

Registered pharmacy inspection report

Pharmacy Name: Lindsay & Gilmour Pharmacy, 10-12 Market Place,
SELKIRK, Selkirkshire, TD7 4BT

Pharmacy reference: 1042969

Type of pharmacy: Community

Date of inspection: 06/11/2019

Pharmacy context

The pharmacy is on a main road in the centre of a small town. It dispenses NHS and private prescriptions and sells over-the-counter medicines. And provides advice on the management of minor illnesses and long-term conditions. It supplies medicines in multi-compartment compliance packs. These help people remember to take their medicines. And it delivers to people's homes. The pharmacy provides NHS services including the treatment for urinary tract infections. And impetigo and minor ailments. The pharmacy was in the middle of a refit at the time of the inspection.

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	1.2	Good practice	The pharmacy team members consistently record and learn from the mistakes they make whilst dispensing.
2. Staff	Standards met	2.2	Good practice	The pharmacy encourages and supports its team members in completing continual learning relevant to their roles. It engages its team members in regular learning to develop their skills and knowledge to help improve services.
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 has written procedures that the team follows. The team members have a clear understanding of their roles and tasks. And they work in a safe way to provide services to people using the pharmacy. The team members responsibly discuss mistakes they make during dispensing. And consistently record and learn from these to improve the service. The pharmacy keeps all the records as required, by law in compliance with standards and procedures. It provides people using the pharmacy with the opportunity to feedback on its services. The pharmacy team members look after people's private information. And they know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy was in the middle of a refit at the time of the inspection. The company had planned the work, with the workmen completing the new dispensary first. So, the pharmacy could move into the new dispensary. The workmen could then complete the remainder of the premises. The pharmacy had extended down the side of the existing building and the new dispensary used this space. The workmen had completed most of this work at the end of the previous week. And some of the team had come in over the weekend to move stock and put this on the shelves, ready for the Monday morning. This had resulted in minimum disruption to dispensing of prescriptions. The team members had been provided with fleeces to wear during the refit as it had been anticipated that it would be colder in the pharmacy. This was due to there being limited heating. And walls being back to the brickwork. And doors open.

The pharmacy had notices in the window to advise people that they were still open as there had been some work undertaken outside the front window. So, it looked closed. The notice on the door apologised for the disruption. The pharmacy team had created a small section for medicines sales. They had included items for the Minor Ailments scheme so, they could provide these if required.

The pharmacy had up-to-date standard operating procedures (SOPs). These provided the team with information to perform tasks supporting delivery of services. They covered areas such as dispensing of prescriptions and controlled drugs (CD) management. These were last reviewed in May 2019. The pharmacist manager had annotated these with the pharmacy implementation date as 24 June 2019. All the team had read and signed the SOPs since the review. There were a few other SOPs which had been prepared in December 2018, with a review date of December 2020 and the team had signed these as read. The pharmacy had a separate set of SOPs for the wholesaling activities, dated April 2019. All the team were able to undertake the wholesaling tasks. But this activity had ceased during the refit. The company reviewed all SOPs every two years. The team could advise of their roles and what tasks they could do. The relief pharmacist present advised she could access SOPs remotely. And had signed as read in another branch.

The new dispensary had two computer terminals and a laptop. The team advised they thought they were getting another computer terminal especially in view of the Falsified Medicine directive (FMD) and scanning. The pharmacy had a model day planner which the team followed. The dispensary workflow provided different sections for dispensing activities with dedicated benches for assembly and checking, with a separate area for compliance pack preparation. The team members advised that they may move some items again but so far, the layout was working well. And they had far more bench space than previously. The pharmacy team members used baskets throughout the process to keep prescriptions and medicines together. They used green baskets for prescriptions which contained fridge or CD items

or if people were waiting. And other colours for the remainder.

The pharmacy team members recorded near miss errors found and corrected during the dispensing process. They recorded these on to the computer system, CD smart. All of the team members were able to enter on to the system. They showed an example on the system and how it provided a tool they called 'fishbone' to look at the possible causes. And what action the pharmacy required to take. They advised that previously they had had shelf alerts in place with warnings at various points for them to take care when selecting. But they had taken these off during the refit. They advised that if they were not present when the pharmacist noticed the near miss, she would log it. She advised them when they were next working. The pharmacy compiled a patient safety report. And this included some analysis. The previous report gave information on selection errors, labelling errors and others which included an incorrect address label. The team had individual conversations on their near misses. And they discussed the reviews in a group.

The pharmacy team advised they had a notice displayed in the pharmacy which explained the complaints process. But they had removed during the refit. The team advised of the process if the pharmacy received a complaint. And that they completed a form with some information at the time. Then the pharmacist would investigate the issue. They advised that the pharmacy used the CD smart system to record and report errors. The pharmacist then reviewed with any individuals involved. And then it was discussed at the monthly reviews to inform all of the team. The pharmacy had current indemnity insurance with an expiry date of April 2020.

The pharmacy displayed the correct responsible pharmacist (RP) notice. And the pharmacist completed the responsible pharmacist records on the computer, with any absences recorded. The pharmacy had electronic CD registers. A sample of the CD registers looked at complied with regulations. The team undertook regular stock audits. Physical stock of an item selected at random agreed with the recorded balance. The pharmacy kept an electronic record of CDs which people had returned for disposal and it had a process in place to ensure the team destroyed these promptly. And did not allow a build-up in the CD cabinet. The pharmacy kept records for private prescriptions as required. It kept special records for unlicensed products with the certificates of conformity completed.

The team were aware of the requirements for confidential data kept and how it should be managed. The team had read General Data Protection Regulation (GDPR) information. The IT system was password protected. The computer stored patient medication records (PMRs) electronically. And the team stored completed prescriptions safely. The pharmacy kept patient sensitive information securely. The pharmacy team shredded confidential waste as required. Safeguarding information including contact numbers for local safeguarding agencies were available for the team. The pharmacist had undertaken training through NHS Education Scotland (NES). The team had a procedure for the protection of vulnerable adults and children.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough qualified staff to provide safe and effective services. The pharmacy team members are competent and have the skills and qualifications they need for their role. The pharmacy encourages and supports the pharmacy team to learn and develop. And it provides access to ongoing training. The pharmacy team members support each other in their day-to-day work. And they feel comfortable raising any concerns they have.

Inspector's evidence

There was one pharmacist and four dispensers working in the pharmacy. In addition, there were one accuracy checking technician (ACT), another dispenser and two medicines counter assistants (MCA). The ACT worked three days a week and the dispensers worked between 16 hours and 37.5 hours a week. One MCA worked 15 hours and the other worked on Saturdays. The pharmacist present was a regular relief for the company. One dispenser had nearly completed the technicians' course. She received about two hours a week to undertake this. The pharmacist manager was undertaking a prescribing course. And had days off to attend the course. The usual staffing level on a Saturday was one pharmacist and two team members. But to rearrange the new dispensary four or five others had attended to clean and move stock. The team had ensured that they had been up-to-date with all the compliance packs the pharmacy provided. And the serial prescriptions. This had helped in the managing of the work during the refit.

The team members had access to training materials. And they were encouraged to undertake training. The company provided training through the Numark training scheme. Some of the training was compulsory and they could do other modules if they wanted to. The company directed team members to training for their role. And they were required to do three or four topics quarterly. They logged in to the system and recorded what they had undertaken. The system recorded the hours of training done and the pass rate for the modules. They received about 30 minutes a week for training. The pharmacist had a folder which she put any articles useful for ongoing training and learning. The folder had articles such as travel health and headaches. The team members advised they found this useful for information and referred to it for updates.

The team received conversations every six months which gave the chance to receive feedback and discuss any development needs. The team carried out tasks and managed their workload in a competent manner discussing any issues which arose and dealing with any telephone queries. They were working well together during the refit. The team said they could raise concerns about any issues within the pharmacy by speaking to the pharmacist, the area manager or the superintendent (SI). There was a whistleblowing policy and telephone numbers were available, so the team members could easily and confidentially raise any concerns outside the pharmacy if needed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy team was managing the premises well during the refit. The pharmacy's premises are of a suitable size for the services it provides. And people can have private conversations with the team in a consultation room.

Inspector's evidence

During the refit the pharmacy team were managing the premises as best as they could. They were keeping the public area suitable for people entering the premises. And had developed a small counter area. The dispensary was fitted out to a suitable standard with more space for dispensing, storing stock and medicines and devices waiting for collection, than previously.

The sink in the dispensary for preparation of medicines was clean. Separate hand washing facilities were in place for the team. The team advised they had a list for general housekeeping tasks. They used this normally to ensure that they attended to all required tasks. But at the moment they were continually cleaning and wiping down surfaces to minimise any dust. The pharmacy team kept the floor spaces clear to reduce the risk of trip hazards. The lighting in the dispensary was good. The workmen were in the middle of rewiring the retail area of the pharmacy. And putting in new lighting.

The pharmacy plans showed a new room for private consultations. The team members were going to be using the previous consultation room as a staff room. The team advised that the new room was an improvement. And the pharmacist was intending to use this for prescribing in the future. Members of the public could not access the dispensary. The team members were aware of customers in the premises. And ensured they remained at the counter area. The workmen had barriers in place to prevent people accessing the areas under work.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are usually accessible to people. And it normally displays information about health-related topics. The pharmacy provides its services using a range of safe working practices. It takes the right action if it receives any alerts that a medicine is no longer safe to use. The pharmacy team members take steps to identify people taking some high-risk medicines. And they provide these people with extra advice. The pharmacy team members dispense medicines into multi-compartment compliance packs to help people remember to take them correctly.

Inspector's evidence

As the pharmacy was in the middle of a refit the majority of the public part of the premises was not accessible to people. The team were managing to provide people with advice as required. And on occasions referred them to the other pharmacy in the town if they did not have an item available. The pharmacy had a bell at the entrance which people could ring for attention. The team advised that in the new plans there was customer seating. And a new improved consultation room. The team wore name badges with their role. The pharmacy had the hours of opening displayed on the door. There were a few posters with healthcare information. The team had taken down most of the posters during the refit. And the team advised they would be replacing any relevant healthcare information and leaflets once the refit was completed. The team had packed all the current leaflets into boxes during the refit. The team could print off any information if required from the computer.

The pharmacy provided the Chronic medication service (CMS) and had around 200 people registered. It supplied between 50 to 100 serial prescriptions to people each month. The pharmacy checked that people collected their serial prescriptions when expected. The pharmacy provided flu vaccinations if required, with another pharmacist coming from another branch to do the vaccinations. At the moment these were suspended due to the work in progress. The team signposted anyone to the surgery or another pharmacy. The pharmacy provided blood pressure checks. It had a smoking cessation service and had around eight to ten people using the service. People liked the service and the follow-ups they received. The pharmacist provided the Emergency Hormonal Contraception (EHC) service through a Patient Group Direction (PGD). The pharmacy provided medication through the unscheduled care scheme. It provided Pharmacy First for urinary tract infections (UTIs) and impetigo. The surgery often referred people with UTIs. The pharmacist also provided chloramphenicol and paracetamol for post vaccination through PGDs. The electronic Minor Ailments (eMAS) scheme was popular for the treatment of head lice.

The pharmacy supplied medicines to around 85 people in multi-compartment compliance packs to help them take their medicines. And it supplied one home with about 26 beds, with the medicines supplied on racks. The team had got up-to-date prior to the refit to ensure they had the medication ready for people. The pharmacist undertook assessments for people if they requested their medication in a compliance pack. If the pharmacist did not think that a compliance packs was suitable for them, she would discuss alternative ways to support them. This sometimes resulted in a person receiving more help from a carer. The pharmacy had a process for preparing the packs. They reordered when they had two packs left for any person. And made up when there was only one pack left. The team members put the patient information leaflets (PILs), banded together in with the first pack for each cycle. They put descriptions of medication on packs. They had a profile sheet for each person and updated this with any

changes. The sheets indicated who and when they had made the change. The pharmacist checked all changes on the profile sheets prior to the team making up the packs. The pharmacist clinically checked the prescriptions and initialled the prescriptions which indicated that the accuracy checking technician (ACT) could check these. The pharmacy offered a substance misuse service and had a few people who used the service.

There was a clear audit trail of the dispensing process. The team completed the 'dispensed by' and 'checked by' boxes which showed who had performed these roles. And a sample of completed prescriptions looked at, were found to comply with this process. The team used appropriate containers to supply medicines. And used clear bags for dispensed CDs and fridge lines so the team could check the contents again, at the point of hand-out. The team members used CD and fridge stickers on bags and prescriptions to prompt the person handing the medication over that some medication required to be added to complete the supply. The CD stickers recorded the last date for supply, to make sure it was within the 28-day legal limit. This prevented supplies when the prescription was no longer valid. The pharmacy had some pharmacist information forms (PIFs) which the team used to write information on. This alerted the pharmacist and the team during the dispensing and hand out process. They put information such as NSAID for nonsteroidal anti-inflammatory drugs. So, the pharmacist counselled the person on the medication.

When the pharmacy could not provide the product or quantity prescribed, in full, people received an owing slip. And the pharmacy kept one with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy contacted prescribers if items were unobtainable at the current time for an alternative. The pharmacy team members were aware of the valproate Pregnancy Prevention Programme. And the company had a SOP for this. The pharmacy had undertaken an audit and had no people in the at-risk group taking the medication. They explained the information they provided as required.

The pharmacy collected repeat prescriptions from the surgery. The pharmacy had a hand-held device the driver used for people to sign when they received deliveries. The device was linked to the computer system. The team could tell where the driver was and if he had delivered people's medication. The driver obtained signatures when he delivered medicines to people. It provided an order and track App service for people to monitor their prescriptions. So, they knew when they would be ready to collect.

The pharmacy stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature. The pharmacy had a new refrigerator from a recognised supplier. This was appropriate for the volume of medicines requiring storage at such temperatures. The team members recorded temperature readings daily and they checked these to ensure the refrigerator remained within the required temperature range. The pharmacy team checked expiry dates on products and had a rota in place to ensure all sections were regularly checked. They ensured this had been up-to-date prior to the refit. The team members marked short-dated items and they took these off the shelf prior to the expiry date. The team members marked liquid medication with the date of opening which allowed them to check to ensure the liquid was still suitable for use.

The pharmacy had a wholesale dealers' licence and had a dedicated area for this activity. But had this on hold during the refit. The pharmacy used recognised wholesalers such as AAH, Alliance, Phoenix and their own central buying warehouse. The company was putting in new wiring during the refit. And this would enable them to improve connections for the changes for FMD. The pharmacy had had its telephone lines updated. It had trialled scanning for FMD before and used for some months but were now waiting for the new system. The team were waiting for an additional computer terminal.

The team used appropriate medicinal waste bins for patient returned medication. The contents of the

bins were securely disposed of via the waste management contractor. The pharmacy had appropriate denaturing kits for the destruction of CDs. The pharmacy had a process to receive drug safety alerts and recalls. The team actioned these and kept records of the action taken, on the computer and in a folder.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the pharmacy services it provides. There are provisions in place to maintain people's privacy.

Inspector's evidence

The pharmacy team members had access to a range of up-to-date reference sources, including the British National Formulary (BNF). They used the internet as an additional resource for information such as the Electronic Medicines Compendium (EMC) for patient information leaflets (PILs). The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. It had a separate range of measures for measuring methadone. It also had a range of equipment for counting loose tablets and capsules. The team members had access to disposable gloves and alcohol hand washing gel. The pharmacy had a new carbon monoxide monitor and a new blood pressure machine.

The pharmacy stored medication waiting collection on shelves where no confidential details could be observed by people. The team filed prescriptions in boxes in a retrieval system out of view, keeping details private. The team used an eight-week cycle and took uncollected items off the shelves. They checked with people to see if they still needed the items. The computer screens were out of view for the public. The team used cordless phones for private conversations.

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.