

# Registered pharmacy inspection report

**Pharmacy Name:** Dickson Chemist, 222 Main Street, CAMBUSLANG,  
Lanarkshire, G72 7EN

**Pharmacy reference:** 1042216

**Type of pharmacy:** Community

**Date of inspection:** 15/03/2022

## Pharmacy context

This is a community pharmacy situated on the main high street through Cambuslang, in Lanarkshire. A GP surgery is located nearby, and two further pharmacies are located further down the road, one of which belonged to the same company. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including emergency hormonal contraception, smoking cessation, and supplies for people receiving care through substance misuse services. People obtain medicines for minor ailments through the pharmacy first scheme. The pharmacy supplies medicines in multi-compartment compliance packs for some people to help them take the medicines at the right time. The pharmacy was inspected during the COVID-19 pandemic. The ownership of the pharmacy changed in October 2021.

## 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
<b>1. Governance</b>	Standards not all met	1.6	Standard not met	The pharmacy doesn't accurately record the date of supply of some of its controlled drugs. So, it does not always meet legal requirements for record keeping. And this prevents a reliable audit trail in the event of a query or concern.
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance Standards not all met

### Summary findings

The pharmacy team mostly identifies the risks with its services. But it doesn't accurately record the date of supply of some of its high-risk medicines. So, it does not always meet legal requirements for record keeping. The team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. And members of the team receive training so that they know how to keep private information safe. They record mistakes and discuss them to help identify learning and reduce the chances of similar mistakes happening again.

### Inspector's evidence

There was a current set of standard operating procedures (SOPs) which were issued in 2020, and their stated date of review was every 24 months. Members of the pharmacy team had signed to say they had read and accepted the SOPs.

Near miss incidents were recorded on an electronic record. The pharmacist said she reviewed the records each month and discussed any learning points with the team. She also highlighted mistakes to staff at the point of accuracy check and ask them to rectify their own errors. If a particular member of the team had an increased number of errors during a particular month, the pharmacist explained how she had a private review to discuss any potentially underlying issues which may be affecting their work. Dispensing errors were also electronically recorded following an investigation. A recent example involved a picking error of an insulin product. To help prevent a similar mistake the pharmacist provided training to members of the team about the different types of insulin.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A dispenser was able to explain what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Team members wore standard uniforms and had badges identifying their names and roles. The responsible pharmacist (RP) had their notice displayed prominently. The pharmacy had a complaints procedure. Any complaints were recorded and followed up by the pharmacist or head office. A current certificate of professional indemnity insurance was on display.

Records for the RP, private prescriptions and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were electronically maintained with running balances recorded and checked at least monthly. The pharmacy had records for their CDs but not all records of individual supplies were not made in a way which met current record keeping requirements. A record of patient returned CDs was kept.

An information governance (IG) policy was available. Members of the pharmacy team had recently completed IG training. When questioned, a dispenser was able to correctly describe how confidential information was destroyed using an on-site shredder. But details about how the pharmacy handled people's personal data was not displayed, so people may not always be fully informed.

Safeguarding procedures were included in the SOPs. The pharmacist said she had completed safeguarding training. Contact details for the local safeguarding board were available. Members of the pharmacy team described how they would initially report any concerns to the pharmacist on duty.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage the workload and they are appropriately trained for their roles. Members of the pharmacy team complete additional training to help them keep their knowledge up to date. They get regular feedback from their manager to help them improve.

### Inspector's evidence

The pharmacy team included a pharmacist manager, who commenced her role in January 2022, a pharmacist technician, two pre-registration trainee pharmacy technicians, three dispensers, two of whom were in training, and a driver. A second pharmacist usually worked one day a week. The pharmacy was currently recruiting an additional full-time dispenser. All members of the pharmacy team were appropriately trained or on accredited training programmes. Members of the team usually worked full time and the volume of work appeared to be well managed. Staffing levels were maintained by part-time team members and a staggered holiday system.

Members of the pharmacy team completed some additional training, for example they had recently completed training about General Data Protection Regulation (GDPR) and data protection. The pharmacist said she would identify individual training needs for each member of the pharmacy team, but this had only begun recently. So training had been inconsistently provided and learning opportunities missed. Training records were kept showing what training had been completed by each member of the team.

A dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines she felt were inappropriate, and refer people to the pharmacist if needed. The pharmacist manager felt able to exercise her professional judgement and this was respected by members of the team and the superintendent. The trainee pharmacy technician felt she received a good level of support from the pharmacist and her colleagues. If she had any questions about her training course, she was able to discuss this with her pharmacist manager.

Appraisals were conducted quarterly by the pharmacy manager. A dispenser explained how the manager discussed her performance, training requirements and any areas for improvement. She also felt able to speak about any of her own concerns. Members of the pharmacy team held weekly team meetings about issues that had arisen, including when there were errors or complaints. And they were aware of the whistleblowing policy and reported being comfortable raising any concerns to the manager or SI. The company set targets for services such as the pharmacist first scheme and the pharmacist said she did not feel under pressure to achieve these.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are suitable for the services provided and the pharmacy acts to help make the premises COVID secure. It has a consultation room available so people can have private conversations about their health.

### Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload and access to it was restricted by use of a gate. Customers were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled by the use of electric heaters. Lighting was sufficient. The staff had access to a kitchenette area and WC facilities.

Plastic screens had been installed at the medicines counter to help prevent the spread of infection, and only six people were permitted in the retail area at any one time. Markings were used on the floor to help encourage social distancing. Staff were wearing masks and hand sanitiser was available.

A consultation room was available with access restricted by use of a lock and was clean in appearance. The space was clutter free with an examination bed, desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are easy to access. And the pharmacy manages and provides them safely. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure they are in good condition. Pharmacy team members carry out additional checks when they supply higher-risk medicines to help ensure people use them appropriately. People receive advice and medicines for minor conditions. And the pharmacy actively refers people to other health care professionals when it is unable to directly help people.

### Inspector's evidence

Access to the pharmacy was level via a single door and was suitable for wheelchair users. There was also wheelchair access to the consultation room. A poster gave information about the services offered and information was also available on the website. Members of the pharmacy team were able to list and explain the services they provided. The pharmacy opening hours were displayed.

The pharmacy had a delivery service. This had been adapted in response to current COVID guidance. The delivery driver would leave the patient's bag of medicines at the door, knock, and stand back to allow social distancing whilst the person picked up the bag. The driver would wait for the recipient to pick up the bag. If there was no answer the medicines would be returned to the pharmacy. An electronic record was kept as an audit trail.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual people's prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. Dispensed medicines awaiting collection were kept on a shelf using an alphanumerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Team members were seen to confirm the person's name and address when medicines were handed out. If a prescription indicated it was to be dispensed in instalments at a set interval, a record of the date of each supply was made on the patient medication record (PMR). Members of the team said if they were concerned about a person not being compliant with their prescription, they would speak to the GP surgery before providing the medication.

Schedule 3 and 4 CDs were highlighted so that members of the team could check prescription validity at the time of supply. High-risk medicines (such as warfarin, lithium and methotrexate) were also highlighted so people were counselled, and this was recorded on their PMR. Team members were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist said she had spoken to people who were at risk to make sure they were aware of the pregnancy prevention programme. And this was recorded on their PMR.

Some medicines were dispensed in multi-compartment compliance packs. Most of the compliance packs were assembled off-site in the company's nearby hub. Before a person was started on a compliance pack the pharmacy would discuss whether this would be suitable for them. A record sheet was kept for each person, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge sheets

were sought and retained for future reference. Disposable equipment was used to provide the service, and the compliance packs were labelled with medication descriptions and a dispensing check audit trail. The hub had an accuracy checking process to ensure medicines used to dispense into compliance packs were correct. When the compliance packs were returned to the pharmacy, the pharmacist would complete a further accuracy and clinical check before being supplied. But patient information leaflets (PILs) were not always routinely supplied. So people may not always have important information about how to take their medicines safely.

The pharmacy dispensed medicines for a small number of patients who lived in a care home. A re-order sheet was provided to the pharmacy and it contained details about the medicines required, medicine changes and any handover notes for the pharmacy. When prescriptions were received from the GP surgery, they were compared to the re-order sheet to confirm all prescription items had been received back. Any queries were written onto a query sheet and provided to the care home to chase up with the GP surgery. Medicines were dispensed into disposable compliance packs and a dispensing and checking signature was written onto the label. PILs were provided to the care home.

An unscheduled care scheme enabled people to access medicines from the pharmacy if they been prescribed them before, this was at the pharmacist's discretion. The pharmacist said she had a signed copy of the relevant patient group direction (PGD) in order to make the supply. An example utilising the scheme was for a people who had been prescribed atenolol 50mg tablets, but due to a wholesale supply issue these tablets were not available to dispense. The pharmacist had to switch people to atenolol 25mg and counsel them about how to take the lower strength.

The pharmacy first scheme was provided by the pharmacy. Members of the pharmacy team showed a good understanding of the service and the formulary of medicines which could be supplied. They provided examples of when they had made a supply on the scheme, and also when they had referred people elsewhere. If the request was for a prescription only medicine permitted by the scheme, they would refer the person to the pharmacist for a consultation under the relevant PGD. The pharmacist explained how if she could not help someone and she felt the person needed urgent care, she would contact the GP surgery and request a same day appointment if any were available. A recent example provided by the pharmacist involved a person who had symptoms of a urinary tract infection which could not be treated using the local PGD. The pharmacist spoke with the GP surgery who was unable to see the person on the same day. The pharmacist booked an appointment with an off-site pharmacist independent prescriber who completed a remote consultation to provide the person with the correct antibiotics.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Stock was date checked on a 3-month rotating cycle. A date checking matrix was signed by team members as a record of what had been checked, and shelving was cleaned as part of the process. Short-dated stock was highlighted using a sticker. Liquid medication generally had the date of opening written on. Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out-of-date stock. CD denaturing kits were available for use.

There were clean medicines fridges, each with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had remained in the required range for the last 3 months. Medication people had returned was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the MHRA. Alerts were printed, and details of the action taken, when and by whom was written on a matrix before being filed in a folder.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they clean the equipment so that it is safe to use.

### Inspector's evidence

The team had access to the internet for general information. This included access to the BNF and BNFC resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for methadone. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed team members to move to a private area if the phone call warranted privacy. The consultation room was used appropriately; people were offered its use when requesting advice or when counselling was required.

### 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.