

# Registered pharmacy inspection report

**Pharmacy Name:** D.Charteris, 65 Main Street, Kilsyth, GLASGOW, G65 0AH

**Pharmacy reference:** 1125346

**Type of pharmacy:** Community

**Date of inspection:** 25/01/2024

## Pharmacy context

This is a pharmacy in the town of Kilsyth in North Lanarkshire. Its main activities are dispensing NHS prescriptions and providing some people with their medicines in multi-compartment compliance packs to help them take their medicines correctly. It provides the NHS Pharmacy First service and team members give advice and sell medicines to help people with their healthcare needs.

## 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 has written procedures to manage risk and help its team members provide services safely. Team members record errors they make during the dispensing process and generally take appropriate action to help prevent a recurrence of a similar error. They mostly keep the records required by law complete and they keep people's private information secure. Team members know how to respond effectively to concerns from people accessing the pharmacy's services.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were designed to help guide team members to work safely and effectively. These were reviewed and updated on an electronic platform by the company's superintendent (SI) pharmacist. The responsible pharmacist (RP) printed the updated SOPs and ensured team members read and signed to say they had understood them. The RP confirmed the SI pharmacist was in the process of updating all SOPs. The SOPs had no signatures of the person who had authorised them or implementation or review dates and this was highlighted to the RP.

The pharmacy recorded errors identified during the dispensing process known as near misses. The RP or accuracy checking pharmacy technician (ACPT) captured the details of the error. Records showed potential causes of the error were not always captured. This meant opportunities to learn from the mistake may be missed. Team members had informal conversations regarding the errors and made some changes within the dispensary. For example, medicines involved in near misses that looked-alike or sounded-alike (LASA) were separated from each other in the dispensary to help prevent future errors. And they had identified some out-of-date medicines involved in near misses, so had completed date checking in response to this. Team members electronically submitted a monthly review of near misses to the company's head office to help identify any trends, but these were not available to be seen during the inspection. The pharmacy completed incident reports for errors that were not identified until after a person had received their medicines. These were recorded on the electronic platform and sent to the pharmacy's head office team. A record of a dispensing incident involving a controlled drug (CD) had also been submitted to the local controlled drug accountable officer (CDAO). Team members aimed to resolve any complaints or concerns informally. If they were not able to resolve the complaint, they provided people with the details of the SI. The pharmacist reported all complaints to the head office, even if they had been resolved locally.

The pharmacy had current professional indemnity insurance. The ACPT had discussed with the RP what they felt comfortable checking. For medicines the ACPT did not feel comfortable checking, the final accuracy check was completed by the RP. The pharmacist marked on prescriptions which items had been clinically checked so the ACPT knew which prescriptions they were able to check. Team members had some knowledge of what tasks could and could not be completed in the absence of the RP. And they had a SOP they could refer to if required. The RP notice was displayed prominently in the retail area and reflected the details of the RP on duty. The RP record was compliant. The pharmacy kept CD registers. The entries checked were in order, with some minor omissions in the wholesaler address for received medicines. Team members checked the physical stock levels of medicines and matched these to the balance in the CD register on a weekly basis. The pharmacy recorded details of CD medicines returned by people who no longer needed them. It kept certificates of conformity for unlicensed medicines and full details of the supplies were included to provide an audit trail. It kept complete electronic records for its supply of private prescriptions and kept associated paper prescriptions.

The pharmacy had a privacy policy displayed in the retail area of the pharmacy which informed people of how their data was used. Although team members had not received any formal training regarding information governance (IG) and general data protection regulations (GDPR), they were aware of their responsibilities to keep people's private information secure. This included the delivery driver who ensured patient identifiable information was not shared with people he was delivering medicines to. Team members kept confidential waste separate for shredding on site. And it stored confidential information in staff-only areas. The pharmacy had a chaperone policy displayed in each of its consultation rooms, informing people of their right to have a chaperone present during consultations if required. It had a child protection flowchart displayed in the dispensary for team members to refer to when needed. Team members, including the delivery driver, knew to refer any concerns to the pharmacist. The pharmacist was part of the protecting vulnerable groups (PVG) scheme.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has suitably skilled and qualified team members to help manage the workload. Team members seek opportunities for ongoing learning to help develop their skills and knowledge. And they suitably respond to requests for advice and sale of medicines.

### Inspector's evidence

The pharmacy employed a full-time pharmacist. Other team members included an ACPT, four trained dispensers, a trainee healthcare assistant and a part-time delivery driver. The pharmacy had recently employed a new team member to assist on Saturdays and they were to be enrolled on accredited qualification training within three months of commencing employment. The trainee healthcare assistant was completing accredited qualification training for their role which was overseen by the RP. The delivery driver had read SOPs relevant to his role. He had not been enrolled on accredited training at the time of the inspection despite having worked as a delivery driver for a year. However the SI confirmed he had been enrolled on accredited training after the inspection. The RP had recently gained their qualification in independent prescribing. They had signed a declaration of competency for the services delivered under patient group direction (PGD) for the NHS Pharmacy First service. And they had shared this with the local Health Board. Team members supported each other with general queries about medicines to help improve their skills and knowledge. And one team member had knowledge about dressings so other team members could ask them for help with dispensing the correct dressing. The ACPT had also arranged for a local district nurse to lead a training session with team members regarding the different varieties of dressings. Team members had identified this as a learning opportunity due to the volume of dressings dispensed.

Team members were observed working well together to complete the workload. Requests for annual leave were planned in advance so the pharmacy was able to arrange contingency for absence. The pharmacy used team members from other pharmacies in the company, or part-time team members increased their hours to provide support to cover absences. The RP was due to complete performance and development reviews alongside the SI the week after the inspection. The pharmacy did not set its team members targets.

Team members asked appropriate questions when selling medicines over the counter and referred to the pharmacist if necessary. They knew to be vigilant to repeated requests for medicines liable to misuse. They referred such requests to the pharmacist, who would have supportive conversations with people, or refer them to their GP.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are clean, secure and suitable for the services it provides. It has appropriate facilities where people can have private conversations with team members.

### Inspector's evidence

The premises were comprised of a large retail area and dispensary. The pharmacy had a medicines counter which was well organised and portrayed a professional appearance. And it acted as a barrier to prevent unauthorised access to the dispensary. The dispensary was clean and tidy. There was an organised workflow with designated spaces for the completion of different tasks, such as labelling and dispensing prescriptions. There was a separate area within the stock room for the completion of multi-compartment compliance packs which meant that these could be dispensed without interruption. The pharmacist's checking area allowed for effective supervision of both the dispensary and medicines counter. This allowed them to intervene in conversations at the medicines counter if necessary. The dispensary had a sink which provided hot and cold water and soap for handwashing. And toilet facilities were clean and had separate handwashing facilities. The temperature was comfortable, and the lighting was bright throughout.

The pharmacy had two soundproofed consultation rooms which allowed people to have private conversations and access services. The rooms were accessed from the dispensary for team members and from the retail area for people using pharmacy services. Only one was used regularly for consultations. It was locked and required a team member to open the door from the inside when people were accessing the room.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy manages the delivery of its services safely and effectively. And it makes them accessible to people. Team members appropriately source medicines and they carry out some checks to help ensure they are fit for supply. Team members respond appropriately when they receive alerts about the safety of medicines. They supply people with necessary information to help them take their medicines safely.

### Inspector's evidence

The pharmacy had automatic doors and level access at both entrances which provided ease of access to those using wheelchairs or with prams. And it provided some people who had visual difficulties with large print labels on their medicines. The pharmacy's services such as NHS Pharmacy First and provision of emergency hormonal contraception were underpinned by PGDs which were kept on paper and up to date.

Team members used baskets to keep people's prescriptions and medicines together and reduce the risk of errors. And they signed dispensing labels to confirm who had dispensed and who had checked the medicines so there was an audit trail of those involved in each stage of the process. Team members used stickers throughout the dispensing process to highlight the inclusion of a fridge line or CD. And the pharmacist annotated any prescriptions with stickers indicating that referral to the pharmacist was required at the handout stage. Team members were aware of the Pregnancy Prevention Programme (PPP) for people who were prescribed valproate. And they knew about a recent update regarding the supply of valproate in the original manufacturer's pack. They supplied a person who received a multi-compartment compliance pack with their valproate out with the original manufacturer's pack and they had completed a risk assessment for this. The pharmacist confirmed they completed checks with people who were in the at-risk category to ensure the supplies were suitable.

The pharmacy supervised the administration of medicine for some people. Team members managed the service by preparing the medicine on a weekly basis so that the medicine was ready for people to collect. The pharmacy provided some people with their medicines in multi-compartment compliance packs to help them take their medicines. Team members were responsible for ordering prescriptions and did so in advance of them being required so that any queries could be resolved in a timely manner. Each person had a medication record sheet, documenting their medicines and dosage times. Team members did not make any changes to people's records until they had received official communication from the person's GP. Team members provided descriptions of the medicines in the pack so they could be easily identified. And they provided people with the necessary information to take their medicines safely, including warnings on dispensing labels and patient information leaflets (PILs).

The pharmacy sourced its medicine from licensed wholesalers, and it kept medicines in original manufacturer's containers. Pharmacy only (P) medicines were stored behind the medicines counter to help ensure sales of these medicines were supervised by the pharmacist. Team members had a process for checking the expiry date of medicines which involved splitting the dispensary into sections to complete over a three-month period. Records for a three-month period between August and October showed not all sections had been recorded as being checked. A random selection of 15 medicines found two out-of-date medicines, which were removed from the shelf. The pharmacist and ACPT completed checks on the expiry date of medicines when they were performing the final accuracy check.

They recorded any out-of-date medicines found. Team members highlighted any medicines going out of date in the next few months for use first. And medicines with a shortened expiry on opening were highlighted with the date of first opening. The pharmacy had a fridge to store medicines that required cold storage. Team members recorded the temperature daily. Records showed that the fridge was operating between the required two and eight degrees Celsius, except for three instances where it had risen above eight degrees. Team members had recorded the reason for this, and the action taken to address the issue. They received notifications about drug alerts and recalls via emails. They printed and signed to confirm they had been actioned and stored them for future reference. Medicines returned by people who no longer needed them were kept separately for destruction by a third-party company.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services. Team members use the equipment in a way that protects people's private information.

### Inspector's evidence

The pharmacy had access to up-to-date reference sources including paper and electronic versions of the British National Formulary (BNF) and British National Formulary for children (BNFc). The pharmacy had clean crown stamped and BS marked measuring cylinders which were marked to identify which were for water and liquid medicines and which were for medicines used in the substance misuse service. And it used brushes to clean the measuring cylinders. The pharmacy used triangles to count tablets. And there was a separate triangle to count cytotoxic tablets.

The pharmacy had a cordless telephone so that conversations could be kept private. And it stored medicines waiting collection in a way that prevented unauthorised access to people's private information. Confidential information was secured on computers using passwords. And screens were positioned within the dispensary so that only authorised people could see them.

### 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.