General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Prestonlinks Pharmacy, Unit 2, Prestonlinks Shopping Centre, 65c High Street, PRESTONPANS, East Lothian, EH32 9AF

Pharmacy reference: 1042038

Type of pharmacy: Community

Date of inspection: 13/09/2023

Pharmacy context

The pharmacy is on a high street in the seaside village of Prestonpans in Lothian. Its main services include dispensing of NHS prescriptions, and it dispenses some medicines in multi-compartment compliance packs to help people take their medicines properly. And it delivers medicines to some people's homes. Team members advise on minor ailments, and they deliver the NHS Pharmacy First Service.

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 not all met	1.2	Standard not met	The pharmacy cannot provide any evidence to show how it learns from things that go wrong. And it cannot give examples of any action being taken to prevent errors being repeated.
		1.6	Standard not met	Pharmacy records do not meet statutory and regulatory requirements. Responsible pharmacist records are incomplete and private prescription records are not up to date.
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 not all met	4.2	Standard not met	The pharmacy does not have effective systems in place to prevent prescriptions being supplied when the pharmacist is not present.
		4.3	Standard not met	Medicines, including controlled drugs, are stored in unsecured areas of the pharmacy and not adequately protected from unauthorised access. Stock medicines being stored untidily, and the lack of expiry date checks, increases the risk of error. Some medicines are stored in a food fridge which is unhygenic. And the lack of temperature monitoring means the pharmacy cannot provide assurance that they remain fit for purpose.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance **Standards not all met**

Summary findings

The pharmacy does not always manage risk to help team members provide safe services. And it does not maintain all the records that are needed by law. The team keep people's private information safe. And they know what to do to help protect the health of vulnerable people. They discuss some mistakes they make when dispensing. But they do not regularly record these mistakes to help with their learning and to help reduce the risk of a similar mistake happening again.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) to help team members manage risks. But these had not been reviewed since 2018. And there were no SOPs present for some services. Team members read the SOPs relevant to their role and completed a record of competence signature sheet to confirm their understanding of them. They confirmed that they had last read the SOPs in 2018. The superintendent (SI) advised that the SOPs had been under review, but this had not yet been completed and they were aiming to complete by the end of the year. The pharmacy could not show any evidence of risk assessments being carried out before introducing new services including the NHS Pharmacy First service and the recently installed automated collection point.

The pharmacy had a process for recording dispensing incidents, which were errors identified after the person had received their medicines. The incidents were recorded on a paper log and reviewed by the SI. Members of the pharmacy team advised that in the past they had also recorded some near misses on a paper log. These were errors identified before the person received they medicine and records were made to help learn from them. But there were no records available and team members could not recall when they had last recorded a near miss. They explained that they sometimes discussed errors with the pharmacist at the time they happened, but they could not recall implementing any changes to reduce the risk of similar errors being repeated. The pharmacy had a complaints policy and the team aimed to resolve any complaints or concerns informally. But if they were not able to resolve the 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 seen clearly from the retail area. The RP records were incomplete. There were some missed entries where no RP was recorded. Absence periods were not always recorded and most entries did not include the time the RP had finished. This meant the pharmacy could not demonstrate who was responsible at certain times. And on the day of the inspection the RP left the pharmacy premises and did not record the period of absence on the RP record. The controlled drug (CD) register was held electronically, and it appeared to be in order. Running balances were recorded but were rarely checked against the physical stock levels. Some balances had not been checked since November 2022. So there was a risk that any errors or discrepancies may not be identified for some time. A record of patient returned CDs was maintained and this was 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. Private prescription records were not up to date. There was a basket with private prescriptions dating back some months which had not been entered onto the electronic register. Team members and the RP were unsure where the electronic register was kept and did not know how to maintain an accurate electronic record.

Team members were aware of the need to keep people's private information secure. They were observed separating and shredding confidential waste. The pharmacy stored confidential information in staff-only areas. Pharmacy team members had completed learning associated with their role in protecting vulnerable people. They understood their obligations to manage safeguarding concerns and were familiar with common signs of abuse and neglect. They knew to discuss their concerns with the pharmacist and 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 sufficient team members with the right qualifications to manage its workload and provide its services. Team members complete appropriate accredited training for their roles. They work well together and communicate effectively. And they are comfortable providing feedback and raising concerns should they need to.

Inspector's evidence

The pharmacy had been operating without a regular pharmacist for the last nine months. The SI worked in the pharmacy on occasion, and some regular locum pharmacists had been employed. There was a small, experienced pharmacy team including a full-time dispenser who had management responsibilities. Team members had all completed accredited training for their role but currently were not completing any ongoing training. So there was a risk that the knowledge and skills for their roles would not always be kept up-to-date. The team were observed working well together and managing the workload. A task rota was displayed in the dispensary to help team members manage responsibilities. Planned leave requests were managed so that only one team member was absent at a time. Team members were able to rotate tasks so that all tasks could be completed effectively during absence periods. Part-time members supported by working additional hours during periods of planned leave and there was some dispenser support available from a nearby pharmacy owned by the same company.

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 repeated requests to the pharmacist.

The team attended some informal team meetings where they discussed alerts and workload priorities. But these meetings were not documented. Team members felt comfortable to raise concerns with their manager in the first instance or with the pharmacy owner who visited the pharmacy regularly. They received some informal feedback but did not have a formal appraisal. There were no targets set for pharmacy services.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are suitable for the services it provides and are generally appropriately maintained. It has a suitable consultation room for people to have confidential conversations with pharmacy team members. But the team uses this for some storage which makes it more difficult to use.

Inspector's evidence

The pharmacy premises were small, generally clean and maintained to an adequate standard. There was some clutter and obstructions on the floor which could pose a trip hazard to staff. And the rear fire exit was partially blocked. Team members had enough space to dispense medicines. There were clearly defined areas used for the dispensing process and a separate area to dispense medicines into multi-compartment compliance packs at the side of the dispensary. There was a separate bench used by the RP to complete the final checking process located at the front 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. The pharmacy had some space to store its medicines, but some prescription bags were stored on the floor due to the shelving storage areas being full. A good-sized consultation room was clearly signposted. There were some empty pharmaceutical waste bins being stored in the consultation room and this made it difficult to access. Team members used a hatch between the dispensary and consultation room to provide supervision of substance misuse services. There was a seating bench available in the retail area that provided a suitable waiting area for people receiving services.

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 the room temperature to an acceptable level. And there was bright lighting throughout.

Principle 4 - Services **Standards not all met**

Summary findings

The pharmacy provides services which are easily accessible for people. It provides information to people when it supplies medicines, to help them take their medicines properly. The pharmacy receives its medicines from reputable sources but does not carry out regular checks to ensure they remain fit for purpose. And medicines are not always stored safely and securely.

Inspector's evidence

The pharmacy had level access with a manual door. It displayed its opening hours and pharmacy services on the exterior of the premises. The team also kept a range of healthcare information leaflets for people to read or take away. 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 most dispensing labels to maintain an audit trail. But they did not regularly sign dispensing labels for CDs dispensed in advance for a supervised substance misuse service, so it was more difficult to identify who was involved in the dispensing process. They provided owing's 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, to try to arrange an alternative treatment. The pharmacy offered a delivery service and kept records of completed deliveries.

Team members demonstrated an awareness of the Pregnancy Prevention Programme (PPP) for people in the at-risk group who were prescribed valproate, and of the associated risks. They knew to avoid covering up written warnings on the packs with dispensing labels. The pharmacy supplied patient information leaflets and patient cards with every supply. Following a recent review, the locum pharmacist confirmed that there was no one currently prescribed valproate identified as being in the at-risk group. Team members attached some alert stickers to prescriptions awaiting collection. They used these as a prompt before they handed out medicines to people who may require further intervention from the pharmacist, for example prescriptions for higher risk medicines.

A large proportion of the pharmacy's workload involved supplying people's medicines in multi-compartment compliance packs. This helped people better manage their medicines. A pharmacist from another pharmacy owned by the same company had recently supported the team to implement a new process for managing the dispensing of multi-compartment compliance packs. The packs were split into weekly cycles for ordering, dispensing and collection. And the team found this process more efficient. They used medication record sheets that contained each person's medication and dosage times. They ordered people's repeat prescriptions and reconciled these against the medication record sheet. And 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 of the medicines in the pack, which allowed people to identify their individual medicines. The pharmacy supplied people with patient information leaflets. 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.

The NHS Pharmacy First service was popular. This involved supplying medicines for common clinical conditions such as urinary tract infections under a PGD. The pharmacist could access the current PGDs

electronically and also had paper-based copies.

The pharmacy had recently installed an automated 24-hour collection point. The collection point allowed people to collect their medicines at any time of day, including outside of the pharmacy's opening hours. Team members asked people for written consent to allow them to store their medicines in the collection point. If they agreed, they were sent a text message indicating their medicines were ready to collect with a pin code. The pin code was used to enter on the system and the prescription could be collected in the collection drawer. Prescriptions were stored in the collection point for three days and then removed if the person did not collect their medication within the timeframe and stored on the prescription retrieval shelving inside the pharmacy.

Pharmacy-only (P) medicines and prescriptions awaiting collection were stored behind the pharmacy counter to prevent unauthorised access. During the inspection the RP left the pharmacy, but the premises remained open. The pharmacist didn't record the absence on the RP record and some team members were not aware that the RP had left. This meant that there was a risk that activities requiring an RP to be present could occur. And when questionned team members were unclear what tasks they could and couldn't do in the absence of an RP. For example, they were not aware that dispensed medicines awaiting collection couldn't be handed out. And they admitted that these medicines may have been handed out in the past.

The pharmacy obtained its stock medicines from licensed wholesalers and stored these on shelves. Some medicines were not stored tidily which increased the risk of an incorrect medicine being selected during the dispensing process. A number of tablet bottles were present on the stock shelves containing medicines which had been re-packaged and were not marked with the batch number or expiry date of the product stored within. And there were some loose blister strips present which did not contain the batch number or expiry date. This meant that there was an increased risk of an out-of-date medicine being supplied or a medicine not being identified in the event of a drug recall. A pharmacy fridge was used to keep medicines at the manufacturer's recommended temperature. Team members monitored and recorded the temperature every day. This provided assurance that the fridge was operating within the required range of between two and eight degrees Celsius. There was an additional fridge in the dispensary used to store food stuffs but this also contained some medicines. This fridge did not have a thermometer and team members confirmed that they did not record the temperature of the fridge so there was no assurance that the fridge was operating within the required temperature range. Team members advised that they did not currently have a process for checking the expiry dates of medicines. The expiry dates were previously checked in sections of the dispensary on an ongoing basis, but this had not happened since the Covid-19 pandemic. Team members had last completed a date check of the dispensary medicines stock last year, but an external stock count had recently found and removed some out-of-date medicines. The locum pharmacist explained that they had checked some dispensary shelves and attached use first stickers to medicines that were due to expiry soon. But there was no other evidence of short-dated medicines being highlighted. A random selection of medicines were checked and all were found to be within their expiry date. The pharmacy reviewed notifications of drug alerts and recalls via email. Team members carried out checks and knew to remove and quarantine affected stock. They returned items damaged or faulty to manufacturers as soon as possible. The pharmacy had medical waste bins for 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 they had 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 tablet and capsule counters. The automated 24-hour collection point had engineer support available via telephone.

The pharmacy stored 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 so that unauthorised people couldn't see any confidential information. The pharmacy had cordless telephones so team members could move 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.