

Registered pharmacy inspection report

Pharmacy Name: Dickson Chemist, 35 Mitchell Arcade, Rutherglen,
GLASGOW, Lanarkshire, G73 2LS

Pharmacy reference: 1091065

Type of pharmacy: Community

Date of inspection: 17/07/2019

Pharmacy context

This is a pharmacy in the shopping centre on the main street of the town of Rutherglen. It offers the usual range of Pharmacy First services. It dispenses a large volume of prescription items per month, including for people on multi-compartmental compliance packs. It also supports people receiving supervised Methadone doses. It provides the usual services found under the local health board Pharmacy First Scheme, including the minor ailments service. It acts as a hub and spoke for other pharmacies in the chain, and prepares Low Dose Naltrexone products on-site against private and NHS prescriptions. It makes use of a SynMed robot for the dispensing of multi-compartmental compliance packs and a separate dispensing robot for walk-in and repeat prescriptions.

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

The pharmacy has systems in place for the management of risk, including written standard operating procedures (SOPs) and near miss records. The written procedures are up to date and signed and authorised by the superintendent Pharmacist. All staff members have signed the procedures within the last two years. And they are fully followed. The pharmacy team members record most near misses. And take action to prevent recurrence. The pharmacy informs people how to provide feedback about its services. And it acts upon this feedback. The pharmacy keeps records required by law. The pharmacy protects people's privacy and confidentiality. Staff are aware of how to protect children and vulnerable adults from harm.

Inspector's evidence

The pharmacy was large sized with several distinct work spaces. There was the main dispensary which handled walk-in and repeat prescriptions and was supported by a dispensing robot. There was a further room which used a SynMed robot to dispense multi-compartmental compliance packs. There was also a room upstairs which dispensed further multi-compartmental packs by hand. The pharmacy used the remaining two rooms as a delivery assembly and de-blistering area. And as a compounding room for Low Dose Naltrexone (LDN) products. The checking bench overlooked the front counter and allowed effective supervision. The pharmacy had a set of standard operating procedures (SOPs) which were in date and recently reviewed. They had been properly authorised by the superintendent. All members of staff had signed them to show they had read and understood the SOPs. The pharmacy team members followed the SOPs.

The pharmacy regularly recorded and reviewed near misses and took actions to prevent recurrence. They did not always fully analyse data collected to identify opportunities for improvement. Actions taken for improvement included promptly emptying medicines from the robot chute to prevent items becoming mixed. And placing them in baskets to keep them separate. Pharmacy team members reviewed near miss data at a weekly staff meeting on a Thursday. Each staff member had compiled a personal list of their most common errors. And they focused their attention on these. The pharmacist was aware of these. And knew what to look out for when checking prescriptions.

The pharmacy informed people via a notice to speak to their pharmacist if they had a complaint about their services. People could complete and post a written feedback form in store. And there was a tablet computer to record whether their feedback was green, amber or red. To date feedback was 84% green. The area of greatest weakness was in stock availability. Pharmacy team members took action to better ensure that customers leaving a prescription to collect later knew if there was going to be a delay in obtaining their stock. Customer feedback was not displayed to people in the store. Nor was there feedback on how the pharmacy used their feedback.

Professional indemnity insurance was in place until 20 February 2020. Controlled drug (CD) records were complete, and there had been regular balance checks. A check of actual versus theoretical stock showed agreement. All records of patient-returned controlled drugs (CDs) had both pharmacist and witness signatures for destruction. The private prescription records were complete. The pharmacy made emergency supplies under the Community Pharmacy Urgent Supply (CPUS) scheme and records were complete. The pharmacy recorded fridge temperatures daily. And these were within the required

range of two to eight degrees Celsius. The Responsible pharmacist log was complete. People standing at the counter could not see other people's details on prescriptions awaiting collection. No computer screens could be seen by people outside the dispensary. Pharmacy team members shredded people's confidential waste on site. And they were aware of the need to keep such waste separate from normal waste.

The pharmacy had written guidance on safeguarding to provide support to staff. The pharmacist was Protection of Vulnerable Groups (PVG) registered. And had completed the NHS Education Scotland (NES) training on child and adult protection. The pharmacy team members were able to give examples of safeguarding. And the pharmacy kept a log of such interventions. The pharmacy is part of the umbrella scheme for PVG in Scotland.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are suitable numbers of qualified staff to provide the services on offer. Pharmacy team members can provide a range of services. And they have access to some training once qualified. There is no process of appraisal to identify ongoing training needs. And there is some time in the working day to allow the pharmacy team members to further develop their skills. There is some evidence of learning from feedback and errors. But this is inconsistent. Pharmacy team members are comfortable providing feedback and the owner responds to this.

Inspector's evidence

On the day of inspection there were: two pharmacists (full time), one pre-registration pharmacist, one accuracy checking dispensing assistant, four NVQ2 dispensers and one NVQ2 trainee on a registered course and working under the supervision of the pharmacist.

There were enough suitably qualified staff on the day of the inspection. Pharmacy team members reported having some training but struggled to give examples of this. There was an appraisal system in place but there were no formal training plans nor was there always time in store to complete training. Current training arrangements were ad-hoc. And there were no training plans. Pharmacy team members were confident they could provide feedback to the Responsible Pharmacist (RP) and the Superintendent. And they were unable to give examples of ideas for improvement that they had come up with such as ensuring all call back prescriptions had stock availability checked before accepting the prescription. This ensured stock would be available when the person came to collect it. Pharmacy team members did not feel under undue pressure to meet targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is secure and very clean and tidy. There is good provision of facilities to protect people's privacy and confidentiality.

Inspector's evidence

The pharmacy was large sized with multiple dispensary areas with good bench and shelf space. The premises were very clean and tidy. The pharmacy team members kept benches clear of clutter and shelves were well organised. The premises were well lit and temperatures were comfortable. Controlled drug security was generally good. The pharmacy had CCTV and there were shutters for the doors and windows. The shop was situated within a shopping centre. There was a consultation room and also a room adjacent to the counter for supervised methadone supply.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a wide range of services to meet the needs of local people. It uses a range of safe working techniques. These include baskets to keep items together. And audit trails to track dispensing. There are adequate arrangements for the supply of multi-compartmental compliance packs. The pharmacy has good arrangements for dealing with medicine recalls.

Inspector's evidence

Entry to the premises was through a level door from the shopping centre. And the counters were low in height for those in wheelchairs. There was a hearing loop on the premises for those with hearing difficulties. But this was out of the way under the counter. The pharmacy promoted the services it offered by leaflets in-store and posters in the window. Safe working practices included the use of baskets to keep items all together. And audit trails of "dispensed by" and "checked by" signatures. The pharmacy had a range of stickers to alert the pharmacist to issues, including "controlled drug", "Fridge Line" and "Speak to Pharmacist". But of a sample of some 30+ prescriptions reviewed, only two fridge stickers were present. Two warfarin prescriptions were present and no note had been made to check INR or to brief patients. There were stickers to provide extra information to people who were receiving valproate. This ensured such patients knew how to take their medication properly.

The system for dispensing multi-compartmental compliance packs had its own specific standard operating procedure (SOP). The pharmacy made up multi-compartmental compliance packs manually for some of them. And used a SynMed robot for others. The robot acts as a Hub for four other branches in the chain. Scripts are electronically scanned at the source branch. And are then transferred electronically to the system in Rutherglen. There is a well-defined process for the SynMed robot. This dictates how the pharmacy team members operate the robot. This includes which containers to use for specific tablets, the de-blistering process to fill the containers. And the use of barcodes to ensure the right tablets, are always used for the right patient at exactly the right time. Pharmacy team members record all requests for changes on a note on the patients PMR, as the call comes in. They then attach a label containing the request to a paper change request form. And send it to the compliance pack dispensary. When this is complete the pharmacy team members sign and date the paper to show completion. The hub keeps the near miss records for SynMed at Rutherglen. And the spoke branch keeps the error reports. This can mean there is a lack of thorough root cause analysis of SynMed errors. There was a Methameasure machine which the pharmacy calibrates each morning.

The pharmacy offered a delivery service. And it kept records of people's signatures, obtained on receipt of delivery of controlled drug and POM items. The system used was Pro-delivery which recorded deliveries on line in real-time. And captured patient signatures which the pharmacist could view from the pharmacy. This showed when he made a delivery to a patient. And whether he put this delivery through the letter box. Such deliveries had patient consent and a basic risk assessment confirming the absence of children and pets.

There was a system in place for date checking. Stock in the robot had its expiry date recorded when entered into the robot, and the pharmacy team members used a report to highlight items out of date, which they then removed. For stock not in the robot, the team members highlight items six months in

advance of their expiry with a yellow sticker . They record these items and remove them at the start of each month to check whether the out of date stock is still there or in need of removal. Drug recalls and alerts were regularly received and acted upon. The pharmacy had identified people on Valproate and assessed them for risk of pregnancy. There were enough materials available to provide guidance to any female patient presenting with valproate.

The pharmacy had installed the hardware needed to support the Falsified Medicines Directive (FMD). But there was no staff training or SOPs about its use provided yet. So, the pharmacy had not implemented the features of FMD. This was due to Positive Solutions needing to update the software. And there being an issue with multi-compartmental compliance packs. The pharmacy expected to resolve these issues within the next 3 months.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has sufficient equipment for the services it offers and such equipment is well maintained to provide accurate measurement.

Inspector's evidence

The pharmacy had a range of glass measuring equipment which was ISO or Crown stamped. The pharmacy had access to the British National Formularies for both adults and children and had online access to a range of further support tools.

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.