

Registered pharmacy inspection report

Pharmacy Name: Lindsay and Gilmour Pharmacy, 51 High Street,
INVERKEITHING, Fife, KY11 1NL

Pharmacy reference: 1042088

Type of pharmacy: Community

Date of inspection: 07/06/2023

Pharmacy context

The pharmacy is on a high street in the town of Inverkeithing. 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

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 has a complete set of written procedures for the services it provides and this helps the team carry out tasks consistently and safely. It appropriately manages the risks associated with the services it provides for people. The pharmacy keeps the records it needs to by law. And it protects people's confidential information. 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 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 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 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. A common trend found from this analysis included an increase in the incorrect dispensing of medicines which looked or sounded alike (LASA). The team had attached 'caution' stickers to the most common LASAs, for example to amitriptyline and amisulpiride, to reduce the recurrence of this type of error. 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 team. The individuals involved in the error completed a root cause analysis form and reflective statement to determine how the error may have happened.

An electronic tablet device had recently been installed in the retail area for people to provide feedback and to rate their experience of pharmacy services. The feedback was reviewed by head office, but the pharmacy had not yet received any information. 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 visited the pharmacy to review compliance to pharmacy procedures. There were some follow up actions for the team to complete. This included ensuring that the temperature of the medicine's fridge was checked and recorded daily.

The pharmacy had current professional indemnity insurance. The RP notice displayed contained the correct details of the RP on duty, but it could not be seen clearly from the retail area. The RP record was generally compliant, some missed sign-out entries were observed on the sample of the record examined. The pharmacy held its controlled drug (CD) register electronically. And from the entries checked, it appeared to be in order. It checked the physical stock levels of CDs against the

balances recorded in the CD register every week. There was a record of patient returned CDs in an electronic register and this was maintained 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. Team members were observed shredding confidential waste. The pharmacy stored confidential information in staff-only areas of the pharmacy and in secure locked cupboards within the consultation room. Pharmacy team members had completed some learning associated with their role in 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 sufficient team members with the right qualifications and knowledge to manage its workload and provide its services. The pharmacy supports its team members to complete appropriate training for their role and keep their skills up to date. They work well together and communicate effectively. And they are comfortable providing feedback and raising concerns should they need to.

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 whilst recruitment for a pharmacist continued. The team felt that this had given the pharmacy more stability. The RP was also supported by a part-time technician, a full-time dispenser and part-time counter assistant. The pharmacy also employed a part-time dispenser and a delivery driver. And the team was supported regularly by a relief dispenser. Team members had completed accredited training for their roles or were enrolled on appropriate training courses. They were observed working well together and were managing the workload. Planned leave requests were managed so that only one team member was absent at a time. The relief dispenser provided cover during the periods of planned leave.

Team members completed ongoing training that was relevant to their role such as training relating to over-the-counter consultation skills. They completed this training via an online learning platform. They were provided with protected learning time each week and there was a staff rota displayed showing this. Team members enrolled on accredited training courses were supported by the pharmacy technician. The pharmacy manager held weekly meetings with all staff members where they discussed any learnings from near misses or dispensing incidents and alerts from head office. A meeting record was shared with all team members via email. The team felt comfortable to raise any concerns to their manager or regional manager. The regional manager and area operations manager visited the pharmacy regularly. The deputy superintendent worked as RP on occasion. The pharmacy had a whistleblowing policy which team members could access. Team members received a formal appraisal every six months. As the pharmacy manager was new to role, they had requested support to complete these from human resource.

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 were set some targets to achieve by the company. These included prescription items and pharmacy services. Team members felt they were achievable and allowed them to continue providing a safe service to people.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided and are appropriately maintained. The pharmacy reviews and improves its premises and facilities to ensure they remain appropriate. It has a suitable consultation room where people can have a confidential conversation with a pharmacy team member.

Inspector's evidence

The pharmacy premises were clean, secure and maintained to a high standard. The pharmacy workspace was well organised with designated areas for completion of pharmacy tasks and suitable storage of prescriptions. This was kept clean. Team members followed a cleaning schedule that was displayed in the dispensary. The medicines counter could be clearly seen from the dispensary which enabled the pharmacist to intervene in a sale when necessary. The good-sized consultation room was suitably equipped and fit for purpose. There was storage space for equipment required for clinical services. This space allowed team members to have private conversations with people. There were additional lockable storage cupboards being installed in the consultation room during the inspection. This was to allow additional storage for multi-compartment compliance packs.

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 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 for people. It receives its medicines from licensed wholesalers and stores them appropriately. The team carries out checks to help ensure medicines are safe to supply to people. But it does not always maintain an audit trail of the checks.

Inspector's evidence

The pharmacy had level access with an automatic door and touch pad. It displayed its opening hours and pharmacy services in the window. The pharmacy had an information leaflet which provided people with details of the services it offered and the contact details of the pharmacy. The team also kept a range of healthcare information leaflets for people to read or take away, these included information on bowel cancer and health in pregnancy.

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 owing's slips to people when it 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 using a handheld device. Team members were able to track progress of deliveries using an electronic platform so could answer queries from people expecting deliveries.

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. Team members used various alert stickers to attach to prescriptions for people's dispensed medicines. They used these as a prompt before they handed out medicines to people 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 emailed to the hub who completed the dispensing process.

Team members managed the dispensing of serial prescriptions as part of the Medicines: Care and Review (MCR) service. The prescriptions were stored alphabetically, and people telephoned the pharmacy to advise that they required their next prescription supply. This allowed the team to dispense medicines in advance of people collecting. 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 obtained its stock medicines from licensed wholesalers and stored them tidily mainly on shelves. Team members had a process for checking expiry dates of the pharmacy's medicines. This was completed weekly. Short-dated stock which was due to expire soon was highlighted with stickers and was rotated to the front of the shelf, so it was selected first. The team advised that they were up to date with the process, but it did not have an audit trail to demonstrate completion. A random selection of medicines were checked and all medicines were found to be in date. The team marked liquids 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 team kept online records of the fridge's maximum and minimum temperatures which showed the fridge to be operating within the correct range. But this was not recorded on each day the pharmacy was open. The manager had highlighted this to the team, and they had assigned a regular team member to ensure completion. The pharmacy received medicine alerts electronically through email and the company intranet. Each team member received a notification of the alert to read and compliance was monitored by the pharmacy head office. 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 it needs to support the safe delivery of its services. Team members use the equipment appropriately to protect people's confidentiality and they keep it clean.

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. And they had access to clean tablet and capsule counters. There was a separate counter for counting higher-risk medicines.

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 unauthorised 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 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.