

# Registered pharmacy inspection report

**Pharmacy Name:** M&D Green, Eskside Pharmacy, 165 High Street,  
MUSSELBURGH, Midlothian, EH21 7DE

**Pharmacy reference:** 1042764

**Type of pharmacy:** Community

**Date of inspection:** 07/08/2019

## Pharmacy context

This is a community pharmacy on a high street in a small town. People of all ages use the pharmacy. The pharmacy dispenses NHS prescriptions and sells a range of over-the-counter medicines. It also supplies medicines in multi-compartmental compliance packs. The owner works in the pharmacy three or four days per week. Not all standards were inspected.

## Overall inspection outcome

### Standards not all met

**Required Action:** Improvement Action Plan; Statutory Enforcement

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	1.1	Standard not met	The pharmacy does not manage risks as it does not follow standard operating procedures for all activities. It also has unmanaged risk due to poor record keeping.
		1.2	Standard not met	The pharmacy does not monitor and review dispensing accuracy. So team members cannot learn from mistakes and improve the service.
		1.6	Standard not met	The pharmacy does not keep accurate records. This leads to confusion and increases risk that people may not receive medicines safely.
<b>2. Staff</b>	Standards not all met	2.4	Standard not met	The pharmacy does not learn from previous incidents so does not improve services.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards not all met	4.2	Standard not met	The pharmacy does not manage all services safely. Its poor record keeping and accepting verbal changes to prescriptions contribute to this.
		4.3	Standard not met	The pharmacy does not always supply medicines safely as noted elsewhere. It does not check that items it stores are stored at the correct temperature.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance Standards not all met

### Summary findings

Not all standards were inspected. The pharmacy does not always follow its processes. And it does not keep all the records that it should. So, there is a risk of mistakes. Pharmacy team members sometimes record mistakes to learn from them. But they do not record all mistakes and do not review these. So, they are missing learning opportunities. The pharmacy's poor record keeping poses the biggest risk as there is confusion about medicines supplied to people.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which had been reviewed and signed off a year ago by the owner. But the team did not follow them all. Team members did not follow the procedures for fridge temperature monitoring or auditing controlled drugs. The inspector did not scrutinise other SOPs due to time taken looking at the management and record keeping of controlled drugs. Staff roles and responsibilities were recorded on individual SOPs. Team members' names were included on SOPs, but some team members had left. This meant that according to the SOP only named individuals could undertake certain tasks. Team members could describe their roles and accurately explain which activities could not be undertaken in the absence of the pharmacist. The pharmacy used baskets to separate people's medication.

The pharmacy did not often record dispensing errors that were identified in the pharmacy. And it did not review errors to learn from them. The pharmacy had an indemnity insurance certificate, expiring 30 April 20.

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; unlicensed specials records; controlled drugs (CD) registers; and a CD destruction register for patient returned medicines. But some records were incomplete. Some pharmacists did not record accurate times in the responsible record, and/or did not log out. The team did not always include all detail that was legally required in the private prescription register e.g. prescriber address. Poor record keeping had been discussed and improved after the previous inspection a year ago when standard 1.6 was not met. It had not sustained the improvements. The pharmacy did not keep other records that were typically kept in pharmacies such as records of date checking and fridge temperature monitoring. The pharmacy backed up electronic patient medication records (PMR) each night to avoid data being lost.

## Principle 2 - Staffing Standards not all met

### Summary findings

Not all standards were inspected. The pharmacy does not have enough staff but is recruiting to address this. The team members have appropriate qualifications. The pharmacy does not have a learning culture. It has not improved shortfalls highlighted at the last inspection.

### Inspector's evidence

The pharmacy had the following staff: the owner pharmacist three days per week; a regular locum pharmacist two days per week; a full-time accuracy checking technician (ACT) who had recently started; two full-time dispensers, one was on annual leave at the time of inspection; one Saturday only medicines counter assistant; and a part-time delivery driver. At the time of inspection there was the locum pharmacist, ACT, a dispenser and the medicines counter assistant. The pharmacy was recruiting for a part time medicines counter assistant and full-time dispenser. It had a notice in the window. Team members were able to manage the dispensing workload but there was no time for administration tasks such as investigating the consequences of poor record keeping.

Pharmacy team members understood the importance of reporting mistakes and were comfortable owning up to their own mistakes. But there was not a culture of learning in the pharmacy. The last inspection a year ago had identified issues with not following SOPs, not monitoring, reviewing and learning from incidents or errors, and poor record keeping. Some issues had also been highlighted at the inspection two years before that e.g. inadequate monitoring of incidents/errors/services. This showed that the same issues continued despite action plans and short-term improvements.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is safe and suitable for its services although it would benefit from modernisation. The pharmacy team members use a private room for some conversations with people. The pharmacy usually protects people's information. The pharmacy is secure when closed.

### Inspector's evidence

These were small premises incorporating a retail area, dispensary and back shop area including limited storage and staff facilities. The premises were old-fashioned in appearance. An area of damp which had previously been identified had been treated and medicines storage moved from this area. The dispensary was small and cramped for the level of dispensing. There were sinks in the dispensary, staff room and toilet. These had hot and cold running water, soap, and clean hand towels. The pharmacy had a consultation room/office with a desk and chairs. The door closed providing privacy. The pharmacy had a large open hatch between the dispensary and medicines counter which enabled the pharmacist to oversee the medicines counter and intervene if required. Prescriptions were also handed out through this hatch with people's names being called.

The dispensary was accessed via a short passage leading to the back-shop area. The consultation area was on the opposite side of this passage with a small area adjacent to it for the assembly of multi-compartmental compliance packs. The pharmacy team supervised self-administration of medicines at the entrance to the dispensary. But this provided people with easy access to the dispensary and blocked the staff exit from the dispensary. People using this service and walking to the consultation room could see activities being undertaken in the dispensary. Sometimes patient identifiable information was visible, but team members described how they attempted to manage this. Prescription medication waiting to be collected was stored in a way that prevented patient information being seen by any other patients or customers. Temperature and lighting were comfortable.

## Principle 4 - Services Standards not all met

### Summary findings

Not all processes were fully inspected. The pharmacy helps people to ensure they can all use its services. It's services are not all safe due to poor record-keeping as described above. The pharmacy gets medicines from reliable sources. But it does not check fridge temperatures to ensure items stored in a fridge are at the right temperature.

### Inspector's evidence

The pharmacy had good physical access by means of a level entrance. Team members had good visibility of the door and helped as required. The pharmacy displayed a list of its services and had a few leaflets on different topics available. The pharmacy provided a delivery service and people signed to acknowledge receipt of certain medicines.

Pharmacy team members followed a logical process for dispensing. They used baskets to separate people's medicines and prescriptions. Team members initialled dispensing labels to provide an audit trail of who had dispensed and checked all medicines. The pharmacy usually assembled owings later the same day or the following day using a documented owings system. The pharmacy managed multi-compartmental compliance packs on a four-weekly cycle with four assembled at a time. This process was not fully inspected. Team members explained that they were not taking on more people for this service until there were more staff hours available.

The locum pharmacist undertook clinical checks and provided appropriate advice and counselling to people receiving high risk medicines including valproate, methotrexate, lithium, and warfarin. She or a team member supplied written information and record books if required. The pharmacy had put the valproate pregnancy prevention programme in place. The pharmacy had also implemented the non-steroidal anti-inflammatory drug (NSAID) care bundle and written and verbal information was given to people supplied with these medicines over-the-counter, or on prescriptions.

Team members also discussed 'sick day rules' with people on certain medicines, so that they could manage their medicines when they were unwell. The pharmacy team members had received training to enable them to provide this information. 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. The pharmacy empowered team members to deliver the minor ailments service (eMAS) within their competence. They used the sale of medicines protocol and the formulary to respond to symptoms and make suggestions for treatment. They referred to the pharmacist as required.

The pharmacy obtained medicines from licensed wholesalers such as Alliance and AAH. It did not yet comply with the requirements of the Falsified Medicines Directive (FMD). The pharmacy stored medicines in original packaging on shelves, in drawers and in cupboards. It stored items requiring cold storage in a fridge, but temperatures were not monitored. Team members checked expiry dates of medicines when there was time but did not keep records. And those inspected were found to be in date. The pharmacy protected pharmacy (P) medicines from self-selection. Team members followed the sale of medicines protocol when selling these.

The pharmacy actioned MHRA recalls and alerts on receipt but no records were seen. Team members contacted people who had received medicines subject to patient level recalls. They returned items received damaged or faulty 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 in the consultation room where it was used with people accessing its smoking cessation service. The health board maintained it. Team members kept Crown stamped and ISO marked measures by the sink in the dispensary, and they had separate marked ones for water. The pharmacy had clean tablet and capsule counters in the dispensary and kept a separate marked one for cytotoxic tablets.

The pharmacy stored paper records in dispensary and office/consultation room inaccessible to the public. Team members used passwords to access computers and never left them unattended and once they were locked.

### 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.