General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Lindsay & Gilmour Pharmacy, 2 Pentland View Court, CURRIE, Midlothian, EH14 5NP

Pharmacy reference: 1042614

Type of pharmacy: Community

Date of inspection: 03/07/2019

Pharmacy context

This is a community pharmacy beside other shops and a medical practice. People who use the pharmacy include elderly people and young families. There is new housing in the area, so the pharmacy is getting busier. The pharmacy dispenses NHS prescriptions and sells a range of over-the-counter medicines. It also supplies medicines in multi-compartmental compliance packs.

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	2.2	Good practice	The pharmacy provides protected learning time, has regular development meetings with all team members and provides a range of mandatory and other training material. This ensures the team develops in areas of need and interest.
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 team members follow processes for all services to ensure that they are safe. They record mistakes to learn from them. They review these and make changes to avoid the same mistake happening again. The pharmacy asks people for feedback. And pharmacy team members discuss this to make pharmacy services better. The pharmacy keeps all the records that it needs to by law and keeps people's information safe. Pharmacy team members help to protect vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were followed for all activities/tasks. All team members had read and signed these and were working through new ones. They were reviewed every two years and were signed off by the pharmacy superintendent. Staff roles and responsibilities were recorded on individual SOPs.

Dispensing, a high-risk activity, was observed to be smooth with coloured baskets in use for dispensing. An accuracy checking technician (ACT) undertook the final check for some dispensing – mainly multi-compartmental compliance packs and some collection service prescriptions. The pharmacist clinically checked these and initialled prescriptions before the final accuracy check.

There was an audit trail in place for dispensed medicines in the form of dispensed and checked by signatures on labels. And a 'quad' stamp was used by team members to capture initials of personnel involved at each stage. The pharmacy had a business continuity plan in place to address maintenance issues or disruption to services.

The pharmacy kept near miss logs and reported errors reaching people. Team members recorded their own mistakes electronically, and the system was quick and straightforward to use, also capturing any changes that had been implemented to reduce repeat incidents. The pharmacy undertook significant event analysis following major incidents or errors reaching patients. The pharmacist or pharmacy technician reviewed incidents at the end of each month and these were discussed amongst the whole team. Several strategies were described to reduce risk e.g. using clear bags to store dispensed insulin and showing this to people before the supply was made. And separating different strengths of tablets which were in similar packaging.

Team members could describe their roles and accurately explain which activities could not be undertaken in the absence of the pharmacist. Inexperienced dispensers were aware of their limitations. There was a complaints procedure in place and all people using the pharmacy were invited to give feedback using a tablet device. The pharmacy had introduced this recently and there were basic questions on it currently such as cleanliness of the premises, efficiency of staff and time to be acknowledged. The pharmacist explained that these questions could be changed over time depending on what the pharmacy wanted feedback on. The pharmacy got a monthly feedback of scores from this device. The lowest scores were related to time to acknowledge people. The team had discussed this and now if the staff member on the medicines counter was held up e.g. looking for a prescription, they asked colleagues to help.

The pharmacy displayed its indemnity insurance certificate, expiring April 2020. The pharmacy

displayed the responsible pharmacist notice and kept the following records: responsible pharmacist log; private prescription records including records of emergency supplies and veterinary prescriptions, (a local GP occasionally prescribed for a family member); unlicensed specials records; controlled drugs (CD)registers, with running balances maintained and regularly audited; controlled drug (CD) destruction register for patient returned medicines. The pharmacy backed up the electronic patient medication record (PMR) each night to avoid data being lost. Alterations to records were attributable, by registrant's name and registration number. Corrections were very clear.

Team members were aware of the need for confidentiality and had recently undertaken a mandatory GDPR training module. They segregated confidential waste and shredded it. No person identifiable information was visible to the public. They had also undertaken training on safeguarding and local processes and contact details were displayed on the dispensary wall. A team member described contacting the GP practice with concerns regarding a patient. There was a patient the pharmacy was regularly concerned about and kept in contact regularly with the GP practice. The delivery driver was a source of help and information for this patient. The pharmacist was PVG registered.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough qualified and experienced staff to safely provide its services. The pharmacy compares staff numbers and qualifications to how busy the pharmacy is and makes changes. This ensures skilled and qualified staff provide pharmacy services. Team members have access to training materials to ensure they have the skills they need. The pharmacy gives them time to do this training. Team members can share information and raise concerns to keep the pharmacy safe.

Inspector's evidence

Staff working in the pharmacy were: one full-time pharmacist manager; one full-time accuracy checking technician (ACT); one part-time trainee pharmacy technician who had recently reduced her hours from four days to two days per week; three part-time dispensers, all working four days per week; one Saturday only trainee team member, recently completed an 'access to pharmacy course.

One of the dispensers was leaving at the end of the current week, and there was already a shortfall from the two days' reduction in a team member's work pattern. The pharmacy regularly reviewed the staffing levels and skills mix. The Saturday only trainee was working four to five days per week to fill the gaps. And the pharmacy was recruiting an additional team member. This had proved challenging, originally hoping to employ a pharmacy technician, but now looking to employ a trainee dispenser. Part-time team members were able to cover some absence, and relief dispensers were available. An experienced relief dispenser was working in the pharmacy at the time of inspection. Typically, four team members in addition to the pharmacist worked at any given time. The team was observed to manage the workload during inspection.

The pharmacy displayed team members' certificates of qualification in the consultation room. The pharmacy provided half an hour per week protected learning time for all team members. There was a variety of material available, some mandatory and also modules available to choose from. These included standard operating procedures (SOPs), electronic modules provided by Numark and other material. Recently all team members had undertaken mandatory training on CBD products and health and safety. The pharmacy planned to sell CBD products once everybody was trained. The pharmacy kept electronic records of training undertaken.

Staff development meetings were held every two months using a scheme known as 5C. This resulted in a series of conversations on different topics with specific questions. Team members reviewed these during the second part of the year with their line manager. The pharmacy had introduced this recently, and team members were finding it useful so far. The area manager who was present during inspection had identified areas for the development of some managers and these will be addressed in a variety of ways such as shadowing other managers or enrolling on training courses.

Team members went about their tasks in a systematic and professional manner. They asked appropriate questions when selling medicines over-the-counter. They demonstrated an openness when discussing errors and incidents. One team member described sharing an incident with the whole team and all understood the importance of reporting mistakes. They were comfortable owning up to their own mistakes. The pharmacy had a whiteboard in the back-shop area for sharing of information. The company was in the process of launching a new monthly newsletter which would cover a range of

topics. There was a staff forum with a representative in each branch. One branch in each area was represented at meetings and information was cascaded down to all team members. They then discussed this and were able to feed a response backup. Team members described this as effective. It had been re-launched recently. A recent topic discussed was a personnel issue which all team members had felt engaged with. Team members described how they would raise concerns and they could offer their opinion to the pharmacist manager or area manager. The pharmacy did not set targets.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is safe and clean, and suitable for its services. The pharmacy team members use a private room for some conversations with people. People cannot overhear private conversations. The pharmacy is secure when closed.

Inspector's evidence

This was a small pharmacy that had benefited from a refit a few years previously. The dispensary had been enlarged and an improved consultation room installed. The dispensary was still small but improved and the pharmacy team used space well. The retail area was small but adequate. There were sinks in the dispensary, consultation room and toilet. These had hot and cold running water, soap, and clean hand towels. The premises were clean, hygienic and well maintained.

People were not able to see activities being undertaken in the dispensary. Prescription medication waiting to be collected was stored in a way that prevented patient information being seen by any other patients or customers. The consultation room had a desk, chairs, sink and computer. It was clean and tidy, and the door closed providing privacy. The door was kept locked to prevent unauthorised access.

The pharmacy was alarmed, had CCTV, and panic alarms. Shutters protected the back door, front door and windows when the pharmacy was closed. The back door was kept bolted. The pharmacy had undertaken a review of security following a break-in. Additional bolts were installed on the back door, and the shutter on the back of the premises was installed. Windows to the rear of the premises were protected by bars. Temperature and lighting were comfortable.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy helps people to ensure they can all use its services. The pharmacy team provides safe services. Team members give people information to help them use their medicines. They provide extra written information to people with some medicines. The pharmacy gets medicines from reliable sources and stores them properly.

Inspector's evidence

There was good physical access by means of a slight ramp at the entrance and assistance offered as required. The pharmacy listed the services that it provided and signposted to other services. The pharmacist explained that people were signposted to other branches that provided a travel clinic – there was a list prominently displayed in the dispensary. But training was underway for this pharmacy to provide travel services including registering as a yellow fever centre. The pharmacy could provide large print labels for people with visual impairment. All team members wore badges showing their name and role.

There pharmacy had a logical and smooth dispensing workflow using coloured baskets to separate patients' medicines, designated areas for dispensing and checking, labels to highlight high-risk items and those requiring special storage and pharmacist information forms (PIFs) to share information with pharmacists. PIFs were not used consistently and not all information was shared with pharmacists e.g. not all new medicines were highlighted. Dispensers provided the pharmacist with warning labels issued via the PMR system. The pharmacy had shelves that were used to store baskets of dispensed medicines waiting to be checked. This avoided a lot of baskets on the pharmacist's checking area. Dispensing audit trails were in place in terms of initials on dispensing labels of personnel who had dispensed and checked medicines.

A recent complaint highlighted that there was no process in place to identify people who had multiple prescriptions in the pharmacy dispensed at different times. This meant that when collecting medicines, people may not get all the medicine they were expecting. The complaint had also highlighted that the patient medication record did not record all interventions and notes, but only the most recent or current one. This meant that there was no chronological list of interventions that had taken place over a period. Owings were usually assembled later the same day or the following day.

The pharmacy provided a delivery service and people signed for their medicines on receipt. The pharmacy managed multi-compartmental compliance packs on a four-weekly cycle with four assembled at a time. The team assembled these at the back of the dispensary where it was quieter with less distraction. Team members dispensed and labelled all medicines and they were checked by the pharmacist. They then removed from packaging and placed them into compliance packs. The pharmacist or ACT undertaking the final accuracy check sealed trays. Patient information leaflets (PILs) were supplied with the first pack of each prescription. The dispenser ensured that tablet descriptions were on backing sheets. A copy of the current backing sheet and 'alteration sheets' were kept with prescriptions and dispensed medicines in individually named boxes. The alteration sheets had details of any changes with the date, prescriber and checking pharmacist recorded. These boxes were stored in different areas depending on whether packs were being delivered or collected. A dispenser poured methadone instalments weekly and these were checked by a pharmacist.

Clinical checks were undertaken by a pharmacist and people receiving high risk medicines including valproate, methotrexate, lithium, and warfarin were given appropriate advice and counselling. Written information and record books were provided if required. The valproate pregnancy prevention programme was in place. The pharmacist had undertaken a search and found one person in the at-risk group. The pharmacist had provided her with counselling and written information. The non-steroidal anti-inflammatory drug (NSAID) care bundle had been implemented and written and verbal information was given to people supplied with these medicines over-the-counter, or on prescriptions. 'Sick day rules' were also discussed with people on certain medicines, so that they could manage their medicines when they were unwell.

The pharmacy followed the service specifications for NHS services and patient group directions (PGDs) were in place for unscheduled care, pharmacy first, smoking cessation, emergency hormonal contraception, chloramphenicol ophthalmic products and chlamydia treatment. Team members referred most minor ailments requests to the pharmacist. For straightforward symptoms they obtained relevant information from people, wrote this on a piece of paper and passed to the dispensary for dispensing. The pharmacy had information on the consultation room wall about childhood illnesses and how soon children could return to school. Team members described this as very useful and they often referred to it.

The pharmacy did not undertake a lot of activity with the chronic medication service (CMS). The local surgery was not engaged so there was only one serial prescription. The pharmacy was continuing to register people – people filled in forms themselves, so very few pharmaceutical care issues were identified. If there were any, the pharmacist contacted the person.

The pharmacy obtained medicines from reliable sources including AAH. The pharmacy complied with the requirements of the Falsified Medicines Directive (FMD). Team members scanned items on receipt (commissioned), and they were scanned again (decommissioned) at the time of supply to people. Pharmacy team members checked expiry dates of medicines regularly and kept records. Items inspected were found to be in date. Medicines were stored in original packaging on shelves/in drawers and cupboards. Items requiring cold storage were stored in a fridge with minimum and maximum temperatures monitored and action taken if there was any deviation from accepted limits. The pharmacy protected pharmacy (P) medicines from self-selection. Team members followed the sale of medicines protocol when selling medicines.

The pharmacy actioned MHRA recalls and alerts on receipt and kept records. A team member contacted people affected by patient level recalls. Items received damaged or faulty were returned to suppliers as soon as possible.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs for the delivery of its services. The pharmacy looks after this equipment to ensure it works.

Inspector's evidence

The pharmacy had texts available including current editions of the British National Formulary (BNF) and BNF for Children. It had Internet access allowing online resources to be used.

The pharmacy kept a carbon monoxide monitor maintained by the health board in the consultation room where it was used with people accessing the smoking cessation service. It had Crown stamped measures including separate marked ones for methadone use, and tablet and capsule counters. A separate marked one was used for cytotoxic tablets. The pharmacy had equipment checked and calibrated, and certificates for fridge thermometers were observed.

Paper records were stored in a locked filing cabinet in the consultation room, and in the dispensary inaccessible to the public.
Team members never left computers unattended and used passwords. Screens were not visible to the public.

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.