

# Registered pharmacy inspection report

**Pharmacy Name:** Dickson Chemist, 110 Coatbridge Road, Glenmavis, AIRDRIE, Lanarkshire, ML6 0NJ

**Pharmacy reference:** 1091126

**Type of pharmacy:** Community

**Date of inspection:** 15/03/2022

## Pharmacy context

This pharmacy is situated in a parade of shops serving the village of Glenmavis. As well as dispensing NHS prescriptions the pharmacy supplies medicines in multi-compartment compliance packs to help people take their medicines safely. It also provides a smoking cessation service, flu vaccinations and a range of services under the Pharmacy First scheme. The inspection was undertaken during the Covid-19 pandemic.

## 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	N/A	N/A	N/A
<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's working practices are safe and effective. People who use the pharmacy can give feedback on its services. The pharmacy keeps the records it needs to by law so that medicines are supplied safely and legally. And the pharmacy team knows how to help protect the welfare of vulnerable people. Team members respond appropriately when mistakes happen during the dispensing process.

### Inspector's evidence

Standard operating procedures (SOPs) were available and team members had read and signed SOPs which were relevant to their roles. Team roles were defined within the SOPs. SOPs were prepared by the team at head office and any local changes had to be approved by the head office team. The team had been routinely ensuring infection control measures were in place. Team members had been provided with personal protective equipment (PPE).

The pharmacy recorded dispensing mistakes which were identified before the medicine was handed out (near misses) and those where the medicine was handed to a person (dispensing errors). Near misses were recorded electronically as they occurred by the team member who had made the mistake. These were then reviewed for any trends and patterns. At the weekly team meeting, team members were asked if they could spot any trends in the entries made the previous week. Findings were recorded on the weekly team meeting record sheet. As a result of past reviews, the team had attached labels to shelf-edges where medicines were stored prompting team members to check formulation, strength or pack size. Dispensing errors were rectified, investigated, and recorded. A note was also made on the person's electronic patient medication record (PMR) to help ensure the same error did not reoccur. To reduce the risk of errors medicines with similar sounding names were placed on different shelves.

A correct RP notice was displayed. The team members were aware of the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance. The pharmacy had a complaint procedure. Complaints were dealt with instore by the supervisor or the responsible pharmacist (RP) who was also the pharmacy manager. If the matter could not be resolved in store it was referred on to head office.

Records for private prescriptions, emergency supplies, unlicensed medicines dispensed, controlled drug (CD) registers and RP records were well maintained. CDs that people had returned were recorded in a register as they were received. A random check of a CD medicine quantity complied with the balance recorded in the register. CD registers were kept electronically. CD balance checks were carried out regularly.

Assembled prescriptions were stored behind the medicines counter and people's private information was not visible to others using the pharmacy. An information governance policy was available which team members had read and signed. Confidential paperwork and dispensing labels were segregated and shredded.

There was a SOP for safeguarding which team members had read as well as completing a training pack from the NPA. The superintendent pharmacist (SI) arranged for training for team members at one of

the company's larger branches.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members for the services provided, and they do the right training for their roles. They work effectively together and are supportive of one another. The pharmacy supports its team members with ongoing training. This helps them keep their knowledge and skills up to date.

### Inspector's evidence

On the day of the inspection the pharmacy team comprised of the RP, two trained dispensers and one trainee dispenser. Team members were all trained or undergoing training. Team members were able to manage their workload during the inspection and the RP felt that there were an adequate number of staff.

Individual performance and development were monitored by the RP. Team members were also provided with ongoing feedback. The trainee dispenser counselled people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. She was aware of the maximum quantities of certain medicines which could be sold over the counter.

Team members were requested to complete specific training courses by head office and training events were also arranged at larger branches. Recently team members had completed training on the smoking cessation service. The RP trained individual team members if he identified an area of need. Previously team members had completed formal training courses at home. Team members were not given set-aside study time but went over any topics they needed help on with the RP. On some occasions this was done away from the pharmacy to avoid distractions.

Team meetings were held on a weekly basis. Team members described themselves as a close-knit team and felt that the meetings were a way in which they could share feedback and suggestions. Any issues were discussed with the supervisor or RP who then provided the feedback to the head office team.

Targets were in place for services such as the Pharmacy First scheme. However, there was no pressure to meet these and team members did not feel that the targets affected their professional judgement.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are clean, secure and provide an appropriate environment to deliver its services. People can have a conversation with a team member in a private area.

### Inspector's evidence

The pharmacy was bright, clean, and organised. There was ample workspace, which was clear of clutter, organised with areas allocated for certain tasks. Cleaning was carried out by team members in accordance with a rota. Touch points were wiped down twice a day. A clean sink was available for the preparation of medicines. Team members were observed to use face masks. Screens had also been fitted at the counter. Hand sanitiser was available for team members to use.

There were two consultation areas which were used for supervision of medication and private consultations. One area had been partitioned off from the shop floor by sliding doors but had no ceiling. The RP described that the pharmacy was generally quiet in terms of people walking in and he waited until there was no one in the shop before having a conversation. He also checked with the person if they were fine to have the discussion there. Flu vaccinations had not been offered for one or two years and people were signposted to other providers. The consultation area was sufficient for the purpose it was being used for at the time of the inspection but not for other more clinical services.

The room temperature was adequate for the provision of pharmacy services and the safe storage of medicines. Air conditioning was available to help regulate the temperature. The premises were secure from unauthorised access

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy delivers its services in a safe and effective way. Pharmacy team members are helpful and give advice to people. The pharmacy obtains its medicines from reputable sources, and generally manages them appropriately so they are safe for people to use. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use. People with a range of needs can easily access the pharmacy's services.

### Inspector's evidence

The pharmacy was easily accessible, it was situated at street level and team members assisted people if they required help opening the door. There was easy access to the medicines counter. Services were appropriately advertised to patients. Team members knew what services were available locally and posters were displayed at the front with details of health providers. Team members also used the internet to locate services when needed. A delivery service was offered to those people who were unable to access the pharmacy. The pharmacy had a hearing loop available and had the facilities to produce large print labels.

Prescriptions were placed straight in a basket as they were received, these were labelled, dispensed, and endorsed by the dispensers and left for the pharmacist to check. There was a separate checking bench. It was very rare that the pharmacist had to self-check. Dispensed and checked-by boxes were available on labels which were observed to be used. Colour coded baskets were used to separate prescriptions, preventing incorrect transfer of items between people and to manage the workflow.

The RP was aware of the change in guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme. In most cases sodium valproate was dispensed in its original pack. Warning labels were available which were used. Additional checks were carried out when people collected medicines which required ongoing monitoring.

Some people's medicines were supplied in multi-compartment compliance packs. The pharmacy ordered prescriptions on behalf of people for this service. Some prescriptions were sent to be dispensed to one of the group's branches which had a robot. Prescriptions were clinically checked, processed and kept at the pharmacy with an electronic record sent to the other branch. Packs were prepared and checked at the other branch and then sent back to be supplied to people from this pharmacy. The RP double-checked all packs when they were received. Master sheets were available for each individual. These were a record of people's current medicines and detailed what time of day their medicines were taken. Any changes were updated on these. Once medicines were picked these were checked before packs were prepared. Most team members were trained to be able to prepare packs. Packs were checked by the pharmacists. The pharmacy made a record of people admitted into hospital on the notice board. An alteration form and hospital checklist were also attached to the person's folder. Assembled packs were labelled with product descriptions and mandatory warnings. Patient information leaflets (PILs) were routinely supplied.

Some people received medicines from 'Medicines Care Review' (MCR) serial prescriptions. These prescription forms were kept separately and had been annotated for team members to be able to identify them. The pharmacy had contact details for most people using this service and would contact the person if they had not come into collect their medicines. A manual record was kept on the

prescription of each dispensing. When all the supplies had been made against the form a treatment summary record was completed which was also sent electronically to the person's surgery.

The pharmacy followed the service specifications for NHS services. It had patient group directions (PGDs) in place for unscheduled care, the Pharmacy First service, smoking cessation, and emergency hormonal contraception (EHC). The pharmacy team members were trained to deliver the Pharmacy First service within their competence and under the pharmacist's supervision. They used the sale of medicines protocol and the formulary to respond to symptoms and make suggestions for treatment. They referred to the pharmacist as required. All records were updated and sent to head office by the supervisor.

The pharmacy provided a delivery service. Signatures were no longer obtained when medicines were delivered and this was to help infection control. All bags were scanned out before they were taken by the delivery driver. In the event that someone was not available medicines were returned to the pharmacy

Medicines were obtained from licensed wholesalers. Medicines were organised on shelves in a tidy manner. Fridge temperatures were monitored daily and recorded. Records seen showed that the temperatures were within the required range for the storage of medicines. The RP mentioned that one of the fridges had not been working properly. This had been reported to head office and very minimal stock was kept in this. Team members monitored the fridge to ensure the temperature was within the required range. The RP gave an assurance that all stock would be moved to the other fridge. CDs were held securely.

Expiry-date checks were carried out when stock was received and short-dated stock was marked. Team members also completed a check of all stock twice a year. An up-to-date date-checking matrix was available. No date-expired medicines were found on the shelves checked. Out-of-date and other waste medicines were kept separate from in-date stock and generally stored securely. These were collected by licensed waste collectors. Drug recalls were received via email these were actioned and checked by the RP and filed. One of the team members checked in the absence of the RP.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services safely. And it has adequate arrangements to keep its equipment fit for purpose.

### Inspector's evidence

The pharmacy had calibrated glass measures, and tablet counting equipment. An automated methadone dispensing system was available, this was calibrated each morning. Equipment was clean and ready for use. Two medical fridges of adequate size were available, one had been reported to head office as it had not been working properly. Up-to-date reference sources were available including access to the internet.

The pharmacy's computer screens faced away from people using the pharmacy. The RP was unsure if computers were password protected and following the inspection sent confirmation that password access had been set up.

### 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.