

# Registered pharmacy inspection report

**Pharmacy Name:** Whithorn Pharmacy, 67 - 69 St.John Street,  
WHITHORN, Wigtownshire, DG8 8PD

**Pharmacy reference:** 1043042

**Type of pharmacy:** Community

**Date of inspection:** 07/06/2019

## Pharmacy context

This community pharmacy situated in the town centre. And is the only pharmacy in the town. The pharmacy dispenses NHS and private prescriptions. And offers advice on the management of minor illnesses and long-term conditions. It offers a range of services including supervised methadone consumption. And supplies medicines in multi-compartmental compliance packs to help people take their medicines.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	2.5	Good practice	The pharmacy team members openly discuss their ideas to improve ways of working. And they suggest changes to practice. The pharmacy welcomes changes. And uses these to improve services.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has procedures to identify and manage risks. It keeps them up to date. And it maintains the pharmacy records it must by law. Pharmacy team members read and follow the procedures. They keep people's information secure. They know how to protect the welfare of children and vulnerable adults. The team members record and discuss mistakes that happen. They use this information to learn and make changes to help prevent similar mistakes happening again. But they don't always discuss or record enough detail about why these mistakes happen. So, they may miss opportunities to improve.

### Inspector's evidence

The pharmacy had up to date standard operating procedures (SOPs) which the pharmacy team members have read.

These provided the team with information to perform tasks supporting delivery of service. They covered areas such as the dispensing prescriptions and the hand out process.

These were last reviewed in February 2018, with the next review date noted as 2020. The team could advise of their roles and what tasks they could do. They explained that they could all undertake most roles so that they could help as required.

The dispensary was undergoing a refit and the team were managing well in the temporary dispensary. The space was smaller than the previous dispensary, but the team were all working well, and they had made best use of the space. The shop fitters had provided the pharmacy with shelving for most of the stock and they had used plastic boxes for some less used items. They had made a good temporary dispensary. The team were preparing the compliance packs in a room upstairs at the moment to minimise any risk of contamination from any dust. But the new dispensary would had set areas for dispensing these.

The pharmacy team members used baskets throughout the process to keep prescriptions and medicines together. They used different colours of baskets for waiting, call back, electronic and delivery to distinguish patients' prescriptions by degree of urgency and this helped plan workload.

The pharmacy recorded near misses found and corrected during the dispensing process. The team recorded these on the computer system Pharma Pod. The team members wrote any near misses in a book straight away and then transferred them to Pharma Pod. Examples included, two patients' prescriptions which had been put in the same basket during the dispensing process, ibuprofen gel 5 per cent with 10 per cent given and Fostair CFC free with a next haler given. Learning points and actions generally stated 'corrected' with limited detail. The team advised that they had been particularly vigilant with near misses during the refit and working in the temporary dispensary. of how the near miss could have occurred. They generally had shelf alerts in place, but these were not in place due to the changes in shelves and layout. The team discussed learning from near misses and they used the Pharma Pod system for reviews. The team occasionally had meetings with the other pharmacies in the area owned by the same owners.

There was a procedure to record and report dispensing errors and evidence was seen that this procedure was followed. The team had an SOP outlining dealing with complaints.

The pharmacy had current indemnity insurance (NPA) with an expiry date of 30 April 2020. The pharmacy had the correct Responsible pharmacist (RP) notice. And the pharmacists completed the Responsible pharmacist records as required. A sample of the CD registers looked had the required details completed as required. The pharmacy undertook monthly stock audits. Physical stock of an item selected at random agreed with the recorded balance. The pharmacy kept a 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 the records for private prescriptions with few entries. And kept special records for unlicensed products with the certificates of conformity completed.

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 team disposed of confidential waste using a shredder.

The pharmacy had safeguarding information including contact numbers for local safeguarding agencies. The team had attended an evening training event for safeguarding. They sometimes contacted the social workers regarding some of the Level C patients.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has good systems in place to make sure it has enough staff with the right skills to provide its services. The team members understand their roles and responsibilities in providing services. And they complete regular training to help keep their knowledge up-to-date. The pharmacy team members openly discuss their ideas to improve ways of working. And they feel comfortable raising any concerns they have. And they suggest changes to practice. The pharmacy welcomes changes. And uses these to improve services.

### Inspector's evidence

There was one pharmacist, four dispensers and two medicines counter assistants (MCA) who worked at the pharmacy. At the moment there was a trainee technician, working two days a week, from the Health Board worked for experience in community. The dispensers worked between 37 and a half hours and 14 and a half hours weekly and the MCAs worked 24 and 16 hours weekly.

One of the dispensers was doing the technicians course and hoping to complete this by September. And one of the MCA was just registering for the dispensing course.

Certificates and qualifications were available for the team.

The team members had designate times for training to be undertaken. The dispenser had two hours dedicated training each Monday for her technicians' course. And one of the dispensers had recently joined from the surgery and was given one hour a week to undertake the MCA course. And the other MCA was doing the course and she had one hour training time each week.

They had access to training booklets and the pharmacist updated them on any matters and issues. And kept them involved in any changes to practise. She passed on articles and journals which the staff read. And they discussed relevant articles. The pharmacist provided training sessions in the area for evening events and the team often attended these, with recent ones being the use of compliance packs and synchronisation of medicines and child protection. The pharmacist attended practice meetings and shared the information with the team.

The team received quarterly performance reviews which gave the chance to receive feedback and discuss development needs. The team members advised that they could ask anything and felt comfortable in doing so. The pharmacist and other owner were approachable and open to discuss any changes. There had been some changes in working hours and the team were asked how they could manage this and if any of them wanted to work more hours. The owners had consulted the team in the plans for the refit and discussed their ideas. They had suggested open shelving under the islands for stock. And to have the islands big enough for storing stock and trays. The owners had taken on board these points. They had also suggested ways to manage the refit such as putting the slow-moving lines in to boxes to keep the available shelf space for more commonly used items. The team advised they were happy with the temporary layout of the dispensary and it had worked well with them all contributing to the good running of the pharmacy during this time.

The team carried out tasks and managed their workload in a competent manner discussing any issues which arose and dealing with any telephone queries.

There was a whistleblowing policy and the pharmacy had a procedure in place that the staff could contact the local surgery if they had any concerns. The team advised that this had been a historical agreement due to some previous issues in the pharmacy.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is safe and clean, and suitable for the pharmacy services it provides. People can have private conversations with a pharmacist or team member if required.

### Inspector's evidence

The pharmacy was in the middle of a refit, with a new dispensary being made at the rear of the premises. The owners had set up a temporary dispensary, with input from the team, and they had considered the workflow. The team were managing well and there was little disruption. The team kept the pharmacy clean and tidy. The team had sheeting between the old and new dispensary, with part of a wall taken out at the last moment, to minimise dust and noise.

The builders had started work in around March 2019 and there had been a few issues, but the owners hoped the new dispensary would be finished in about three weeks. The new dispensary had been future proofed with extra points for computer terminals, phone connections, larger fridge and controlled drugs (CDs) cabinet. And ample storage and working space. The team had thought of the changes in process with Falsified Medicines Directive (FMD) coming in to place.

The team maintained a cleaning rota.

The new plans had a consultation room between the dispensary and public area, with access from both sides. But at the moment the old consultation room was not available. The team members took people upstairs to the office if possible or they could have conversions in a stair way as a temporary measure. The team advised it was working well.

Members of the public could not access the dispensary. The counter was clearly observed from the dispensary and the staff were aware of customers in the premises.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible to people. And it displays information about health-related topics. The pharmacy provides its services using a range of safe working practices. The pharmacy gets its medicines from reputable suppliers. It generally adheres to storage requirements during the dispensing process. It takes the right action if it receives any alerts that a medicine is no longer safe to use. And takes the correct action to return it to the supplier. The pharmacy team supply medicines in multi-compartmental compliance packs to assist people to take their medicines at the right time. But, they do not regularly provide people with medicines information leaflets. So, people may not have correct information they need to help them take their medicines safely.

### Inspector's evidence

The pharmacy was accessible to all, including patients with mobility difficulties and wheelchairs. There was some customer seating. And there was a working hearing loop in required.

The pharmacy displayed its services in the window and within the pharmacy. The pharmacy had signs at various sections which defined areas such as baby, hair, prescriptions and medicines. The hours of opening were on the door. The pharmacy had a range of leaflets with health care information. The pharmacy had a defined professional area. People could not access Pharmacy only medicines and the team assisted them as required. The team signposted to other healthcare services e.g. travel vaccinations. They obtained the vaccination for people to take to the surgery for administration.

The team registered people for the Chronic Medication Service (CMS), with about 17 per cent of prescriptions registered. The pharmacy carried out reviews as required. It received serial prescriptions for the 513 CMS patients and kept track of the supplies using a tracker when they had been dispensed. The pharmacy referred patients back to the doctor at the end of the six months. The team provided level C, with medicine administration charts, to about 20 people. And a nursing home with about 36 beds and a residential home with about 12 people.

The pharmacist had undertaken about 60 private flu vaccinations.

The pharmacy used Patient Group Directives (PGDs) for the Pharmacy First services which included the treatment of impetigo, trimethoprim for urinary tract infections, flucloxacillin and malaria prevention.

The pharmacy provided a smoking cessation service with a few people trying the service and some returning to try again. It generally had a reasonable success rate for people stopping smoking. The team provided blood pressure checks when required.

The Minor ailments service was popular with around 542 people registered for the service. It was most popular for paracetamol, antihistamines and calamine cream for chickenpox.

The pharmacist was undertaking the independent prescribers' course. She was doing the community-based course and worked with the local general practitioners to plan future needs.

The pharmacy supplied about 40 people with multi-compartmental compliance packs to help them take their medicines. The team advised of the process for the packs which included a check of the contents prior to sealing and after. Several people received four weeks packs at one time. Other people received



weekly packs. The team kept a diary with any notes being made and actioned. They also used the diary for the reordering of prescriptions for the packs. And when the next supplies were due. They made note on records of any changes requested and who had requested the changes.

The pharmacy supplied people with Patient information leaflets (PILs) when they received new medicines but did not routinely provide people with PILs. They put description of medicines on the packs.

The pharmacy provided a substance misuse service to a few people. Some of them were daily supervised or supervised on day of collection. It also provided a needle exchange 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 found compliance with this process.

There were some alerts stickers used to apply to prescriptions to raise awareness at the point of supply. These included warfarin, methotrexate and lithium which ensured patients received additional counselling.

The team used CD and fridge stickers on bags and prescriptions to alert the person handing the medication over to add these items. 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.

When the product or quantity prescribed could not be provided in full patients received an owing slip. And one was kept 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 Plan. And they could explain the information they were expected to provide to the “at-risk” group. They had alerts stickers and patient guides which they gave to people as required.

The pharmacy provided deliveries to people. But only if really needed.

The pharmacy stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature.

The pharmacy had a refrigerator from a recognised supplier. This was appropriate for the volume of medicines requiring storage at such temperatures. The team 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. 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 obtained medicines from Sigma, Alliance, AAH and Lexon.

The team were aware of the Falsified Medicines Directive (FMD) and the pharmacy was accredited by SecurMed. The pharmacy had the scanning devices and software, ready for the new dispensary.

The team used appropriate medicinal waste bins for patient returned medication. These were uplifted regularly. 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.

## 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 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 had access to disposable gloves and alcohol hand washing gel.

The equipment such as the carbon monoxide monitor, and blood pressure machine appeared in good working order and the team checked these as required.

The pharmacy stored medication waiting collection on shelves where no confidential details could be observed by people. The team filed these in boxes in a retrieval system out of view, keeping details private. The team had made good arrangements for this during the refit, with stacking boxes used which provided enough space. And all items were kept off the floor.

The computer screens were out of view of the public.

### 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.