

Registered pharmacy inspection report

Pharmacy Name: M & D Green Dispensing Chemist Ltd,
Stenhousemuir Pharmacy, 13 King Street, STENHOUSEMUIR,
Stirlingshire, FK5 4HD

Pharmacy reference: 1043035

Type of pharmacy: Community

Date of inspection: 15/11/2023

Pharmacy context

This is a community pharmacy in Stenhousemuir. It dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. The pharmacy provides substance misuse services and dispenses private prescriptions. Pharmacy team members advise on minor ailments and medicines use. And they supply over-the-counter medicines and prescription only medicines via patient group directions (PGDs).

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	2.2	Standard not met	The pharmacy does not always enrol its team members in a timely manner on qualification training appropriate for their role.
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 mainly identifies and manages the risks associated with its services. And team members discuss mistakes that happen when dispensing. They keep some records to identify patterns in the mistakes they make. And then take the opportunity to improve and reduce the risk of further errors. They mostly keep the records needed by law and they keep confidential information safe. They understand their roles in protecting vulnerable people. The pharmacy has adequate written procedures to help the team provide services safely. But it does not have an audit trail to show team members understand them.

Inspector's evidence

The company used standard operating procedures (SOPs) to define the pharmacy's working arrangements and team members kept the procedures in a designated folder. The date showed a review was overdue and should have been carried out on 1 June 2023. Sheets were available for team members to annotate to show they had read and understood each individual procedure. But these were blank and had not been signed and so the pharmacy could not show the SOPs had been fully implemented. Pharmacy team members showed they were competent in their roles and responsibilities and they signed dispensing labels to show they had completed a dispensing task. This provided an audit trail and helped the responsible pharmacist (RP) and the accuracy checking pharmacy technician (ACPT) provide dispensers with feedback, so they learned from their near miss errors. These were errors that were identified before the person received their medicine. The pharmacy kept some records of near miss errors, but the level of recording had decreased over the past few months due to significant workload increases due to changes at two nearby pharmacies. Team members used separate record sheets to differentiate between errors found during the dispensing multi-compartment compliance pack and other errors. And there was some evidence of review and improvement action such as separating items to manage the risk of selection errors. This included amlodipine and amitriptyline and creating separate sections for medications used to treat specific conditions. Team members knew how to manage complaints and they referred dispensing mistakes that people reported after they left the pharmacy to the RP. The RP carried out an investigation and submitted a report to the superintendent's office (SI) so they were aware and should they wish to take further action. The pharmacy displayed an RP notice, and it showed the name and registration number of the pharmacist in charge.

Team members maintained the records they needed to by law. And the pharmacy had public liability and professional indemnity insurances in place which were valid until 30 June 2024. The pharmacist displayed an RP notice which was visible from the waiting area. And the RP record showed the name and registration details of the pharmacist in charge. But not all RPs had documented the time they finished at the end of the day. The pharmacy team kept the controlled drug (CD) registers up to date and they carried out CD balance checks at the time they dispensed an item. Team members recorded CDs that people returned for destruction and the ACPT and a team member recorded their name and signature against each destruction. This ensured an audit trail was available. Team members filed prescriptions so they could easily retrieve them if needed. And they kept records of supplies against private prescriptions and supplies of unlicensed medicines ('specials') that were up to date. They knew to protect people's privacy and they used a shredder to dispose of confidential waste. Team members knew how to manage safeguarding concerns effectively. They referred concerns to the pharmacist so

they could deal with them in a timely manner. They used a digital platform to communicate with the health board, this included missed doses of some medications which required supervision and monitoring.

Principle 2 - Staffing Standards not all met

Summary findings

This is a fairly large pharmacy team but not all of the team members have the necessary qualifications for their roles and the services they provide. The pharmacy team members work together well to manage the workload. And they have access to learning to further develop their skills and knowledge and keep up to date.

Inspector's evidence

The pharmacy's prescription activity had increased significantly due to changes at two nearby pharmacies. The SI's office monitored the workload and extra team members had been appointed to help manage the increases. The pharmacy team consisted of a mixture of long serving and new team members. The regular RP had worked at the pharmacy since May 2022. And the company provided relief pharmacists to provide cover as required. At the time of the inspection the RP was being supported by two pharmacists so they could provide off-site flu vaccinations. The pharmacy managed annual leave so that staffing levels were maintained. A rota ensured team members remained competent in their roles. The pharmacy team comprised of the following staff. Two full-time pharmacists, one part-time ACPT, one full-time trainee pharmacist, two full-time dispensers, three part-time dispensers, one full-time trainee dispenser, two full-time medicines counter assistants (MCAs), one part-time trainee MCA who worked Saturdays, one full-time and one part-time delivery driver. The pharmacy also employed three pharmacy students and a student nurse to work mostly Saturdays whilst they undertook their studies. They also provided annual leave cover when required. The student nurse had worked as a dispenser in the pharmacy for around a year but they had not been enrolled on the necessary qualification training, so they were not accredited to carry out the dispensing activities they performed.

The company's human resources (HR) department helped to manage the induction of new team members. This included enrolling them on qualification training if necessary. The RP provided protected learning time in the workplace for trainees. This ensured they were supported in their learning. An ACPT had qualified in November 2022, and they been authorised to carry out final accuracy checks on prescriptions. They knew only to check those that had been clinically checked and annotated by a pharmacist. The trainee pharmacist met with the RP on a regular basis. This ensured they made sufficient progress with their training. As part of their ongoing training, they supported the other team members in their roles and responsibilities. This included developing a guide to help MCAs and other team members provide the NHS pharmacy first service. This included information about some common clinical conditions the treatments that were used, and when to refer people to their GP.

The company supported team members to develop in their roles and responsibilities, and it arranged training evenings throughout the year. A recent meeting had included sessions such as optimising the use of the patient medication record (PMR) system. The RP and the ACPT had attended off-site training, so they had the necessary knowledge and skills to use equipment for ear wax removal. They also knew how to contact and send images to the specialists when they had concerns during examinations. The RP had recently qualified as a pharmacist independent prescriber (PIP) and they had obtained a prescription pad from the health board and so they were able to prescribe for the NHS Pharmacy First Plus service. The pharmacy technician had completed training and had been accredited to administer

flu vaccinations, but the relevant procedures had not been implemented at the time of the inspection and they had not yet started.

The pharmacy encouraged team members to suggest improvements. For example, a team member had suggested scanning barcodes on the address labels that were attached to prescription bags. This ensured that all prescriptions supplies were tracked on the pharmacy's PMR system. Team members understood their obligations to raise whistleblowing concerns if necessary. And they knew to refer concerns to the pharmacist.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean, hygienic and suitable for the services provided. The pharmacy has an appropriate space for people to sit down and have a private conversation with pharmacy team members.

Inspector's evidence

The pharmacy provided a purpose-built environment from which to safely provide services. A sound-proofed consultation room was located next to the dispensary. It provided a clinical environment from which to provide services such as vaccinations. It also provided a confidential environment for people to speak freely with the pharmacist and other team members during private consultations. Team members regularly cleaned and sanitised all areas of the pharmacy on a regular basis. This ensured the pharmacy remained hygienic for its services. Lighting provided good visibility throughout, and the ambient temperature provided a suitable environment from which to provide services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services which are easily accessible. And it manages its services well to help people receive appropriate care. The pharmacy gets its medicines from reputable sources, and it stores them appropriately. The team conducts checks to make sure medicines are in good condition and suitable to supply. But they do not keep up-to-date records to show they appropriately manage medicines that are no longer fit for purpose.

Inspector's evidence

There was off-street access to the pharmacy and a ramped entrance provided good access for people with mobility difficulties. The pharmacy provided a delivery service. This helped to improve accessibility to medicines and helped to support some vulnerable to stay safe in their homes.

The pharmacy purchased medicines and medical devices from recognised suppliers. Team members conducted monitoring activities to ensure that medicines were fit for purpose. This included the checking of dates to identify and remove items before they expired. Team members documented the checks on a matrix, and this helped them to identify when checks were next due. The pharmacy used a fridge to keep medicines at the manufacturers' recommended temperature. Team members kept an audit trail to show the fridge had remained within the accepted range of between two and eight degrees Celsius. Fridge stock was organised, this helped team members manage the risk of dispensing mistakes. Team members used secure cabinets for some of its items and medicines were well-organised. They kept items awaiting destruction well-segregated from other stock. The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste.

The RP had discussed the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. Team members knew about the warning labels on the valproate packs, and they knew to apply dispensing labels so as not to cover-up the warning messages and the patient card. They also provided most of the supplies in the original container and knew not to split packs to comply with recent legislative changes. The pharmacists had completed around five documented risk assessments for people to assess the suitability of supplying valproate out with the original container. Team members received notifications of drug alerts and recalls. They usually evidenced they had checked for stock but the audit trail was not up to date. The last record seen was from May 2023.

The pharmacy dispensed serial prescriptions for people that had registered with the Medicines: Care and Review service (MCR). Dispensing was organised and team members monitored prescriptions to confirm that people collected them on time and to confirm the service was suitable for them to use. Team members each worked at their own dispensing bench. And they used baskets to hold assembled medicines to keep medicines and prescriptions together during the dispensing process. This helped to manage the risk of items becoming mixed-up. The pharmacists positioned themselves so they could monitor interactions at the medicines counter with people and the ACPT carried out final accuracy checks on prescriptions on a separate bench. They knew only to check prescriptions that had been clinically checked and annotated by a pharmacist. This included the checking of multi-

compartment compliance packs for people to help them with their medication. The pharmacy had not put a restriction on numbers of people it provided the service to. Team members used a separate area to assemble and store the packs. The area was well-organised, and this helped to keep dispensing safe and effective. A lead dispenser managed the ordering of new prescriptions and team members maintained supplementary records which provided a list of people's current medication and the time of the day it was due. They checked new prescriptions for accuracy and updated the records following changes. Some people arranged collection of their packs either by themselves or by a representative. But team members did not always monitor the collection of packs to confirm they had been collected on time. This would enable them to raise concerns with the relevant authorities. The pharmacy dispensed prescriptions and provided medication administration record charts (MAR) for two large care homes. Team members scheduled dispensing so that medication was provided when it was due.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services. And it uses its facilities to suitably protect people's private information.

Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the British National Formulary (BNF). Team members used crown-stamped measuring cylinders, and they used separate measures for liquids used as part of the substance misuse service. They had highlighted the measures, so they were used exclusively for this purpose. The pharmacy stored prescriptions for collection out of view of the public waiting area. And it positioned the dispensary computers in a way to prevent disclosure of confidential information. Team members could conduct conversations in private if needed, using portable telephone handsets. The pharmacy used equipment for ear wax removal, and they followed the manufacturer's cleaning instructions after each use.

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.