

Registered pharmacy inspection report

Pharmacy Name: Corstorphine Pharmacy, 159 St. Johns Road,
Corstorphine, EDINBURGH, EH12 7SD

Pharmacy reference: 1116168

Type of pharmacy: Community

Date of inspection: 07/02/2024

Pharmacy context

This is a community pharmacy on a high street in a residential area of the city of Edinburgh. The pharmacy sells over-the-counter medicines and dispenses NHS prescriptions. It delivers medicines for some people to their homes and supplies some people with their medicines in multi-compartment compliance packs to help them with taking their medicines. The pharmacy team advises on minor ailments and provides the NHS Pharmacy First service.

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 suitably manages risk to help team members provide safe services. And they mostly keep the records they must by law. The team know what to do to help protect the health of vulnerable people. They discuss mistakes they make when dispensing. But they do not regularly record these mistakes to help with their learning and to help reduce the risk of a similar mistake happening again.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) to help team members work effectively. But they were last reviewed in 2017. So they may not consider changes to processes that had been implemented since then. Team members confirmed they had read the SOPs relevant to their role. There was a record of competence signature sheet to confirm their understanding of them but not all team members had signed this. The pharmacy had a business continuity plan which included details of what to do if there was an emergency closure. Team members were observed working within the scope of their roles. Team members were aware of the responsible pharmacist (RP) regulations and of what tasks they could and couldn't do in the absence of an RP.

The pharmacy had previously recorded near misses, which were errors identified before the person received their medicines. The last records seen were from July 2023. But team members confirmed that they still discussed errors with the pharmacist when they happened, and that they were asked to identify the error. This helped the team to reflect on the mistake. The team implemented changes to reduce the risk of the same error occurring. For example, they had recently stored amlodipine and amitriptyline on separate dispensary shelves to prevent a selection error as the medicines looked and sounded alike. The pharmacy had a process for recording errors identified after the person has received their medicines, known as dispensing incidents. The incidents were recorded on an electronic log and reviewed by the superintendent pharmacist (SI). There was no formal review of near misses or dispensing incidents so team members may miss opportunities to learn from these errors. The pharmacy had a complaints policy and the team aimed to resolve any complaints or concerns informally. But if they were not able to resolve the complaint, they would escalate to the superintendent or pharmacist.

The pharmacy had current indemnity insurance. The RP notice displayed contained the correct details of the RP on duty, and it could be seen clearly from the retail area. The RP record was generally compliant. There were some missed sign-out entries on the sample of the register examined. The pharmacy had a paper-based controlled drug (CD) register and the entries checked were in order. But the team did not complete regular audits so there was a risk that some CD balances may not be checked for some time. The last check was completed in November 2023 and previously May 2023. There was a record of patient-returned CDs in a register and this was maintained and up to date. The pharmacy held certificates of conformity for unlicensed medicines and full details of the supplies were included to provide an audit trail. Accurate electronic records of private prescriptions were maintained.

An NHS Pharmacy First Privacy notice and company privacy notice was displayed in the retail area. Team members were aware of the need to keep people's information confidential. They separated confidential waste for destruction via shredder. Pharmacy team members had completed learning associated with protecting vulnerable people. They understood their obligations to manage

safeguarding concerns and were familiar with common signs of abuse and neglect. And they had access to contact details for relevant local agencies. The pharmacist was a member of the Protecting Vulnerable Groups (PVG) scheme.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has suitably skilled and qualified team members to manage its workload. Team members receive the correct training for their roles and they complete some additional regular training to maintain their knowledge and skills. They receive feedback about how they are performing.

Inspector's evidence

The pharmacy employed a full-time pharmacy manager. And the superintendent (SI) worked at the pharmacy to provide cover on the usual pharmacist's day off. They also provided additional support when required during periods of absence or annual leave. The pharmacy team comprised of a full-time dispenser, two part-time dispensers, a part-time medicines counter assistant and a part-time trainee dispenser. A dispenser managed operations relating to dispensing multi-compartment compliance packs, but all team members were trained to complete this task to ensure contingency arrangements during periods of leave. The team were observed working well together and managing the workload. Planned leave requests were managed so that only one team member was absent at a time. And the pharmacist advised that where possible they would manage workload in advance of the planned absence. Part-time staff members were used to help cover absences. The pharmacist advised that a team member was currently off on unplanned leave so the team were prioritising workload to ensure completion of necessary tasks. The SI had also supported on occasion.

Team members who were enrolled on an accredited training course received protected learning time. And all team members had access to additional learning materials relevant to their roles which was provided by the SI. They received some learning time during quieter periods. The team received regular informal feedback as they worked from the pharmacist and SI. They also felt comfortable to raise any concerns with their pharmacist or SI. The team had regular informal meetings to discuss workload plans and updates from the SI.

Team members were observed asking appropriate questions when selling medicines over the counter and referring to the pharmacist when necessary. They explained how they would identify repeated requests from people for medicines subject to misuse, for example, codeine-containing medicines. And that they would refer them to the pharmacist. There were no targets set for pharmacy services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided and are appropriately maintained. The pharmacy has a consultation room where people can have a more private conversation with a pharmacy team member.

Inspector's evidence

The premises were secure and provided a professional image. The pharmacy workspaces were well organised with designated areas for completion of pharmacy tasks and suitable storage for prescriptions. There were two dispensing areas to the rear of the pharmacy where team members could work if required to reduce distractions. One was mainly used to label and dispense prescriptions. And the second area was used for assembly of multi-compartment compliance packs. The RP used a bench in the front main dispensary to complete the final checking process. The medicines counter could be clearly seen from the checking area which enabled the pharmacist to intervene in a sale when necessary. A consultation room was clearly signposted. The room did not have a ceiling so was not soundproof. The pharmacist advised that if the pharmacy was busy and the room was in use, the team would lower their voices to ensure conversations were more private.

There was a clean, well-maintained sink in the dispensary used for medicines preparation and there were other facilities for hand washing. And team members regularly cleaned pharmacy workspaces and staff facilities. The pharmacy kept heating and lighting to an appropriate level in the dispensary and retail area.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a range of services to support people's health needs. It manages its services well and they are easy for people to access. The pharmacy receives its medicines from reputable sources and stores them appropriately. And team members carry out checks to help ensure they keep medicines in good condition.

Inspector's evidence

The pharmacy had a level entrance and manual door to access the premises. It displayed its opening hours and some pharmacy services on the exterior of the pharmacy. The team also kept a range of healthcare information posters for people to read or take away, these included information on cancer services and dementia.

The dispensary had separate areas for labelling, dispensing, and checking of prescriptions. Team members used baskets to store medicines and prescriptions during the dispensing process to prevent them becoming mixed-up. Team members signed dispensing labels to maintain an audit trail. The team provided owing's slips to people when it could not supply the full quantity prescribed. And they contacted the prescriber when a manufacturer was unable to supply a medicine. The pharmacy offered a delivery service and kept records of completed deliveries, including separate CD delivery records.

Team members demonstrated a good awareness of the Pregnancy Prevention Programme (PPP) for people who were prescribed valproate, and of the associated risks. And they had read the recent National Patient Safety Alert. The pharmacy supplied patient information leaflets and patient cards with every supply. And they always supplied valproate in the original manufacturer's pack.

The pharmacy provided multi-compartment compliance packs to around 150 people to help them take their medication correctly. Team members used medication record sheets that contained a copy of each person's medication and dosage times. They were responsible for managing the ordering of people's repeat prescriptions and matched these against the medication record sheet. They documented any changes to people's medication on the record sheets. Team members applied dispensing labels to packs and manually added a description of what medicines looked like. The pharmacy supplied people with patient information leaflets, so they had access to up-to-date information about their medicines. The compliance packs were signed by the dispenser and RP so there was an audit trail of who had been involved in the dispensing process.

Team members managed the dispensing of serial prescriptions as part of the Medicines: Care and Review (MCR) service. The team dispensed medicines in advance of people collecting them. And maintained records of when people collected their medication. This meant the pharmacist could then identify any potential issues with people not taking their medication as they should. The NHS Pharmacy First service was popular. Team members completed a consultation with people before referring to the pharmacist. The pharmacist supplied medicines for common clinical conditions such as urinary tract infections under a patient group direction (PGD). They kept paper copies of the PGDs and a copy of the completed consultation form.

The pharmacy obtained its medicines from licensed wholesalers and stored them tidily on shelves.

Team members had a process for checking expiry dates of the pharmacy's medicines. Short-dated stock which was due to expire soon was highlighted with a dated sticker. And the team checked expiry dates during the dispensing process. A random selection of medicines were checked and no out-of-date medicines were found. The pharmacy had a medical grade fridge to store medicines that required cold storage which was operating within the correct temperature range. Team members monitored and recorded the temperature every day. This provided assurance that the fridge was operating within the required range of two and eight degrees Celsius. The pharmacy received notifications of drug alerts and recalls via email. Team members carried out checks and knew to remove and quarantine affected stock. They returned items received damaged or faulty to manufacturer. And they kept a printed record of the action taken. The pharmacy had medical waste bins for pharmaceutical waste.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to support the safe delivery of its services. It maintains its equipment to ensure it remains fit for purpose and safe to use. And its team members use the equipment appropriately to protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources including the British National Formulary (BNF) and the BNF for children. There was also access to internet services. The pharmacy had a range of CE marked measuring cylinders which were clean and safe for use. And it had a set of clean tablet and capsule counters.

The pharmacy stored dispensed medicines awaiting collection in a way that prevented members of the public seeing people's confidential information. The dispensary was screened, and computer screens were positioned to ensure people couldn't see any confidential information. The pharmacy had cordless telephones so team members could move to a quiet area to have private conversations with people.

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.