General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Lochthorn Pharmacy, Lochthorn Medical Centre, Edinburgh Road, Locharbriggs, DUMFRIES & GALLOWAY, Dumfriesshire, DG1 1TR

Pharmacy reference: 1088086

Type of pharmacy: Community

Date of inspection: 10/10/2019

Pharmacy context

The pharmacy is on the outskirts of the town within a health centre. 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 delivers medicines to people's homes. And supplies medicines in multi-compartmental compliance packs. these help people remember to take their medicines. The pharmacy provides NHS services including the treatment for urinary tract infections, impetigo and minor ailments.

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 has suitable processes and written procedures to help protect the safety and wellbeing of people who access its services. The pharmacy has appropriate arrangements to protect people's private information. It keeps the records it needs to by law. People using the pharmacy can raise concerns and provide feedback. The pharmacy team members respond when errors happen. And they discuss what happened and they act to prevent future mistakes. But more detailed reviews of mistakes during the dispensing process would provide more learning opportunities. The pharmacy team has an understanding to safeguarding to protect the welfare of children and vulnerable adults.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs). These provided the team with information to perform tasks supporting delivery of services. They covered areas such as dispensing prescriptions and assembly and supply of controlled drugs (CDs). The pharmacist had reviewed these in February and March 2019. The pharmacist was going to revise the SOPs following the refit due to likely changes in the workflow and practice. And have them in the same format to provide a more consistence appearance. The team members had refreshed themselves with the SOPs in March 2019 and had mostly signed the SOPs although there were some which they had not signed. But they advised they had read. The team could advise of their roles and what tasks they could do.

The pharmacy had a planned refit which was taking place in the next few weeks. The refit would provide more working area for the team and more storage space. The team had arranged with the surgery for double prescriptions which allowed them to work ahead prior to the refit to help manage the workload. There were more than usual items waiting for collection, but the team had this organised to assist them. The pharmacy team members used baskets throughout the process to keep prescriptions and medicines together. They used different colours of baskets for prescriptions for people who were waiting, repeats, CDs and delivery This distinguished people's prescriptions by degree of urgency and this helped plan workload.

The pharmacist had reviewed the SOP for near miss errors and the team had all read this. The pharmacy had obtained a new book for recording near miss errors in February 2019. Examples of near miss errors recorded included trimethoprim with four given instead if six and the incorrect form with an Evohaler given instead of an Easyhaler and Fostair instead of Nexthaler. They had recorded when a prescription had been labelled for the wrong person and noted to check the patient medication record more carefully. The team discussed near miss errors at the time and noted that the new starter was familiarising herself with the dispensing process and stock. And the team needed to be vigilant to assist and help her. The reviews had limited detail although the team advised they discussed any issues more fully. But a more detail documented review would assist in future improvements and pick up patterns. The team had limited use of shelf alerts to highlight any issues at the picking stage and they discussed the use of these following the refit and changes in locations which would be beneficial.

The pharmacy had a formal complaints process. And displayed information on this in the pharmacy. It also displayed information on the privacy policy. The pharmacist discussed a recent complaint and had reflected on this. And reviewed his practice to improve for the future to avoid any reoccurrence. The pharmacy had current indemnity insurance from a recognised company with an expiry date of March

2020.

The pharmacy displayed the correct responsible pharmacist (RP) notice. And the pharmacist completed the responsible pharmacist records using the Community Pharmacy Scotland log book. This also indicated the team members working on any day. The pharmacy completed CD registers as the required. It kept running balances and the registers indicated the pharmacy undertook stock audit checks every one to two months. The pharmacist indicated checks by a tick and date at the end of the row which could be clearer with a more distinct entry. 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 records for private prescriptions as required. And the pharmacy kept special records for unlicensed products with the certificates of conformity completed.

The team had read General Data Protection Regulation (GDPR) information. And the pharmacist had attended a meeting with training through Community Pharmacy Scotland. The IT system was password protected. The computer stored patient medication records (PMRs) electronically. And the team stored completed prescriptions safely. The pharmacy kept sensitive information in drawers. The pharmacy team stored confidential waste in separate bags and this was collected for disposal through the surgery. The pharmacist had undertaken training on safeguarding vulnerable adults and children. The team members had a good understanding of safeguarding but not had any formal training. And were aware of who to contact. The pharmacy intended providing some more formal training on this.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy's team members are suitably trained or working under supervision during training. The pharmacy team members support each other in their day-to-day work. And they can discuss their development needs with the pharmacist and raise any concerns if necessary. They discuss ongoing pharmacy matters to keep up-to-date. And they have access to training materials. But training is not structured, and the pharmacy keeps limited records. So, team members may miss opportunities to undertake learning relevant to their role.

Inspector's evidence

There was one pharmacist, one technician, four dispensers and one medicine counter assistants (MCA) who worked in the pharmacy. In addition, there was a trainee technician who was employed by the Health Board and worked three days a week in the pharmacy. The technician and two of the dispensers worked full-time and the other dispensers and MCA worked between 16 and 20 hours a week. One of the dispensers was undertaking the technicians' course. The qualified technician had completed her course this year and was planning to undertake training for the smoking cessation service to allow the pharmacy to more closely monitor and assist people's progress. One of the dispensers was in training and recently started working in the dispensary after working as a counter assistant previously.

Team members described how they read through magazines and leaflets from suppliers and discussed any updates between themselves as they occurred. The pharmacist kept them up-to-date on current issues. There were no records kept of ongoing topics discussed. The pharmacy did not have a formal performance review process and the team advised they had general chats when required. This had led to one of the dispensers going on to do the technicians' course. The technician received some time when it was quiet to do training. And she maintained the deadlines set by the tutor for the course. The MCA followed the sales of medicines protocol when making over-the-counter (OTC) recommendations and referred to the pharmacist when necessary. The pharmacist had completed the relevant training for the Patient Group Directions (PGDs) being used.

The team said they could raise concerns about any issues within the pharmacy by speaking to the pharmacist who was also the superintendent (SI). The dispensary team worked closely together, and they said they were able to provide feedback about the pharmacy or make suggestions for improvement. They had had some discussions about the bench layout for the pharmacy for the refit. The SI had also requested a section of the counter to be screened off to provide an area within the pharmacy with a bit more privacy.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean, secure and suitable for the services provided. And it has adequate arrangements for people to have private conversations with the team.

Inspector's evidence

The pharmacy had a large spacious public area and presented a professional appearance. It was clean, tidy and hygienic. The area behind the counter was split into two areas, with a main dispensary and another area for some preparation and storage of items waiting collection. The plans for the refit which was due in a few weeks showed more bench space and better storage facilities. The sink in the dispensary for preparation of medicines was clean. And the team had access to separate hand washing facilities. The benches, shelves and flooring were all clean and the team all ensured the pharmacy cleaning was undertaken. The pharmacy team kept the floor spaces clear to reduce the risk of trip hazards. The room temperature was comfortable, and the pharmacy was well lit.

The refit plans showed a designated screened area at the end of the medicines counter to provide a more private area for conversations. The pharmacy was not putting a consultation room in place during the refit as the team had access to rooms within the health centre for private conversations. People entered the pharmacy through a front door directly from outside or from the health centre. The pharmacy closed the internal shutter between the heath centre and the pharmacy when it closed. 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. 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 packs to help people remember to take them correctly.

Inspector's evidence

The pharmacy was accessible to all, including patients with mobility difficulties and wheelchairs. The pharmacy displayed its services in the pharmacy. The hours of opening were on the door. The facia displayed the previous company owner's details which may be misleading, and it was discussed that this should be replaced. The pharmacy displayed a notice advising people of the planned refit and apologised for any potential disruption. The pharmacist had liaised with the doctors and obtained prescriptions in advance to allow the team to work ahead to minimise disruption during the period of the refit. The pharmacy displayed information about potential medicines shortages to alert people to this issue.

The pharmacy had a defined professional area. And items for sale were mostly healthcare related. The pharmacy kept pharmacy medicines behind the counter. And the team assisted if people wanted to purchase these items. The pharmacist counselled people when required and provided additional advice. The pharmacy had a notice with clinics and other professional services and the team signposted people when required. The team advised people to go to the surgery for flu vaccinations. The pharmacy had about 650 people registered for the Chronic Medication Service (CMS). It carried out assessments when people signed up for the service. The pharmacy received few serial prescriptions for this service. It had about 1300 people registered for the electronic Minor Ailments Service (eMAS). This service was popular for paracetamol, calamine, aqueous cream and antihistamines. The pharmacy provided the unscheduled care service. And it was used if strengths were unavailable and it allowed the pharmacy to provide alternatives when there were shortages. It gave the pharmacist the opportunity to alert people to potential shortages and raise the awareness to them that they may have to go the GP for an alternative.

The pharmacy provided a smoking cessation service and had a few people using the service. And one person who had come back to try again as had not succeeded in giving up earlier in the year. The pharmacy provided the gluten free prescribing service for about 15 people. The dispensers did the prescriptions and the pharmacist checked and signed. The pharmacy had patient group directions (PGDs) for urinary tract infections with trimethoprim and Fucidin for impetigo. The surgeries often referred people for trimethoprim. There was generally little uptake for the treatment for impetigo. The pharmacy displayed a poster showing impetigo and a mother had commented that she thought her daughter's mouth was like that. She brought her daughter in and the pharmacist confirmed she had impetigo and provided treatment. The pharmacy had a local PGD for flucloxacillin which was well used in the summer months. It also had a PGD for azithromycin for chlamydia, but the pharmacy had made no supplies. The pharmacy provided Emergency Hormonal Contraception (EHC).

The pharmacy supplied medicines in multi-compartmental compliance packs to help people take their

medicines. It stored the completed packs in the larger part of the dispensary in an organised manner. The pharmacy supplied Patient information leaflets (PILs) with the first week's supply. The team had trackers to monitor the progress of packs to ensure they were ready in time. They received weekly prescription for the packs and had obtained prescriptions ahead to allow the preparation of packs in advance and limiting the amount they required to do around the time of the refit. The pharmacist had reviewed the SOP for the compliance packs with the team following the processes.

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. The team used appropriate containers to supply medicines. The team members used stickers attached to bags to remind them that they required to provide extra counselling. The pharmacy team members were aware of the valproate Pregnancy Prevention Programme. They could explain the information they were expected to provide to the patients in the 'at-risk' group. They had checked the patient records and did not have any female patients currently receiving this item.

When the pharmacy could not provide the product or quantity prescribed, full patients received an owing slip. And the pharmacy kept one with the original prescription to refer to when dispensing and checking the remaining quantity. Being next door to the surgery the pharmacy liaised with the doctor when required. The pharmacy offered a delivery service and had recently seen an increase in people requesting deliveries following another pharmacy who had started to charge for this service. The pharmacy kept a delivery sheet as an audit trail for the delivery of medicines from the pharmacy to patients. This included a signature of receipt of the delivery. The driver used a separate delivery sheet for controlled drugs.

The pharmacy stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature. The pharmacy had refrigerators from a recognised supplier. These provided appropriate storage for the volume of medicines requiring storage at such temperatures. The team members recorded temperature readings daily and they checked these to ensure the refrigerators 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. These had been recently done and the team marked on the month any items were due to go out of date a few months ahead of 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 reputable sources. The pharmacy used recognised wholesalers. The pharmacy had a new patient medication system (PMR) ready for the operation to comply with the Falsified Medicines Directive (FMD). This had not been implanted yet. The pharmacist advised he was waiting until the system was more robust and then would put in place.

The team used appropriate medicinal waste bins for patient returned medication. Arrangements were in place for contractors to collect these bins 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 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 also had a range of equipment for counting loose tablets and capsules. It had separate triangles for counting methotrexate which it kept in a separate location. The local Smoking matters team calibrated the carbon monoxide monitor.

The pharmacy stored medication waiting collection on shelves and benches where no confidential details could be observed by people, keeping details private. 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.