

Registered pharmacy inspection report

Pharmacy Name: Right Medicine Pharmacy, 71 Newton Church Road, DANDERHALL, Midlothian, EH22 1LX

Pharmacy reference: 1042620

Type of pharmacy: Community

Date of inspection: 13/09/2022

Pharmacy context

The pharmacy is in a small parade of local retail businesses in the village of Danderhall on the outskirts of Edinburgh. Its main services include dispensing NHS prescriptions and selling over-the-counter medicines. The pharmacy supplies some medicines in multi-compartment compliance packs, designed to help people remember to take their medicines. And it offers a medicine delivery service to people. It also provides advice and treatment for a range of minor illnesses through 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	1.8	Good practice	Pharmacy team members work well with other healthcare professionals to help keep people safe from harm.
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 generally identifies and manages the risks associated with its services. It keeps people's private information secure. And it mostly keeps the records it must by law. Pharmacy team members are good at identifying and reporting safeguarding concerns. And they work with other healthcare professionals to help keep people safe from harm. They understand how to recognise and respond to feedback about the pharmacy's services. And they engage in conversations to help reduce risk following the mistakes they make during the dispensing process.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) in place to support its team members in delivering its services. These had been reviewed by the superintendent pharmacist (SI) in 2022. And they covered responsible pharmacist (RP) requirements, controlled drug (CD) management, dispensary processes, and services. Pharmacy team members demonstrated training records associated with the previous version of SOPs. But they still needed to complete some learning and sign-off procedures associated with the updated SOPs. Pharmacy team members were observed working in accordance with SOPs throughout the inspection. And they confidently discussed their job roles and responsibilities.

The pharmacy had procedures to support its team members in learning from mistakes made during the dispensing process. And pharmacy team members engaged in reporting following reported dispensing errors. But they did not generally record details of near misses that they found and corrected during the dispensing process. Pharmacy team members provided examples of how feedback following near misses led to actions designed to reduce risk. For example, they had reviewed stock placement and had separated different strengths of gabapentin products on the dispensary shelves. And they had taken similar action to highlight and separate some inhalers to reduce the risk of dispensing the incorrect device. But the lack of formalised near miss reporting meant that there could be some missed opportunities to identify trends and share continuous learning.

The pharmacy had a complaints procedure. A team member explained how they would manage a concern raised by a member of the public about the pharmacy. And they understood the need to escalate concerns to either the RP or the SI. The pharmacy had procedures and effective systems to support the safe handling of people's information. A team member discussed the importance of keeping personal identifiable information secure. The team held this personal identifiable information in staff only areas of the pharmacy. And it secured its confidential waste prior to this being collected for secure destruction.

The pharmacy had up-to-date indemnity insurance arrangements in place. The RP notice was updated as the inspection began to reflect the correct details of the RP on duty. Pharmacy records examined were generally made in accordance with legal and regulatory requirements with some minor omissions noted. These minor omissions relating to dates and prescriber details within the private prescription register. The pharmacy kept its CD register electronically. This was kept in good order. There was evidence of balance checks against physical stock taking place at least every few months, some balance checks were noted to be more frequent. And the RP identified how they checked running balances

when dispensing and entering CDs. The pharmacy used the register effectively to identify the frequency of prescribing. And it had taken appropriate action to record and share some concerns with prescribers when people ordered their prescriptions early.

Pharmacy team members had completed appropriate learning relating to safeguarding vulnerable people. The pharmacy had procedures available to support team members in recognising and reporting safeguarding concerns. And a team member confidently discussed what action they would take if somebody attended the pharmacy asking for 'ANI', an initiative to help provide a safe space for people experiencing domestic abuse. Pharmacy team members worked well with other local healthcare professionals to manage concerns relating to vulnerable people. This included facilitating and monitoring weekly supply of medicines to some people. And actively engaging with the local substance misuse team to help keep people safe. They demonstrated record keeping associated with raising concerns. This helped the team to monitor the interventions it made and informed any ongoing support required.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a small, dedicated team of people who work together well. It supports its team members through a regular appraisal process. And they engage in some conversations to help minimise risk. Pharmacy team members demonstrate enthusiasm for their roles. And they are confident in sharing their thoughts and they understand how to raise concerns at work.

Inspector's evidence

The RP was the manager and was supported by a pharmacy technician, a qualified dispenser, a qualified medicine counter assistant, and a delivery driver during the inspection. Another qualified dispenser and a trainee medicine counter assistant worked at the pharmacy. One team member had handed in their notice, and the company had started the recruitment process for this upcoming vacancy. Pharmacy team members reported working flexibly to cover leave within the team. And the pharmacy team reported receiving some support from the company's relief team when needed. Pharmacy team members reported that workload had increased in recent months. The pharmacy had reviewed its workload and resources. And another pharmacy within the company had taken on tasks associated with the dispensing of some multi-compartment compliance packs. Workload was up to date on the day of inspection.

The pharmacy displayed relevant qualification certificates of its team members. And pharmacy team members completed some ongoing learning relating to their roles. For example, keeping themselves up to date with changes to pharmacy services. They engaged in the company's appraisal process and reported that their last appraisal had taken place in 2021. The pharmacy had some key performance indicators (KPIs) to meet. The RP provided an example of how they felt supported in applying their professional judgement when delivering pharmacy services.

Pharmacy team members worked together well. They were observed handling a number of telephone and face-to-face queries. And they took time to engage with people visiting the pharmacy requesting advice. The pharmacy had a whistleblowing policy and its team members were aware of how to raise a concern at work if needed. They provided examples of how they felt confident to put their ideas forward at work. Pharmacy team members discussed a rise in the amount of verbal abuse they received at work from members of the public. And the company had responded to this by prominently displaying notices asking people to treat team members with dignity and respect. The team shared information through continuous communication. But it did not take the opportunity to record the outcomes of these discussions. This meant that the opportunity to share learning and measure the impact of any agreed actions may be limited.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, secure, and suitable for the services provided. It has facilities to allow people to have a private conversation with a member of the pharmacy team.

Inspector's evidence

The pharmacy was secure and maintained to an appropriate standard. Lighting was bright and ventilation was adequate throughout the premises. The pharmacy was clean and there was hot and cold water available alongside antibacterial hand wash and paper towels at sinks. Robust plastic screening fitted around the medicine counter supported the pharmacy in managing some of the risks associated with providing face-to-face pharmacy services during a pandemic. A small open plan public area stocked health related items and toiletries. A private consultation room was available to the side of the public area. The room provided an appropriate space for holding private consultation services.

The premises were small with limited space in the dispensary. Pharmacy team members explained how the owners had considered a number of options to extend or refit the premises over the years. And some adaptations had been made to support workflow in the dispensary. For example, a pull-up workbench was fitted to help provide extra bench space during busier periods. The team reported feeling listened to when providing recent feedback about how the small space could be better utilised. Pharmacy team members did manage the available space in the dispensary appropriately. For example, higher risk tasks such as assembling medicines in multi-compartment compliance packs took place on a designated work bench away from other dispensing tasks. A small space off the dispensary provided a small amount of storage space for files and sundries. And staff toilet facilities were provided off this area.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people. It has procedures to help provide its services safely and effectively. The pharmacy obtains its medicines from reputable sources. And it stores its medicines safely and securely. Pharmacy team members engage people in conversations about their health and wellbeing. And they provide people with relevant information about the medicines they are taking.

Inspector's evidence

The pharmacy was accessed through a simple door up a step from street level. Team members provided support with access as required. The pharmacy advertised its opening times and details of the services it provided clearly. And there was seating available in the public area of the pharmacy for people waiting for their medicines or a pharmacy service. Pharmacy team members understood how to signpost a person to another pharmacy or healthcare provider should they be unable to provide a pharmacy service.

The Pharmacy First service was popular, with the pharmacy supplying advice and medicines to treat minor ailments on a daily basis. The RP had access to legally valid and up-to-date patient group directions to support the supply of prescription only medicines through the service. The pharmacy protected Pharmacy (P) medicines from self-selection as it displayed them behind its medicine counter. Pharmacy team members recognised the potential for abuse, misuse, and overuse of some P medicines, and they referred repeat requests to the RP appropriately.

The pharmacy dispensed serial prescriptions as part of the NHS Medicines Care and Review (MCR) service. It applied appropriate monitoring checks to the supply of medicines against these prescriptions. And had appropriate checks in place to highlight changes to people's medicine regimens that would prompt review. The pharmacy had a structured system for managing its serial prescriptions to ensure medicines were ready for people to collect when they visited the pharmacy. It kept an audit trail of the orders and general communication with GP practices to support team members in answering any queries. Pharmacy team members identified higher risk medicines during the dispensing process. And the pharmacy had some safety tools and resources in place to support the RP in counselling people when handing out the medicines. Counselling and monitoring checks were completed verbally. But the team did not generally take the opportunity to record the outcomes of these types of routine interventions on people's medication records. Pharmacy team members had an understanding of the requirements of the valproate pregnancy prevention programme (PPP). And the RP described the action they would take if supplying valproate to a person in the high-risk group.

The pharmacy used baskets throughout the dispensing process to ensure it kept medicines with the correct prescription. The pharmacy team kept original prescriptions for medicines owing to people. It used the prescription throughout the dispensing process when the medicine was later supplied. Pharmacy team members took ownership of their work by signing the 'dispensed by' and 'checked by' boxes on medicine labels. The pharmacy kept an audit trail of the medicines it delivered to people's homes. And the RP demonstrated an occasion where this audit trail had been used to answer a query relating to the status of a delivery.

The pharmacy used individual patient records and kept effective audit trails to support it in supplying medicines in multi-compartment compliance packs. This included keeping a record of the progress of dispensing to support the team in answering queries relating to the service. And for tracking changes to medicine regimens. The pharmacy retained documents such as hospital discharge records. A sample of assembled packs contained descriptions of the medicines inside to help people identify them. And full dispensing audit trails were provided on each pack. The pharmacy issued patient information leaflets at the beginning of each four-week cycle of packs. Another pharmacy within the company assembled some compliance packs on the pharmacy's behalf. And team members demonstrated how it managed the transfer of prescriptions to this pharmacy safely through its delivery driver. The team risk assessed the workload sent to the other pharmacy. For example, it dispensed compliance packs containing higher risk medicines locally.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. It stored these medicines in an orderly manner, within their original packaging. The team completed regular date checking tasks. It identified short-dated medicines using stickers. And it highlighted liquid medicines with the date of opening to help inform safety checks at the point of dispensing. The pharmacy stored CDs in secure cabinets and storage within the cabinets was orderly. It held cold chain medicines in a refrigerator and completed daily temperature monitoring checks to ensure these medicines were stored between two and eight degrees Celsius. The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste. It received medicine alerts by email and kept a record of the checks made about these alerts.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services. And its team members use the equipment in a way which protects people's confidentiality.

Inspector's evidence

The pharmacy had up-to-date written reference resources available. These included the British National Formulary (BNF) and BNF for children. Pharmacy team members could access the internet to help resolve queries and to obtain up-to-date information. The pharmacy's computer was password protected. And information displayed on computer monitors was not visible from the public area. The pharmacy stored bags of assembled medicines in a discreet area behind the medicine counter. This meant details on bag labels were not seen from the public area of the pharmacy. The pharmacy had a range of clean equipment available to support the delivery of its services. Equipment used to support consultation services, such as the blood pressure machine, were from well-known medical device manufacturers. It highlighted equipment for measuring and counting higher risk medicines separately from other equipment. This helped to reduce any risk of cross contamination.

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.