

# Registered pharmacy inspection report

**Pharmacy Name:** Dickson Chemist, 654 Old Edinburgh Road,  
Viewpark, UDDINGSTON, Lanarkshire, G71 6HQ

**Pharmacy reference:** 1042603

**Type of pharmacy:** Community

**Date of inspection:** 17/03/2022

## Pharmacy context

This is a community pharmacy situated on the main high street through Viewpark, Uddingston, in Lanarkshire. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services such as emergency hormonal contraception, and supplies for people receiving care through substance misuse services. People receive advice and 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.

## Overall inspection outcome

✓ Standards 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 met	N/A	N/A	N/A
<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 met

### Summary findings

The pharmacy mostly identifies the risks with its services. The team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. And members of the team understand how to keep people's private information safe. They record things that go wrong 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 August 2020. The pharmacy team had begun to review the SOPs to check whether they reflected current practice. Members of the team had signed to say they had read and accepted the SOPs.

Near miss incidents were recorded electronically. Team members were shown any mistakes by the accuracy checker and asked to rectify their own errors. The pharmacist said she would also review the records and discuss her findings as part of a team meeting. She gave examples of action that had been taken to help prevent similar mistakes, which reminding team members to mark all sides of a part used box to help with quantity-based errors. Different strengths of lansoprazole were placed in baskets to help reduce picking errors. Dispensing errors were investigated and also recorded electronically.

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. Members of the pharmacy team 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 which was explained in the practice leaflet. Any complaints were recorded and followed up by the pharmacist manager or the 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 maintained with running balances recorded and checked at least monthly. Two random balances were checked, and both found to be accurate. But some records of individual supplies were not made in a way which met current record keeping requirements. Following the inspection, the SI had addressed this issue by updating the relevant SOP and re-training the pharmacy team across the company. Any returned CDs were recorded in a separate register.

An information governance (IG) policy was available and had been read by members of the pharmacy team. When questioned, a dispenser was able to describe how confidential information was destroyed using the on-site shredder. A poster about how to find further information about how the pharmacy handled people's personal data was on display in the retail area. Safeguarding procedures were included in the SOPs and had been read by members of the team. Contact details for the local safeguarding board were available. A dispenser said she 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 receive appropriate training for their roles. Members of the pharmacy team undertake learning to help them keep their knowledge up to date. But the pharmacy does not provide opportunities for regular learning as it does not have a structured training programme. So, it may not identify or address all team members' learning and development needs.

### Inspector's evidence

The pharmacy team included a pharmacist manager, a pre-registration trainee technician, who was also an accuracy checker, and three dispensers, one of whom was in training. All members of the team had completed the necessary training for their roles. The volume of work appeared to be managed. Staffing levels were maintained by a staggered holiday system and locum dispensers. A locum dispenser was present during the inspection. She said she had read the SOPS and spoken to the pharmacy team about how they carried out certain processes before beginning them to ensure she was doing what was expected of her.

Members of the pharmacy team had recently completed some additional training, for example they had recently completed a training pack about fire safety in the workplace. But training was not consistently provided in a structured manner. So learning and development needs may not always be fully addressed.

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 felt able to exercise her professional judgement, and this was respected by members of the pharmacy team and the head office. The trainee technician said she received a good level of support from the pharmacist in helping her with her course, and she felt able to ask for further help if she needed it.

Appraisals were conducted annually by the company to discuss individual team member's performance and any areas for improvement. The pharmacy team held weekly team meetings about issues that had arisen, including when there were errors or complaints. Members of the team were aware of the whistleblowing policy and said they felt comfortable reporting any concerns to the manager or SI. The pharmacy had targets set for services such as Pharmacy First. But 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. People were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled by the use of air conditioning, and lighting was sufficient. Team members had access to a kettle, microwave, and WC facilities.

Plastic screens had been installed at the medicines counter to help prevent the spread of infection. Team members 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 a desk, seating, and adequate lighting. The 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. Pharmacy practice leaflets 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 provided by the pharmacy. The pharmacy opening hours were displayed and a range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service. This had been adapted in response to current COVID guidance. The delivery driver would leave the person's bag of medicines at the door, knock, and stand back to allow social distancing. 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 prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. A member of the dispensing team was also an accuracy checker. Due to absences very few prescriptions had been checked by the accuracy checker, and it had only been prescriptions dispensed by the pharmacist. The pharmacist said during this time she would complete the clinical check during dispensing. The pharmacist had plans to increase the number of prescriptions checked by the accuracy checker. And planned to clinically check a bundle of prescriptions at a time and sign them to show they had been clinically checked. If a prescription indicated it could be dispensed in instalments at a set interval, team members recorded the date of each supply. 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.

Dispensed medicines awaiting collection were kept on a shelf using a numerical 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 people's name and address when medicines were handed out. Schedule 3 and 4 CDs were highlighted so that team members could check prescription validity at the time of supply. High-risk medicines (such as warfarin, lithium and methotrexate) were also highlighted, and the pharmacist said she would speak to people collecting the medicines and counsel them. Members of the team 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 people who were at risk had been counselled by the previous pharmacist to make sure they were aware of the pregnancy prevention programme.

Some medicines were dispensed in multi-compartment compliance packs. Most of the compliance packs were assembled in the company's nearby hub. Before a person was started on a compliance aid the pharmacy would discuss whether this would be suitable for them. An electronic record 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 the medicines were supplied. Patient information leaflets (PILs) were supplied.

An unscheduled care scheme enabled people to access medicines from the pharmacy if they been prescribed them before and 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 of people utilising the scheme was when a local GP surgery had to close due to most of the GP workforce contracting COVID-19. The surgery was not able to provide prescriptions to the pharmacy and so the pharmacist decided on a case-by-case basis whether to supply people's regular medicines through the unscheduled care scheme.

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 people to the pharmacist for a consultation under the relevant PGD. The pharmacist said they completed a high volume of consultations for people requesting antibiotics for urinary tract infections. This was due to the local GP surgeries who would signpost people to the pharmacy using a pre-recorded telephone message. But it did not stipulate which people were suitable and so there were a number of times when a person did not meet the inclusion criteria in order to be supplied with antibiotics. The pharmacist said she would have to refer these patients back to the GP surgery or book them into the Pharmacy First Plus service, which was provided by a pharmacist independent prescriber at another pharmacy owned by the company.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Stock was date checked on a 3-month basis. A date checking matrix was signed by staff as a record of what had been checked. Short-dated stock was highlighted using a sticker and liquid medication 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. Any returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the MHRA. Alerts were printed, action taken was written on, initialled and signed 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 staff 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. The pharmacy used an automated dispensing system to aid the substance misuse service. It appeared clean and was calibrated each day using three different volumes which were checked by the pharmacist.

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 the 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. People using the substance misuse service were directed to a separate entrance to provide privacy.

### 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.