General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Linton Pharmacy, 1 The Square, East Linton, East Lothian, EH40 3AD

Pharmacy reference: 9011007

Type of pharmacy: Community

Date of inspection: 30/10/2023

Pharmacy context

This is a community pharmacy in the village of East Linton in Lothian. Its main services include dispensing of NHS prescriptions, including serial prescriptions as part of the Medicines: Care and Review service. And it dispenses medicines into multi-compartment compliance packs to help people take them at the right time. Team members advise on minor ailments and medicines use. And they deliver the NHS Pharmacy First Service.

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 suitably manages risks to help team members provide safe services. And it keeps the records it needs to by law. Team members keep people's private information safe. And they know what to do to help protect the health of vulnerable people. Team members discuss the mistakes they make when dispensing. But they do not regularly record these mistakes to help with ongoing learning and improvement.

Inspector's evidence

The pharmacy had a comprehensive set of standard operating procedures (SOPs) to help team members manage risks. These had been recently reviewed by the superintendent pharmacist (SI) in September 2023. Team members were in the process of reading the updated SOPs relevant to their roles. They signed a record of competence to confirm their understanding of SOPs. Team members were observed working within the scope of their roles. They 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 moved premises last year. Up until the change of pharmacy premises, team members had recorded near miss errors, which were errors identified before the person received their medicines. The last records seen were from 2022. But team members confirmed that they still discussed errors with the pharmacist when they happened and implemented changes to reduce the risk of the same error occurring. The trainee dispenser advised that she had recently changed her process when dispensing and would tick the drug name, strength and form on the medicine pack when checking the medicine against the prescription. The introduction of ticking the medicine pack had helped to reduce the number of near misses that they made, and this was confirmed by the pharmacist. The pharmacy had a process for recording dispensing incidents, which are errors identified after the person has received their medicines. The incidents were recorded on a paper log and reviewed by the superintendent pharmacist (SI). There was no formal review of near misses or dispensing incidents by the pharmacy team so they may miss further opportunities to learn from these errors. The pharmacy had a complaints policy and the team aimed to resolve any complaints or concerns informally. If they were not able to resolve a complaint, they escalated the matter to the SI.

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 compliant. The pharmacy had a paper-based controlled drug (CD) register and the entries checked were in order. Team members checked the physical stock levels of CDs against the balances recorded in the CD register on each dispensing. But they did not complete regular audits. This meant there was a risk that some registers may not be checked for some time if the CD was not dispensed regularly, and a discrepancy might not be identified. The pharmacy held certificates of conformity for unlicensed medicines and full details of the supplies were included to provide an audit trail. Accurate records of private prescriptions were maintained.

An NHS Pharmacy First privacy notice was displayed in the retail area informing people how the pharmacy handled their data. Team members were aware of the need to keep people's confidential information safe. And they were observed separating confidential waste to be shredded. The pharmacy stored confidential information in staff-only areas. Pharmacy team members had completed learning

associated with their role in protecting vulnerable people. And they had access to contact details to 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 enough suitably skilled team members to manage its workload. Team members have the correct training for their roles, and they complete some regular ongoing training to maintain their knowledge and skills. They receive feedback about how they are performing and know who to raise concerns with should they need to.

Inspector's evidence

The pharmacy employed a part-time pharmacist who worked three days per week. A regular locum pharmacist worked as the RP on the other days. Other team members included a full-time technician who was also the pharmacy manager, a dispenser, trainee dispenser and a full-time counter assistant. Team members had all completed accredited training for their roles or were enrolled on accredited training courses. And their certificates of qualification were on display in the pharmacy. They were observed working well together and managing the workload. The pharmacy's workload had continued to increase since moving premises, this was mainly due to more people receiving multi-compliance compartment packs. The team felt that the staffing levels were still appropriate for the current workload volume, but that it was becoming more difficult to keep up to date during periods of unplanned absence. Planned leave requests were managed so that only one key staff member was off at a time. Part-time staff members supported by working additional hours during periods of leave. Team members were able to rotate tasks so that all tasks could be completed effectively during absence periods.

Team members who were enrolled on an accredited training course received protected learning time and they completed some of their training course at home. They completed some training relating to their roles during quieter periods. The medicines counter assistant advised she would regular discuss over the counter medicines with the pharmacist providing the opportunity to learn about new pharmacy products. The manager had regular informal meetings with staff members where they discussed any near misses or dispensing incidents and pharmacy alerts. The team felt comfortable to raise any concerns with the pharmacist, manager, or SI. The SI had worked in the pharmacy regularly until recently but they now provided regular telephone support to the pharmacy manager. The team received formal appraisals and new team members also received an appraisal after three months of working in the pharmacy.

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 for medicines subject to misuse, for example codeine containing medicines, and how they would refer such requests to the RP

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are suitable for the services provided and the team maintain them to a high standard. The pharmacy has a private consultation room where people can have confidential conversations with a pharmacy team member if needed.

Inspector's evidence

The pharmacy had recently moved to new premises that were secure and maintained to a high standard. It was clean and organised throughout. The pharmacy workspace was well organised with designated areas for completion of pharmacy tasks and suitable storage of prescriptions. The pharmacist used a separate bench to complete the final checking process in the main dispensary near the retail counter. The medicines counter could clearly be seen from the checking area which enabled the pharmacist to intervene in a sale when necessary. There was a separate area to the side of the main dispensary to dispense medicines into multi-compartment compliance packs. A good-sized consultation room was available which was kept locked when not in use. This space enabled team members to have more private conversations with people if required.

There was a clean, well-maintained sink in the dispensary used for medicines preparation and team members had access to other facilities for handwashing. The pharmacy kept heating and lighting to an acceptable level. Team members had access to a kitchen area and toilet facilities. There were chairs in the retail area that provided a suitable waiting 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 the team carries out checks to help ensure the medicines are kept in good condition.

Inspector's evidence

The pharmacy had a small-stepped entrance, with a manual door. There was a buzzer outside of the pharmacy that people could push to alert team members if they needed assistance. It displayed its pharmacy services in the window. It had information leaflets for people to read or take away including a leaflet containing information on how people could raise a concern.

The dispensary had separate areas for labelling, dispensing, and checking of prescriptions. Team members used dispensing 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 pharmacy had the ability to provide owing's slips to people when it could not supply the full quantity prescribed but it did not routinely provide these. This meant people did not always have a record of medicines they were owed. Team members contacted the prescriber if a manufacturer was unable to provide medication prescribed to source an alternative.

Team members demonstrated a good awareness of the Pregnancy Prevention Programme (PPP) for people in the at-risk group who were prescribed valproate, and of the associated risks. They knew to apply dispensing labels to the packs in a way that prevented the written warnings on the packs from being covered up. The pharmacy supplied patient information leaflets and patient cards with every supply. And they always supplied valproate in the original manufacturer's pack. Team members used various alert stickers to attach to prescriptions for people's dispensed medicines. They used these as a prompt before they handed out medicines to people which may require further intervention from the pharmacist.

A large proportion of the pharmacy's workload involved supplying around two hundred people's medicines in multi- compartment compliance packs. This helped people to better manage their medicines. 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 repeat prescriptions and reconciled these against the medication record sheet. They documented any changes to people's medication on the record sheets and who had initiated the change. This ensured there was a full audit trail should the need arise to deal with any future queries. The packs were annotated with detailed descriptions which allowed people to distinguish between the medicines within them. And the pharmacy provided people with information leaflets, so people had 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 prescriptions were stored alphabetically and the team dispensed medicines in advance of people collecting. They kept a record of the collection due date and date the prescription

was collected which allowed the team to monitor compliance. The NHS Pharmacy first service was popular. This involved supplying medicines for common clinical conditions such as urinary tract infections under a patient group direction (PGD). The pharmacist could access the PGDs electronically and had paper-based copies. The medicines counter assistant would ask people relevant consultation questions and would refer to the pharmacy first formulary before suggesting a treatment option to the pharmacist who would then complete the consultation.

The pharmacy obtained its stock 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 and rotated to the front of the shelf, so it was selected first. The team advised that they were up to date with the process and had an audit trail to demonstrate completion. A random selection of medicines was checked and no out-of-date medicines were found. The team marked liquid medication packs with the date of opening to ensure they remained suitable to supply. 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 manufacturers as soon as possible. They kept a log of each recall and 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 electronic access to the British National Formulary (BNF) and the BNF for children. And they had access to internet services. The pharmacy had a range of CE marked measuring cylinders which were clean and safe for use. Dispensed medicines awaiting collection were stored 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 computers were password protected. The pharmacy had cordless telephones and team members were observed moving to a quieter area of the pharmacy 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.