

Registered pharmacy inspection report

Pharmacy Name: Lindsay & Gilmour Pharmacy, 15 Bannockburn Road, St. Ninians, STIRLING, Stirlingshire, FK7 0BP

Pharmacy reference: 1085675

Type of pharmacy: Community

Date of inspection: 04/10/2022

Pharmacy context

This is a community pharmacy in Stirling. It dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. The pharmacy offers 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 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

Pharmacy team members follow good working practices. And they manage dispensing risks well to keep services safe. The pharmacy documents the mistakes team members make. And shares the learnings with the pharmacy team to keep services safe and effective. The pharmacy keeps the records it needs to by law, and it suitably protects people's confidential information.

Inspector's evidence

The company had introduced processes to manage the risks and help prevent the spread of coronavirus. This included the use of a plastic screen at the medicines counter. And hand sanitizer at the pharmacy entrance for people to use. The company used documented standard operating procedures (SOPs) to define the pharmacy's working practices. And it was gradually transitioning from a paper-based system to an online system. This meant that team members could access SOPs on the pharmacy computer system instead of paper-based folders. It also meant that team members could verify that colleagues providing relief cover were authorised to carry out relevant tasks. The company had changed the way it introduced new SOPs. And it tested team members understanding through an online assessment. Sampling of SOPs provided evidence that team members had demonstrated an understanding of the procedures that were relevant to their roles. These included 'responsible pharmacist' and 'controlled drug' procedures. Pharmacy team members signed medicine labels to show who had 'dispensed' and who had 'checked' prescriptions. This meant the pharmacy had an audit trail for dispensing. It also helped the pharmacist to identify dispensers to help them learn from their dispensing mistakes. Team members recorded their own near miss errors on the pharmacy's online system. And they interacted with the system to produce an analysis that showed patterns and trends. Team members provided examples of improvements they had made following the analysis. This included an extra accuracy check for some items where there had been a pattern of errors, such as selecting the wrong strength. And slowing down to ensure compliance with pharmacy SOPs. The superintendent's office was proactive at helping teams to manage near miss errors. And it distributed a list of 'look alike sound alike' (LASA) items that were susceptible to selection errors. This included atenolol v amlodipine and propranolol v perindopril. Team members knew to record dispensing incidents on an electronic template. And the template included a section to record information about the root cause and the mitigations to improve safety arrangements. The pharmacist knew to send reports directly to the superintendent's office. And they discussed the incidents alongside near miss errors at the monthly review meeting. The company defined its complaints handling process in a documented SOP. And team members refreshed their knowledge of the SOP at least every two years.

The pharmacy maintained the records it needed to by law. And it had public liability and professional indemnity insurances in place which were valid until 30 April 2023. The pharmacist displayed a 'responsible pharmacist' (RP) notice, which was visible from the waiting area. The RP record showed the time the pharmacist took charge of the pharmacy. And it showed the time they finished at the end of the day. Team members maintained the electronic 'controlled drug' (CD) registers and kept them up to date. And they checked and verified the balances on a weekly basis. People returned controlled drugs they no longer needed for safe disposal. And an electronic destructions register showed the pharmacist had signed to confirm that destructions had taken place. Team members filed prescriptions so they could be easily retrieved if needed. And they kept electronic records of supplies against private

prescriptions up to date. Team members completed annual 'general data protection regulations' (GDPR) training. And they understood the need to protect confidential information and to keep it safe and secure. This included the safe and secure shredding of confidential waste. The company provided annual training to help team members manage safeguarding concerns effectively. And the pharmacy promoted the 'SafeSpace' scheme on a notice in the waiting area to help victims of domestic violence.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members have the necessary qualifications and skills for their roles and the services they provide. And they complete regular and relevant training, in work time, to improve their knowledge and their range of skills. The pharmacy reviews its staffing levels in line with changing workloads. And it has reliable plans in place to cover team members absence.

Inspector's evidence

The pharmacy's workload had increased over the past 12 months. And the area manager visited the branch every two weeks, and regularly communicated on the phone. This included checks to ensure staffing levels were sufficient to manage workload demands. The area manager had recently conducted a branch review. And the company had appointed a new full-time team member. The area manager also carried out audits every few months. And feedback from a recent audit confirmed the pharmacy was compliant with the company's performance standards. A regular pharmacist was in post and had worked at the pharmacy since May 2022. The company had relief pharmacists and dispensers that covered all 30 branches. And the pharmacy team could request cover when they needed extra support. A dispenser had provided annual leave cover the day before the inspection. And more cover was planned for the following week. The following team members worked at the pharmacy; one full-time pharmacist, one full-time pharmacy technician, one full-time dispenser, two part-time dispensers, one part-time medicines counter assistant, one full-time recently appointed team member and one full-time driver.

The pharmacy provided protected learning time during the working day. And this helped to support trainees undertaking qualifications. It also helped team members complete mandatory training such as the learning activities associated with new SOPs and annual health and safety training. Team members had access to an online eLearning platform. And the company provided a list of preferred training for them to prioritise and complete. This included topics to cover minor ailments such as hay fever and coughs, colds, and flu. And 'prescription only medicine' (POM) to 'pharmacy only' (P) reclassifications such as estradiol pessaries. Team members attended health board training to enable them to provide new and established services. This included a new system to record substance misuse services, and the provision of an established needle exchange service. They had also completed training to support the pharmacist to deliver the NHS flu and COVID-19 vaccination service. Team members attended monthly reviews to discuss near miss errors and incidents. And they were proactive at suggesting improvements to manage the risk future incidents.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises adequately support the safe delivery of services. And the pharmacy suitably manages the space for the storage of its medicines. It has appropriate arrangements for people to have private conversations with the team.

Inspector's evidence

The pharmacy was clean and well maintained. And the dispensary provided adequate space for dispensing and the storage of medicines. Team members used designated areas for dispensing. And they used a separate bench to assemble multi-compartment compliance packs. This provided ample space to safely dispense four packs at a time. The pharmacist supervised the medicines counter from the dispensary and could intervene and provide advice when necessary. A sound-proofed consultation room was available for use. And it provided a confidential environment for private consultations. It also provided a sink with running water. Team members used the dispensary sink for hand washing and the preparation of medicines. And they cleaned and sanitised the pharmacy on a regular basis to reduce the risk of spreading infection. This included frequent touch points such as keyboards, phones, and door handles. 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. It has arrangements in place to identify and remove medicines that are no longer fit for purpose. This ensures that medicines are suitable to supply.

Inspector's evidence

The pharmacy advertised its services and opening hours in the window and on a monitor above the medicines counter. It had a level entrance and a pressure activated pad for people with mobility difficulties to gain unrestricted access. The pharmacy purchased medicines and medical devices from recognised suppliers. And team members kept stock neat and tidy on a series of shelves. The pharmacy used controlled drug cabinets which had sufficient space to keep items safely segregated. And team members kept them well organised to manage the risk of selection errors. The pharmacy used a tracker to evidence its date checking activities. And sampling showed that items were within their expiry date. The pharmacy used a fridge to keep medicines at the manufacturers recommended temperature. And team members monitored and recorded the temperatures every day. This provided assurance that the fridges were operating within the accepted range of two and eight degrees Celsius. The pharmacy used clear plastic prescription bags for refrigerated items. And this helped team members to identify and carry out accuracy checks when handing over items. Dispensing baskets kept medicines and prescriptions safely contained during dispensing. And this managed the risk of items becoming mixed-up. Team members accepted unwanted medicines from people for disposal. And the pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste. The pharmacy received drug alerts and recall notifications from the superintendent's office. And team members printed, annotated, and retained the notices to show the action they had taken and what the outcome had been. For example, team members evidenced they had recently checked for Sandimmun Oral Solution in September 2022. Team members knew about valproate medication and the Pregnancy Prevention Programme. The pharmacist knew to speak to people in the at-risk group about the associated risks. And team members knew to supply patient information leaflets and to provide warning information cards with every supply.

The pharmacy supplied medicines in multi-compartment compliance packs to help people with their medication. And the company had defined the assembly and dispensing process in a documented procedure for team members to refer to. Trackers helped team members plan dispensing. And supplementary records provided a list of each person's current medication and dose times which they kept up to date. Team members stored packs in alphabetical order until they were needed. And they used a separate shelf to store packs for people that had been admitted to hospital. The pharmacy dispensed serial prescriptions for a significant number of people that had registered with the 'medicines: care and review' service (MCR). And it had a system in place for managing dispensing. People knew to contact the pharmacy a few days before their next supply was due. And this enabled team members to order and dispense items in advance of the due date. Most people collected their medication on time. And team members knew to refer people who arrived either too early or too late so the pharmacist could check compliance. Team members used an automated dispensing system to dispense instalments of some medicines. And the pharmacist carried out a clinical check and an

accuracy check at the time new prescriptions were entered onto the system. They also carried out another accuracy check at the time of supply. The pharmacy provided a prescription delivery service to support vulnerable people. And the delivery driver used an electronic device to transmit information about the deliveries they made.

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 methadone. They kept the measures separate, so they were used exclusively for this purpose. Team members used an automated dispensing system for instalments of some medicines. And team members calibrated the system every morning to confirm it was measuring accurately. The pharmacy stored prescriptions for collection out of view of the waiting area. And it positioned the dispensary computers in a way to prevent disclosure of confidential information. A portable phone allowed team members to carry out conversations in private if needed. The pharmacy used cleaning materials for hard surface and equipment cleaning. The sink was clean and suitable for dispensing purposes. Team members had access to personal protective equipment including face masks.

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.