General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Well, 1 St Andrews Street, DUNFERMLINE, Fife, KY11 4QG

Pharmacy reference: 1042065

Type of pharmacy: Community

Date of inspection: 01/06/2023

Pharmacy context

The pharmacy is in a row of shops in a residential area in the town of Dunfermline. Its main services include dispensing NHS prescriptions and selling over-the-counter medicines. It supplies some people with their medicines in multi-compartment compliance packs, designed to help people to remember to take their medicines. And it delivers medication to people's homes.

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 suitably identifies the risks associated with the services it provides to people. It has a process to review any mistakes that are made when dispensing. And the pharmacy team is good at using the reviews to improve the safety of its dispensing operation. The pharmacy keeps the records it needs to by law and it keeps people's information secure. Team members know how to help protect the welfare of 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 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 two-year rolling rota. Team members read the SOPs relevant to their role and completed a short assessment to confirm their understanding of them. 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 made during the dispensing process, known as near misses. These were recorded on a near miss record sheet and then transferred onto an electronic record monthly to aid further analysis. The team had previously recorded these solely on an electronic near miss record, but reporting had declined due to accessibility of the record. And so, the team decided to revert to a paper log which had increased the volume of errors they recorded. Team members explained that an error would be highlighted to them by the pharmacist, and it was then 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 could be reviewed centrally by the SI team. A common trend found from this analysis was incorrect strengths of medication being selected. In response, the team had reviewed the storage of their medicines and had separated those where errors had occurred, for example simvastatin 40mg and 20mg tablets. This had led to a reduction in selection errors. Team members also recorded details of any errors which were identified after the person had received medicines, known as dispensing incidents. These incidents were recorded on an electronic platform and were then reviewed by the SI team. The team described a recent incident involving the incorrect strength of HRT medication being dispensed. The individuals involved in the error had completed a root cause analysis form to determine how the error may have happened. The team then attached 'similar name' stickers to the area where the HRT medication was stored to alert team members when dispensing. The pharmacy had a complaints notice displayed in the retail area containing the details of the SI office. 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 office. The regional manager had recently completed the company's internal patient safety audit which demonstrated that the pharmacy procedures were being followed. There were no follow up actions for the team to complete.

The pharmacy had up-to-date indemnity insurance. The RP notice displayed contained the correct details of the RP on duty. And the RP record was generally compliant. Its CD register was kept electronically and appeared to be in order. The pharmacy checked physical stock levels of CDs against the balances recorded in the CD register every week. It held a record of patient returned CDs in

a paper register 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. Accurate records of private prescriptions were maintained.

A privacy notice and an NHS Pharmacy First privacy notice were displayed in the retail area. Team members were aware of the need to keep people's information confidential. They had completed training within the last week on information governance. Team members were observed segregating confidential waste into a marked waste bin which was collected by a third-party contractor for secure destruction. The pharmacy stored confidential information in staff-only areas and in secure locked cupboards within the consultation room. Pharmacy team members had completed some learning associated with protecting vulnerable people. The pharmacist was a member of the Protecting Vulnerable Groups (PVG) scheme and had completed additional safeguarding training via NHS Education for Scotland (NES).

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough suitably skilled team members to manage its workload. Team members have the correct training for their roles and complete regular training to maintain their knowledge and skills. They make good use of limited time working together to communicate effectively with each other.

Inspector's evidence

At the time of the inspection the RP was a locum pharmacist. The pharmacy had been operating without a regular pharmacist for several months. But the pharmacy technician had been promoted to full-time pharmacy manager. The team felt that this had given the pharmacy more stability. The RP was also supported by a part-time dispenser. The pharmacy also employed an additional part-time dispenser and delivery driver. Team members had all completed accredited training for their roles. They were observed working well together and managing the workload. 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. The manager requested relief dispenser cover during the periods of planned leave but this was not always provided.

The pharmacy manager was new to role, so they had also been provided with buddy managers from neighbouring pharmacies to support with completion of managerial tasks. Team members completed regular ongoing training that was relevant to their role such as training relating to information governance. They completed some of this training via an online learning platform. The manager had also enrolled team members on a pain management course run by an external provider. Team members received protected learning time each week during a period of overlap when all team members were present. This also provided a suitable time for formal team meetings where they discussed alerts from head office and any learnings from near misses or dispensing incidents. Team meetings were led by the pharmacy manager. The team felt comfortable to raise any concerns to their manger or regional manager. The regional manager visited the pharmacy every two weeks and had informal reviews with team members. The pharmacy had a whistleblowing policy which team members could access.

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 was set some targets to achieve by the company. These included the number of prescription items and number of services delivered. And included personal development targets such as completion of mandatory learning. These were displayed in the pharmacy on a poster. Team members felt that the targets were generally achievable, but their primary focus was to provide a safe service to people.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises are suitable for the services it provides, and it maintains them appropriately. Team members keep the premises clean and secure from unauthorised access. And people can speak confidentially to a team members in a private area.

Inspector's evidence

The pharmacy was secure and maintained to a high standard. It was clean and organised throughout. Team members were aware of how to raise maintenance concerns. They had recently reported incorrect signage that was required to be removed. The pharmacy workspace was well organised with designated areas for completion of pharmacy tasks and suitable storage of prescriptions. This was hygienically cleaned. The medicines counter could be clearly seen from the dispensary which enabled the pharmacist to intervene in a sale when necessary. There was a barrier to prevent people entering the dispensary. A good-sized consultation room was suitably equipped and fit for purpose. This space allowed team members to have private conversations with people.

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 acceptable level in the dispensary and retail area. There were two chairs in the retail area that provided a suitable waiting area for people receiving clinical services.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy offers a range of services that are well managed and easily accessible to people. The pharmacy receives its medicines from reputable sources and stores them appropriately. The team carries out checks to help ensure they are safe to supply to people.

Inspector's evidence

The pharmacy had level access with a ramp and automatic door. It displayed its opening hours in two locations on the exterior of the premises. One of these signs had the incorrect opening hours displayed which was misleading. The pharmacy team had raised this with their maintenance department previously, but they had been unable to access the sign to remove it. The pharmacy had an practice leaflets that contained information about its services, and a range of healthcare leaflets for people to read or take away.

The dispensary had separate areas for labelling, dispensing, and checking of prescriptions. Team members used dispensing 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. The pharmacy provided owing's slips to people when it could not supply the full quantity prescribed. Team members would contact the prescriber if a manufacturer was unable to provide medication prescribed to source an alternative. The pharmacy offered a delivery service and kept records of completed deliveries. Team members provided delivery service consent forms to all people receiving a delivery. This enabled people to confirm if the delivery driver was able to access their homes using keypad or lock box entry.

Team members demonstrated a good awareness of the Pregnancy Prevention Programme (PPP) for people in the at-risk group who were prescribed valproate, and of the associated risks. They explained how they would highlight any prescriptions for valproate for the attention of the RP. They knew to apply dispensing labels to the packs in a way that prevented the written warnings on the packs from being covered up. The pharmacy supplied patient information leaflets and patient cards with every supply. And they always supplied valproate in the original manufacturer's pack. The pharmacy had a valproate poster on the wall that team members could refer to as a prompt during the dispensing process.

A large proportion of the pharmacy's workload involved supplying some'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.

Team members managed the dispensing of serial prescriptions as part of the Medicines: Care and Review (MCR) service. They scanned a quick response (QR) code on the patient information label that identified people who were due their medication that week. This allowed them to dispense medicines in advance of people collecting. The pharmacy sent a text message to alert people that their prescription was ready. 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 pharmacy sent some of their prescription workload to be dispensed at the company's offsite dispensing hub. Team members assessed the prescriptions to ensure they were suitable to be sent to the hub. Prescriptions that could not to be sent to the hub were dispensed locally. The prescriptions were labelled by team members, the RP completed an accuracy and clinical check of each prescription before submitting the data electronically to the hub. The RP initialled the prescriptions which had been clinically checked so team members were able to identify them, and these were stored in a designated file. The dispensed medicines were received by the pharmacy approximately 48 hours after the prescription had been sent. They were scanned by the team to confirm the pharmacy had received the medicines.

The pharmacy obtained its stock medicines from licensed wholesalers and stored them tidily mainly in drawers. Team members had a process for checking expiry dates of the pharmacy's medicines. This was completed every three weeks and all medicines were checked. Short-dated stock which was due to expire soon was highlighted with stickers and was rotated to the front of the drawer, so it was selected first. The team demonstrated that it was up to date with the process and had a log of when this was completed. A random selection of medicines were checked and no out-of-date medicines were found to be present. The team marked liquid medicines with the date of opening to ensure they remained suitable to supply. The pharmacy had a medical grade fridge to store medicines that required cold storage. The medicines were organised into baskets within the fridge to separate high risk insulin containing products. The team kept records of the fridge's minimum and maximum temperatures which showed the fridge to be operating within the correct range. The pharmacy received medicine alerts electronically through email and the company intranet. The team actioned the alerts and kept a printed record of the action taken. They returned items received damaged or faulty to manufacturers as soon as possible.

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 BNF for Children. They had access to internet and intranet services. The pharmacy used a range of CE marked measuring cylinders which were clean and safe for use.

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 so that people couldn't see any confidential information. The computers were password protected to prevent unauthorised access. The pharmacy hard cordless phones 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.