

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: 12/01/2023

Pharmacy context

This is a community pharmacy in the town of Cambuslang on the outskirts of Glasgow. Its main activities are dispensing NHS prescriptions and selling over-the-counter medicines. The pharmacy delivers medication to people at home and residing in a care home. It supplies people's medication in multi-compartment compliance packs to help them take their medicines. And it also provides the NHS Pharmacy First service.

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 appropriately identifies and manages the risks associated with its services. Team members have access to a set of written procedures to help support them in managing the pharmacy's services safely. Team members keep most of the records they need to by law, and they keep people's confidential information safe. Team members are suitably equipped to help safeguard vulnerable adults and children.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) in place to support its team to work safely and effectively. These had been issued in August 2020 and were signed by team members to confirm they had read and understood them. The SOPs however had not been scheduled for review which meant that opportunities to update working practices may have been missed. The SOPs were kept in a folder however this required organising as they were not in chronological order. This meant that it was difficult for team member to locate a specific SOP.

The pharmacy had a procedure in place for the recording of errors identified within the dispensing process before reaching people. These were known as near misses. Team members took responsibility to record their own near misses. They recorded them on to an electronic reporting system. Team members recorded some details about each near miss. For example, the medicines involved. But they didn't always record the reason the error might have happened. And so, team members may have missed the chance to identify any trends or patterns and make specific changes to the way they worked. Team members informally discussed near misses, and they talked about steps the team could take to prevent the risk of similar near misses recurring. The team had separated some medicines that looked and sounded like each other, known as LASAs. For example, amlodipine and amitriptyline. This measure reduced the risk of them being selected in error. The pharmacy had a procedure in place for recording of errors from the dispensing process that had reached the patient known as dispensing incidents. The responsible pharmacist (RP) described the process. It involved discussions with the affected patient or representative, the superintendent pharmacist (SI) and recording the details of the incident in a formal report which included a root cause analysis. The RP described one such incident that had previously occurred and the steps the pharmacy had taken to help prevent errors of this nature in the future. The pharmacy had a formal complaints procedure which the team were able to direct patients to. Complaints from people who used the pharmacy were initially dealt with informally by a team member. If the team member was unable to resolve the complaint it was passed to the SI or the pharmacy's managing director.

Team members were aware that there were regulations around what activities could and could not be undertaken in the absence of the RP. However, some team members were not confident as to which activities these were. They were however aware of the actions they were required to take should the RP not arrive when the pharmacy opened. This involved informing the SI who would arrange pharmacist cover. Team members explained that they very rarely had to instigate this process. The RP notice displayed the correct details for the pharmacist on duty. The pharmacy held an electronic RP record which was completed in line with regulations. The pharmacy kept records of private prescriptions issued, which were mostly filled in correctly. But some entries in the private prescription register were missing the details of the prescriber or the date of supply. The pharmacy also kept suitable records of

unlicensed medicines supplied known as specials. These records known as “certificates of conformity” were correctly completed with the required information. They were obtained from reputable suppliers. The pharmacy kept suitable controlled drugs (CDs) records. There had been a recent update to the SOP relating to the recording of the supply of CDs. Entries were now made once medicines had been successfully supplied to people instead of at the point of dispensing. The team completed balance checks of the CDs at least every month. The pharmacy kept records of CDs returned to the pharmacy for destruction.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. The team placed confidential waste into a separate bin to avoid a mix up with general waste. The waste was periodically destroyed via a shredder. Team members understood the importance of securing people's private information. The pharmacy was undergoing a refit and so at the time of the inspection the pharmacy did not have a consultation room where people could have private conversations with team members. The team understood the need to maintain patient confidentiality and privacy during the refit and measures to support this were put in place. Private conversations or consultations were mostly carried out over the telephone with the consent of the patient.

The pharmacy had a formal written procedure to help the team raise concerns about safeguarding of vulnerable adults and children. And team members had completed some basic training on the subject. Team members described hypothetical safeguarding situations that they would feel the need to report. They had access to the contact details of the local safeguarding teams. The RP had joined the Protecting Vulnerable Groups (PVG) scheme.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members have the skills to effectively provide the pharmacy's services. The pharmacy supports them to make changes to improve the way the pharmacy operates. Team members feel comfortable in raising professional concerns and giving feedback.

Inspector's evidence

The pharmacy employed several team members. The RP was the pharmacy's resident, full-time pharmacist. Locum pharmacists covered days the RP didn't work. During the inspection, the RP was supported by a full-time trainee pharmacy technician, a full-time trainee pharmacy assistant, and two full-time and two part-time qualified pharmacy assistants. Team members who were not present during the inspection included a full-time delivery driver, a full-time trainee pharmacist and a full-time trainee pharmacy assistant. The trainee pharmacy assistants were all enrolled onto a GPhC approved training course. The pharmacy was busy at the time of the inspection. There were notices placed in the retail area asking people to remain patient while they waited to receive pharmacy services. Despite the pharmacy being busy, team members were observed working well together and supported each other in managing the workload. They were observed asking the RP for support when selling over-the-counter medicines.

Team members who were fully qualified were given some opportunity to complete ongoing training during their working hours to improve their knowledge and skills. They were not provided with a structured training programme, but they could choose healthcare topics to learn about or use their time to learn new skills to help them perform better in their roles. Most recently, the team had completed some training on managing mental health conditions. Trainee pharmacy assistants received 30 to 60 minutes of protected training time each week. They were able to work through their training course workbooks and ask questions of the RP or SI. The RP had oversight of their progress. Team members were not provided with a formal appraisal process.

The team could raise concerns with either of the RP or the pharmacy's owners. The RP explained that the team members worked with an open and honest dialogue, and they were encouraged to provide feedback on ways the pharmacy could improve its services. Several team members explained they were comfortable raising concerns and giving feedback to RP and they were confident that the concerns would be acted upon. The pharmacy didn't have a whistleblowing policy which could make it harder for team members to report concerns anonymously. There were no targets set for the team to achieve.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises clean and secure. And they are suitable for the services the pharmacy provides for people.

Inspector's evidence

The pharmacy was mainly clean and well maintained and professional in appearance. The main dispensary area was small and there was limited bench space for the team to dispense from. Most bench space was taken up with baskets containing prescriptions and medicines awaiting a final check by the RP. But this improved by the end of the inspection. The pharmacy's floor space was mostly clear from obstruction. The pharmacy was undergoing a substantial refit which had started a few weeks prior to the inspection. There was a large, back room which was to house a new dispensing robot. The room had a door which led to a small yard.

The pharmacy had separate sinks available for hand washing and for the preparation of medicines. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. Team members controlled unauthorised access to restricted areas of the pharmacy. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy team manages and delivers the pharmacy's services well. And it makes its services easily accessible to people. The pharmacy sources its medicines from recognised suppliers, and it suitably stores and manages them to ensure they are fit for purpose.

Inspector's evidence

People had level access into the pharmacy through the main entrance door. This made it easy for people using wheelchairs or pushchairs to enter the pharmacy. The pharmacy had a facility to provide large print labels to people with a visual impairment. The pharmacy had some healthcare related information leaflets for people to take away with them. The pharmacy provided various services under the Pharmacy First Scheme. This included emergency hormonal contraception, treatment for urinary tract infections and for shingles. The pharmacist had signed and dated all relevant patient group directions (PGDs) in order to provide the services.

Team members were aware of the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They demonstrated the advice they would give in a hypothetical situation, and they knew when to refer people to the RP for appropriate counselling.

Team members used stickers to attach to bags containing people's dispensed medicines. They used these as a prompt before they handed out medicines to people. For example, to highlight interactions between medicines or the presence of a fridge line or a CD that needed handing out at the same time. Team members signed the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. They used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. The pharmacy had owing slips to give to people when the pharmacy could not supply the full quantity prescribed. The pharmacy offered a delivery service and kept records of deliveries to ensure there was an audit trail. People were informed if a delivery was unsuccessful. And they were asked to contact the pharmacy to arrange an alternative time for delivery.

The pharmacy supplied medicines in multi-compartment compliance packs to several people living in their own homes. The team dispensed the packs in a separate area of the dispensary to ensure minimum distraction. To help manage the workload effectively and in a timely manner, the team began the dispensing process around a week before the packs were due to be supplied. This allowed the team time to manage any queries such as medicines that may have been missed from prescriptions. The team provided the packs either weekly or every four weeks and divided the workload evenly across a four-week cycle. Team members used master sheets which contained a list of the person's current medication and dose times. The pharmacist checked prescriptions against the master sheets for accuracy before the dispensing process started. The pharmacy didn't always provide patient information leaflets and so, people were not always provided with the complete information about their medicines. The team kept written and electronic records of any changes made to people's treatment. For example, if a medicine had been stopped following a hospital admission.

The pharmacy obtained medicines from several reputable sources. Pharmacy (P) medicines were stored

behind the pharmacy counter so the pharmacist could supervise sales. The pharmacy had a process to check the expiry dates of its medicines, but the team had not completed the process in line with set schedules. No out-of-date medicines were found after a random check of around 20 randomly selected medicines. The pharmacy highlighted medicines that were expiring in the next three months. The date of opening had been recorded on medicines that had a short shelf life once they had been opened. The pharmacy had two fridges to store medicines that required cold storage. The team stored medicines tidily inside the fridges and they kept daily records of the fridge temperature ranges. A sample seen were within the correct ranges. The pharmacy received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via email. Team members printed off the alert and actioned it.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for its services. And it uses its equipment appropriately to protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources. The pharmacy used a range of CE quality marked measuring cylinders. It used an automated dispensing system for the substance misuse service which was calibrated and cleaned each day. It suitably positioned computer screens to ensure people couldn't see any confidential information. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members could have conversations with people in a private area. Team members had access to personal protective equipment including face masks and gloves.

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.