided compliance packs, as these were not suitable for all people. The team had had training on the assessments. And completed a form and if everything indicated a pack was suitable then the pharmacy advised the doctor. Often people only required their medication to be synchronised to assist them in taking it. And one man who had requested a compliance pack had only required delivery of his medicines to help him.

The pharmacy kept backing sheets with discharge notes and any notes in patients' folders. The pharmacy provided Patient information leaflets (PILs) with each cycle. The team members selected the stock, then scanned the packs and printed the backing sheets. If compliance packs had controlled drugs (CDs), the team added these at the end. The team members were in the process of rearranging the layout for the stock and preparation area for the compliance packs to make better use of space.

The pharmacy provided a substance misuse service to several people who received methadone or buprenorphine. There was a mixture of collections, with some daily and others two or three times a week, or weekly. The pharmacy used the Methameasure system for methadone. And had recently obtained a double unit. So, it no longer poured sugar free (SF) methadone. This had been put in place as the amount of people receiving SF methadone had increased. This had taken pressure away from the preparation of these items. The pharmacy also obtained the stock bottles for methadone in 250ml containers, so these fitted in to the unit. This ensured all stock was suitably labelled. The pharmacy had a separate rear entrance which the people used for the substance misuse service. This went in to a small room and had a hatch to the rear of the dispensary. The members kept the hatch shut when it was not in use. The people had an agreement and did not attend for the service after 5pm. The team members checked the identity of the people collecting their doses and completed the back of the prescriptions, ready for the next day. The pharmacy kept electronic register entries in the controlled drugs (CDs) register. The pharmacy had dedicated shelves in this area and kept medication for the people using this service which provided easy access when they were receiving their medication.

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 found compliance with this process. The team members indicated on prescriptions if any items were new, by putting 'n' or if the strength had changed they used arrows to indicate an increase or decrease. This alerted the pharmacist at the clinical check. The team used a stamp on the prescription to show that the pharmacist had completed a clinical checked. This allowed the accuracy checking technician (ACT) to do their accuracy check. Although the ACT generally spent most of her time dispensing, so did not use her qualification.

There were some alerts stickers used to apply to prescriptions to raise awareness at the point of supply. These included warfarin, methotrexate and lithium which ensured patients received additional counselling. The team members used CD and fridge stickers on bags and prescriptions to prompt the person handing the medication over that some medication required to be added to complete the supply. The CD stickers recorded the last date for supply, to make sure it was within the 28-day legal limit. This prevented supplies when the prescription was no longer valid. When the pharmacy could not provide the product or quantity prescribed, full patients received an owing slip. And the pharmacy kept one with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy contacted prescribers if items were unobtainable at the current time for an alternative. The pharmacy team members were aware of the Valproate Pregnancy Prevention Plan. And provided the required information to patients as required. The pharmacy kept a delivery sheet as an audit trail for the delivery of medicines from the pharmacy to patients. This included a signature of receipt of the delivery. The driver used a separate delivery sheet for controlled drugs. The pharmacy had seen an increase in requests for deliveries following another pharmacy starting to charge for deliveries, particularly for the people receiving their medication in packs.

The pharmacy stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature. 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 pharmacy team checked expiry dates on products and had

a rota in place. Some sections had not been undertaken recently. A few out of date items were found in drawers such as Timoptol eye drops, expiry May 19, hyoscine ampoules, February 2019 and Teragezza tablets, September 19. The team members advised they would check items at the time of dispensing. They advised they were trying to ensure that they followed the date checking matrix to ensure stock was fit for supply. 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 reputable sources. The pharmacy team were scanning medicines as required by the Falsified Medicines Directive (FMD). They picked the stock first for the prescription, scanned and then labelled the items. They had been doing this process for a while and were developing SOPs for the process as it had resulted in several changes to the workflow. The team were able to show what to do if they received an error message and showed how the could override the process.

The team used appropriate medicinal waste bins for patient returned medication. Arrangements were in place for these to be uplifted regularly. The pharmacy had appropriate denaturing kits for the destruction of CDs. The pharmacy had a process to receive drug safety alerts and recalls. The team actioned these and kept records of the action taken. The pharmacy kept alerts in a folder for reference.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the pharmacy services it provides. There are provisions in place to maintain people's privacy.

Inspector's evidence

The pharmacy had access to a range of up to date reference sources, including the British National Formulary (BNF). The team members used the internet as an additional resource for information such as the Electronic Medicines Compendium (EMC) for patient information leaflets (PILs).

The pharmacy had measuring equipment available of a suitable standard, including clean, crown-stamped measures. It used the Methameasure system for measuring methadone. And the team cleaned this and calibrated it as required. It had a separate range of measures for measuring methadone for calibration and some supplies if required. It also had a range of equipment for counting loose tablets and capsules.

The team had access to disposable gloves and alcohol hand washing gel. The equipment such as the carbon monoxide monitor was checked as required. The pharmacy stored medication waiting collection on shelves. People could not see any confidential details from the retail area. The team filed these in boxes in a retrieval system out of view, keeping details private. The computer screens were out of view of the public.

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.