

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: 11/08/2020

Pharmacy context

This is a community pharmacy on a high street in a small town. It dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. The pharmacy offers a repeat prescription collection service and a medicines' delivery service. It also provides substance misuse services and dispenses private prescriptions. The pharmacy team advises on minor ailments and medicines' use. And supplies a range of over-the-counter medicines. It offers the NHS smoking cessation service. The pharmacy owner changed around six weeks ago, and there is a new pharmacy manager.

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 identifies and manages risks, including those related to COVID-19 infection. The pharmacy team members follow written processes for all services to ensure they are safe. They record mistakes to learn from them. The pharmacy keeps all the records that it needs to by law and keeps people's private information safe. Team members know how to protect the welfare of vulnerable people.

Inspector's evidence

The pharmacy had put strategies in place to keep people safe from infection during the COVID-19 pandemic. It had plastic screens up at the medicines counter, hand sanitiser at the premises entrance, and face masks to offer to people who entered the pharmacy not wearing one. The pharmacy had tape on the floor to encourage people to socially distance. It allowed two people on the premises at any time. People were observed queuing outside during the inspection. Most people coming to the pharmacy wore face coverings and team members all wore masks. They also washed and sanitised their hands regularly and frequently. They cleaned surfaces first thing in the morning, last thing in the afternoon and several times during the day. A team member cleaned the consultation room immediately after use. The pharmacy had adopted the cleaning process that the pharmacy manager had implemented in his previous pharmacy. The pharmacy manager had carried out a personal risk assessment with each team member to identify any risk that may need to be mitigated in the pharmacy. No such risks had been identified.

The pharmacy had standard operating procedures (SOPs) which team members followed. It had a SOP for COVID-19 infection control which was being followed. And it had an additional 'medicines' delivery during a pandemic' SOP. Pharmacy team members had read most of them, and the pharmacy kept records of this. The pharmacy manager had implemented them within the last month following the change of ownership. So, reading and implementing these was progressing in a phased manner to avoid team members being overwhelmed with new processes. The SOPs had a review date of 2022. Staff roles and responsibilities were recorded on individual SOPs. Team members could describe their roles and accurately explain which activities could not be undertaken in the absence of the pharmacist. The pharmacy managed dispensing, its main activity, methodically, with coloured baskets used to differentiate between different prescription types and separate people's medication. The pharmacy had a business continuity plan to address maintenance issues or disruption to services.

Team members recorded dispensing errors that were identified in the pharmacy. They used individual templates for each incident, making it cumbersome to go through these to identify trends and patterns. The pharmacy manager explained that this process was going to be changed over coming weeks, introducing the company electronic system which would be easier and quicker to use. He was gradually reviewing all processes and implementing changes. But he was keen to do this in a methodical and gradual way to ensure each new process was embedded before making further changes. All team members were involved in discussions around changes. A dispenser provided examples of small changes that had been made recently to reduce the chance of repeat errors, for example separating the different strengths of amlodipine tablets.

The pharmacy had a complaints procedure, but this was not discussed. The pharmacy displayed an indemnity insurance certificate, expiring 30 April 21. The pharmacy displayed the responsible

pharmacist notice and accurately 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 with running balances maintained and regularly audited; and a CD destruction register for patient returned medicines. The pharmacy backed up electronic patient medication records (PMR) each night to avoid data being lost.

Pharmacy team members were aware of the need for confidentiality. They had all received a staff handbook when the pharmacy changed ownership and it included the company confidentiality policies. They segregated confidential waste for secure destruction. No person identifiable information was visible to the public. Team members had not yet undertaken training on safeguarding. They knew how to raise a concern locally and had access to contact details and processes.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to safely provide its services. Team members are appropriately qualified for their roles or are undertaking relevant courses. They know how to raise concerns if they have them. And they can discuss their mistakes and learn from them.

Inspector's evidence

The pharmacy had the following staff: one full-time pharmacist manager, one full-time accuracy checking dispenser, two part-time dispensers, three part-time medicines counter assistants, one Saturday only trainee medicines counter assistant and a full-time delivery driver. Typically, there were four team members and the pharmacist working at most times, including during the inspection. A provisionally registered relief pharmacist was providing day-off cover. Team members were able to manage the workload.

The pharmacy manager and area manager had reviewed staffing when the ownership changed. They had identified training needs and were satisfied with the number of team members. Due to the pandemic, the accuracy checking dispenser had not been checking dispensed medicines. He was now in the process of re-validating his qualification. The pharmacy manager explained that his role in checking would then be determined and a robust system implemented to clarify which items he could check. The experienced medicines' counter assistants had not undertaken accredited training, so they had been enrolled on a healthcare assistant course. The delivery driver had been appointed recently and would soon embark on additional training. The pharmacy was in the process of registering for Numark training modules. All team members would use these for mandatory and additional training and development.

Team members were observed going about their tasks in a systematic and professional manner. They asked appropriate questions when supplying medicines over the counter and referred to the pharmacist when required. Pharmacy team members understood the importance of reporting mistakes and were comfortable owning up to their own. They had an open environment in the pharmacy where they could share and discuss these. They explained that they knew how to make suggestions and raise concerns to the manager or area manager.

All team members were involved in decision making and implementing new processes. They described feeling included and 'listened-to'. The pharmacy manager agreed that all team members were receptive to changes to improve safety and efficiency in the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is safe and suitable for its services and there is a planned modernisation. The pharmacy protects people's privacy. It is secure when closed.

Inspector's evidence

These were small 'old fashioned' looking premises incorporating a retail area, small dispensary, office and back shop area including limited storage space and staff facilities. The premises were clean, hygienic and appropriately maintained. There were sinks in the dispensary, staff room and toilet. These had hot and cold running water, soap, and clean hand towels.

People were not able to see activities being undertaken in the dispensary. The pharmacy had a small consultation room that had been installed a few months before the inspection. Before that people had to walk past the dispensary to use the office for private consultations. The new room had a table and chair and was currently only used for supervision of medicines' consumption, but not frequently. It had two doors, so the patient and pharmacist were able to maintain some distance between them. The doors closed providing privacy. Temperature and lighting were comfortable. The pharmacy manager explained that the pharmacy would be re-fitted over coming months which would modernise it and streamline some processes.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy helps people to ensure they can use its services. The team provides the pharmacy's services safely. Team members support people by providing them with information and advice to help them use their medicines safely. They provide extra written information to people taking higher-risk medicines. The pharmacy gets its medicines from reputable sources, stores them properly and makes sure that they are safe to use.

Inspector's evidence

The pharmacy had good physical access by means of a level entrance, and at the time of inspection the door was open. It listed its services and had leaflets available on a few topics. And it could provide large print labels for people with impaired vision. The pharmacy provided a delivery service. The delivery driver used PPE and ensured he maintained the recommended social distance. He recorded deliveries electronically but did not ask people to sign for them for infection control. The system enabled the pharmacist to see where the driver was. This was useful for his safety and for planning.

Pharmacy team members followed a logical and methodical workflow for dispensing. They used coloured baskets to differentiate between different prescription types and 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-compartment compliance packs on a four-weekly cycle with four assembled at a time. Team members did this in a small area adjacent to the main dispensary. They placed assembled packs on labelled shelves for accuracy checking or when waiting for stock to add. Completed packs were labelled with the person's details and the date of supply. Each person's packs were stored separately in boxes with their names on. Team members marked them for delivery or collection and included tablet description on the backing sheets. They supplied patient information leaflets with the first pack of each prescription. The pharmacy supplied a variety of other medicines by instalment. A team member dispensed these prescriptions in their entirety when they were received. The pharmacist checked the instalments and placed them in bags labelled with the person's details and date of supply. Each person's bags were stored alphabetically in named baskets on labelled shelves.

A pharmacist undertook clinical checks and provided appropriate advice and counselling to people receiving high-risk medicines including valproate, methotrexate, lithium, and warfarin. He or a team member supplied written information and record books if required. The pharmacy had put the guidance from the valproate pregnancy prevention programme in place. It had undertaken a search for people in the 'at-risk' group. The pharmacist had counselled them appropriately and checked that they were on a pregnancy-prevention programme. 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, and chlamydia treatment. The pharmacy empowered team members to deliver the Pharmacy First service within their competence. The pharmacist had undertaken the NES training module and trained team members. 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, using a bespoke template to capture relevant information. The pharmacy was providing the NHS smoking cessation service and currently had several people on

varenicline. The pharmacist was delivering the service but planned to arrange training for other team members to take this on. The pharmacist undertook some consultations by phone.

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 and team members monitored minimum and maximum temperatures. They took appropriate action if there was any deviation from accepted limits. Team members regularly checked expiry dates of medicines 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 Medicines and Healthcare products Regulatory Agency (MHRA) recalls and safety alerts on receipt and kept records. 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 and facilities it needs to deliver its services. Team members use them in a way that protect people's privacy.

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 had recently changed its patient medication record system, and team members were still getting used to some aspects of it. The computers on the medicines' counter had access to more information than the old system. So, the medicines' counter assistants could use and record information. Over coming months, they would be able to record 'pharmacy first' consultations. Team members ensured that screens were positioned away from public view. The phone was cordless, so it could be used in different areas of the pharmacy to ensure privacy.

The pharmacy had clinical equipment such as a carbon monoxide monitor, but team members were not currently using it due to the pandemic. Team members kept crown stamped measures by the sink in the dispensary and used separate marked ones for methadone. And they had clean tablet and capsule counters including a separate marked one for cytotoxic tablets.

The pharmacy stored paper records in the dispensary and office, inaccessible to the public. Prescription medication waiting to be collected was stored in a way that prevented patient information being seen by any other people in the retail area. Team members used passwords to access computers and never left them unattended unless 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.