General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, 22 Edinburgh Road, PENICUIK, Midlothian, EH26 8NW

Pharmacy reference: 1042770

Type of pharmacy: Community

Date of inspection: 25/04/2022

Pharmacy context

This is a community pharmacy on the main road of Penicuik, close to the city of Edinburgh. It dispenses NHS Prescriptions including the supply of 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 sells and supplies a range of over-the-counter medicines. This pharmacy was inspected during the COVID-19 pandemic.

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	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 suitably identifies and manages risks with its services. It mostly maintains the records it needs to by law and it correctly secures people's private information. The pharmacy is adequately equipped to help safeguard vulnerable people. Team members record and report details of mistakes they make while dispensing and learn from these.

Inspector's evidence

The pharmacy had put strategies in place to help keep people safe from infection during the COVID-19 pandemic. It had hand sanitiser at the medicines' counter and in the dispensary. And it had labels on the floor to encourage people to socially distance. All team members were wearing fluid-resistant face masks.

The pharmacy had standard operating procedures (SOPs) and it kept a folder showing evidence of team members having read and agreed to follow them. The company collated SOPs into relevant "bundles". Team members accessed SOPs on the company intranet and each team member had a printed record of completion for each bundle in the folder. During the inspection the intranet was unavailable, but there was evidence of sign off sheets having been completed for each team member. One team member, who had started two months ago, described how they accessed the SOPs online and printed them out to read them. They sometimes completed this at home and then entered on their online record once completed. Team members described their roles within the pharmacy and the processes they were involved in.

The pharmacy had paper "near miss logs" to record dispensing mistakes that were identified in the pharmacy, known as near misses. It kept the current log by the pharmacist's checking bench and kept previous logs within a patient safety folder. Team members showed records of these being documented for previous months. The team had monthly patient safety meetings. At these meetings the team would discuss any near misses from that month, including any learnings that could be shared. These meetings also gave an opportunity to discuss any key focus for the team to improve patient safety. Team members had identified that the storage for compliance packs could be made clearer. They had created labels for each patient's file to make it easier to identify on the shelf.

The pharmacy had current indemnity insurance. It displayed a responsible pharmacist notice and kept a responsible pharmacist record. Some responsible pharmacists did not sign out at the end of the day which could make it harder for the pharmacy to show who had been the responsible pharmacist at a particular time. The pharmacy had private prescriptions including records of veterinary prescriptions. It kept these in a folder within the dispensary and filed them clearly by date so that they could be destroyed after the appropriate time. The pharmacy kept unlicensed medicines' certificates of conformity. But team members did not record who they had supplied the medicines to. So, it could be harder for the pharmacy to show who the medicine had been supplied to if there was a future query. The pharmacy had controlled drug (CD) registers with running balances maintained and regularly audited. There was proof of regular audit. And it had a CD destruction register to record CDs that people had returned to the pharmacy. But team members had not recorded all returned CDs that were in the pharmacy. There were instances where the pharmacist had initialled next to the medicines to indicate they had been destroyed but these were still in the CD cabinet. This could make it harder for

the pharmacy to audit and account for CDs that people had returned.

Pharmacy team members were aware and able to discuss the confidentiality policies in the company SOPs. Team members were observed moving to the back of the pharmacy to take phone calls discussing prescription details. And they separated confidential waste for secure destruction. The pharmacy had a safeguarding policy in the patient safety folder detailing the process for raising safeguarding concerns. A team member explained the process they would follow if they had concerns. The delivery driver described a situation whereby he had notified the team about a person who didn't answer the door as usual. The pharmacy team contacted the person to ensure they were well. There was a complaints process in place. No complaints were discussed on the day of inspection.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy's team members have the necessary qualifications and skills to provide the pharmacy's services. The pharmacy generally manages the workload appropriately. And it has adequate procedures in place to help the team manage the workload in the event of unplanned staff absence.

Inspector's evidence

The pharmacy had a non-pharmacist manager who was a qualified accuracy checking pharmacy technician (ACPT). They split their time between this pharmacy and another branch in the same town. The manager had been in position for three months, and the pharmacy had not had a regular pharmacist for around two years. The company had provided support to the manager through the regional team on starting. The pharmacy had four qualified part-time dispensers. And it had two part-time delivery drivers, who also covered another branch in the same town. On the day of inspection there were four team members and a pharmacist. Typically, there would be three team members and a pharmacist. The team members took turns to work a Saturday. The manager described how the pharmacy was currently recruiting for two full-time team members. The pharmacy had a vacancy, and a team member was working her notice. There had been a positive response for recruitment from appropriately qualified people interested in the role. The manager liaised with the regional team to arrange cover for absences. None of the current team members were currently undertaking accredited training courses as they were qualified for their roles. They described being competent in all aspects of the processes they were involved in within the pharmacy. A team member described and demonstrated how to access the online training platform where SOPs and ongoing training modules were completed.

Team members were observed to work using their own initiative, for example to phone the GP practice to ask about missing prescription items. An example was witnessed, and a team member took responsibility to ask about a new prescription for a multi-compartment compliance pack. They confirmed the details with the reception team at the practice and amended the compliance pack to reflect the change in medication.

The company set targets for various parameters of the services delivered. Team members offered services to those who would benefit. Team members were able to describe what they would do if they had concerns about service delivery or another member of the team. The whistleblowing policy was visible in the staff area.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. The premises are clean, adequately maintained and secure. The pharmacy has suitable facilities for people to have conversations with team members in private.

Inspector's evidence

These were average-sized premises incorporating a large dispensary, limited storage space, and minimal staff facilities. There was nowhere for team members to sit during rest breaks. The premises were appropriately maintained and contractors including a pest-control company visited annually. There were sinks in the dispensary, staff area and toilet. These had hot and cold running water, soap, and clean hand towels. And there was hand sanitiser available in the dispensary and at the medicines' counter. People were not able to see activities being undertaken in the dispensary. The pharmacy had a consultation room with a desk, chairs, sink and a computer, and the door closed which provided privacy. The pharmacy had an area at one end of the medicines' counter where people could speak to team members with a degree of privacy. The pharmacist supervised consumption of medicines here. Temperature and lighting felt comfortable throughout the premises.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides its services safely. Pharmacy team members follow written processes relevant to the services they provide. They support people by providing them with suitable information and advice to help them use their medicines. The pharmacy obtains medicines from reliable sources and mostly stores them properly.

Inspector's evidence

The pharmacy had good physical access by means of a level entrance and an automatic door. It listed its services and had leaflets available on a variety of topics. The pharmacy could provide large print labels for people with impaired vision. And it provided a delivery service.

During the inspection walk-in prescriptions were observed to be dispensed by a dispenser then passed to the pharmacist to check. The pharmacy received prescriptions from the GP practices each afternoon then processed these, mostly to be dispensed by the off-site hub. Team members entered details on to the computer system then the pharmacist carried out clinical and accuracy checks before sending electronically for dispensing. The pharmacy received the dispensed medicines two days later. Team members reconciled the dispensed medicines with the original prescriptions which were filed by day of dispensing. They also placed any items which had been dispensed in their own pharmacy with them. For items dispensed in the pharmacy, team members initialled dispensing labels to provide an audit trail of who had dispensed and checked the medicines. They placed baskets of dispensed medicines to be checked by the pharmacist, on shelves behind the pharmacist's bench, although not in a designated order. This kept the checking bench clear and clutter free to minimise the risk of mistakes at this stage. The pharmacy usually assembled items that were owed the following day.

A team member prepared a list of the day's deliveries and kept this in the dispensary. This ensured that team members were aware of the day's scheduled deliveries. This was useful if people called the pharmacy asking about their expected delivery.

The pharmacy dispensed multi-compartment compliance packs on a four-weekly cycle. It kept master backing sheets for each person in folders for each week of assembly. Some folders had notes of previous changes to medication. This was in the form of written confirmation from the pharmacy team at the GP surgery, or a copy of a discharge letter from hospital. Not all changes were dated. The pharmacist had completed and documented pharmaceutical assessments in some folders. Team members assembled four weeks' packs at a time. A dispenser gathered the required stock, then a pharmacist clinically checked prescriptions before a dispenser assembled the compliance packs. The process was methodical, and a pharmacist or ACPT carried out a final accuracy check before the pharmacy supplied the packs. Team members attached an A4 size backing sheet to packs with staples. There was a risk that these could easily become detached. Team members included brief tablet descriptions for most items and the date of instalment on the backing sheets. They also included the date of instalment on the side of the packs.

The pharmacy supplied a variety of other medicines by instalment to a lot of people. It stored them in individually named baskets on dedicated shelves. Team members dispensed the instalments when the pharmacy received the prescriptions. Some prescriptions had a document attached to provide evidence

of when medicines were due for supply and when the pharmacy supplied them. But this was not attached in all instances. This meant it was not always clear when an instalment was due or had been collected. An example was observed of a basket with two separate prescription items for the same person issued on different days. There was no record of when each item had been issued. Some items were dispensed but still awaiting an accuracy check. A team member explained that the pharmacist would carry out the final check as they supplied the medicine. A team member described and demonstrated using the serial dispensing function on the electronic patient medication record (PMR). This enabled the pharmacy to include the specific dates of instalment to each dispensing label. It also printed an instalment record that a team member attached to the back of the prescription. This enabled the pharmacy to keep a record of when the medicines had been collected. The team member explained they were in the process of working through all instalment patients to process in this way.

A pharmacist undertook clinical checks and provided appropriate advice and counselling to people receiving medicines. Team members were aware of the valproate Pregnancy Prevention Programme but did not know where the written information was kept. The manager explained this would be located and kept in an accessible place. The pharmacy followed the service specifications for NHS services. It had patient group directions (PGDs) for the standard Scottish NHS services, but these were not seen. The locum pharmacist confirmed he was signed up to them all. A team member described how the NHS Pharmacy First service was delivered. A team member described using the sale of medicines protocol to determine suitable treatment. And they confirmed this with the pharmacist before processing the supply. But team members did not record consultations with advice only. The pharmacy was not delivering any other services currently due to the lack of a regular pharmacist.

The pharmacy obtained medicines from recognised suppliers. It stored medicines in their original packaging on shelves, in drawers and in cupboards. Shelves were generally tidy and the pharmacy arranged medicines on them alphabetically. Although some packs were placed out of order. For example, methyldopa packs were observed in between packs of the same strength of metoprolol. Team members were in the process of continuing to tidy shelves and described previously having help from a head office team to do this. They rotated stock in date order. The pharmacy used a date-checking matrix which was up to date. Team members described the process for removing stock with less than a three month expiry date. And highlighting stock that would expire within six months. The pharmacy had two fridges for cold storage. One was used for stock items and the other for dispensed medication awaiting collection. Team members monitored and recorded minimum and maximum temperatures daily, which were observed to be within accepted limits. The pharmacy had disposal bins for expired and patient-returned stock. These were awaiting uplift by the local health board transport team. The pharmacy protected pharmacy (P) medicines from self-selection.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to deliver its services. And the team looks after the equipment to ensure it works.

Inspector's evidence

The pharmacy had resources 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 equipment required to deliver pharmacy services in the consultation room although it was not currently delivering any additional services. It had personal weighing scales which had been calibrated recently and labelled for re-calibration in September 2022. Team members kept crown-stamped measures by the sink in the dispensary and had a designated area for methadone measures. The pharmacy used an automated dispensing pump for measuring methadone solution. The pharmacist cleaned it at the end of each day and poured test volumes each morning. The pharmacy team kept clean tablet and capsule counters in various locations in the dispensary.

The pharmacy stored paper records in the dispensary and in folders in the consultation room inaccessible to the public. It stored prescription medication waiting to be collected 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 did not leave 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.