General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Fenwick Pharmacy, 77 Main Road, Fenwick, Kilmarnock, East Ayrshire, KA3 6DU

Pharmacy reference: 9011054

Type of pharmacy: Community

Date of inspection: 19/02/2024

Pharmacy context

This is a community pharmacy on a high street in the village of Fenwick in Ayrshire. 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 keep the records that are needed by law. They keep people's private information safe. And they know what to do to help protect the health of vulnerable people. They discuss mistakes they make when dispensing so that they can learn from them. But they do not regularly record the full details of mistakes so they may miss some opportunities to improve the way they work.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) to help team members work safely and effectively. Team members signed a record of competence to confirm their understanding of SOPs. The SOPs were in date and marked with an implementation and review date. But the SOPs had no signatures of the person who had authorised them. Team members were observed working within the scope of their roles and could describe their roles and responsibilities. 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.

Pharmacy team members recorded mistakes they identified during the dispensing process, known as near misses, on a paper record. They explained errors were highlighted to them by the pharmacist, and they would enter it onto the record after discussion with the pharmacist. This allowed them to reflect on the mistake. They recorded the type of error on the log but did not record the full detail of the error. This meant there could be no full formal review of near misses so team members may miss opportunities to learn from them. Team members explained that after an error, they would implement actions to reduce the likelihood of a similar error happening again. Recently there had been an increase in errors which looked alike, or names sounded alike (LASA), for example hydroxyzine and hydroxychloroquine. The team had attached caution stickers to reduce the recurrence of this type of error. Team members also recorded details of any errors which were identified after the person had received their medicines, known as dispensing incidents. These incidents were recorded on an electronic platform and were then reviewed by the SI. The pharmacy team aimed to resolve any complaints or concerns informally. But if they were not able to resolve the complaint, they would escalate to the SI. The pharmacy team regularly reviewed online reviews of the pharmacy that had all been positive.

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 team maintained a dispensary duty log which detailed the team members present and their responsibilities on that day. The pharmacy had an electronic 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 a monthly basis. 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 electronically.

A 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 into a separate waste basket to be shredded. The

pharmacy stored confidential information in staff-only areas. 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 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 pharmacist who was also the SI. A regular locum supported one day per week on the regular pharmacist's day off. Other team members included two full-time dispensers and three part-time dispensers. Team members had all completed accredited qualification training. And their certificates of completion were on display in the pharmacy. Team members completed ongoing training that was relevant to their roles, and they were provided with protected learning time to complete this training. The team had recently completed training for delivery of an NHS Nasal Naloxone service. Each team member had a training record detailing what training they had recently completed.

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 team received regular informal feedback as they worked from the regular locum pharmacist and SI. They also felt comfortable to raise any concerns with their 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 adequate processes to speak to people in private, but it doesn't have a formal space for this purpose.

Inspector's evidence

The small pharmacy premises were secure and provided a professional image. The workspaces were well organised with designated areas for completion of pharmacy tasks and suitable storage for prescriptions. A bench used by the RP to complete the final checking process was near the retail counter. The medicines counter could be clearly seen from the checking area which enabled the pharmacist to intervene in a sale when necessary. People in the retail area were not able to view any sensitive information due to the position of the dispensary and multi-compartment compliance pack area.

There was a dispensing area to the side of the main dispensary next to the retail counter was mainly used to dispense multi-compartment compliance packs. And there was a curtain round this area to allow this to be used for more private conversations. Team members advised they would clear the space of any confidential information before speaking to people in the space. There was no formal consultation room. The pharmacy operated a one person in the premises at a time policy. This enabled people to have private conversations with team members. There was a clean, well-maintained sink in the dispensary used for medicines preparation and there were other facilities for hand washing. 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. Overall, 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 good physical access with a level entrance and a manual door. The pharmacy displayed its opening hours and some pharmacy services in the window. The team also kept a range of healthcare information posters for people to read, these included information on smoking cessation services.

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. The baskets were stored on separate shelving whilst waiting to be checked by the pharmacist. This enabled the dispensary benches to remain clear. Team members signed dispensing labels to maintain an audit trail of who had dispensed and checked the medicines. The team informed 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 they obtained consent from people requiring a delivery. It only delivered medicines directly to the person requesting the service or their representative. And it did not post medicines.

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 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. The packs were annotated with detailed descriptions of medicines in the pack, which allowed people to identify their medicines. The pharmacy supplied people with some patient information leaflets, for example if they had a new medicine in their compliance packs. But they did not regularly provide patient information leaflets for all medicines in the compliance packs. So people may not have up-to-date information about all of 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.

The pharmacy provided the NHS Pharmacy First service. 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 they kept printed copies. The medicines counter assistant asked people relevant consultation questions and then referred to an approved list of medicines before suggesting a treatment option to the pharmacist. The pharmacist then completed the consultation.

Team members managed the dispensing of serial prescriptions as part of the Medicines: Care and Review (MCR) service. The team recorded the date each prescription was due to be collected which allowed the team to dispense medicines in advance of people collecting.

Pharmacy-only (P) medicines were stored behind the pharmacy counter to prevent unauthorised access. The pharmacy obtained medicines from licensed wholesalers and stored these tidily on open shelves. And it used a medical grade fridge to keep medicines at the manufacturers' recommended temperature. Team members monitored and recorded the temperature every day. This provided assurance that the fridge was operating within the required range of between two and eight degrees Celsius. The pharmacist advised that team members checked the expiry dates of medicines regularly and were up to date with the process. Medicines due to expire soon were highlighted. A random selection of medicines were checked and all were found to be within their expiry date. 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. The team kept printed copies of the recalls where action had been taken. But they did not keep a copy of recalls where there was no required action. So there was not a full audit trail. 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

The pharmacy had access to up-to-date versions of resources including the British National Formulary (BNF) and the BNF for children. And it had access to the internet. The pharmacy had a range of CE marked measuring cylinders which were clean and safe for use. And it had a set of clean, well-maintained tablet counters.

The dispensary was designed so that computer monitors could not be seen by unauthorised people. The computer system was password protected. Prescriptions awaiting collection were positioned so that people's personal information could not be seen. And there was a cordless telephone to enable conversations to be kept private.

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.