General Pharmaceutical Council

# Registered pharmacy inspection report

**Pharmacy Name:** Penicuik Pharmacy, 44A John Street, Penicuik, Midlothian, EH26 8AB

**Pharmacy reference:** 9011085

**Type of pharmacy:** Community

**Date of inspection:** 15/08/2023

## Pharmacy context

This is a community pharmacy in Penicuik. It dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. The pharmacy provides substance misuse services and dispenses private prescriptions. Pharmacy team members advise on minor ailments and medicines use. And they supply over-the-counter medicines and prescription only medicines via patient group directions (PGDs).

## 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

Pharmacy team members follow safe working practices. And they manage dispensing risks to keep services safe. Team members recognise and appropriately respond to safeguarding concerns. They suitably protect people's private information and keep the records they need to by law. Team members learn from mistakes and take the opportunity to improve the safety of services.

### Inspector's evidence

The pharmacy had undergone a change of ownership on 1 June 2023 and the new owner who was the superintendent pharmacist (SI) worked onsite at the pharmacy. The SI had been conducting risk assessments since they took over the pharmacy to identify and implement any necessary improvements to keep the pharmacy safe and effective. They were in the process of introducing new working practices. And they had purchased a suite of standard operating procedures SOPs which they were reviewing and updating to reflect local practices before implementing them. Team members had signed the new SOPs to show they had read, understood, and would adhere to them. This included a SOP for the dispensing of multi-compartment compliance packs due to extra control measures such as obtaining an accuracy check before de-blistering medicines. This helped team members to identify and correct errors before placing doses into the packs. The SI had developed a new SOP for final accuracy checking procedures. This was due to the appointment of a new accuracy checking pharmacy technician (ACPT) who assumed their post the day before the inspection. The ACPT had met with the SI before taking up their role to discuss the checking procedure and to arrange for the necessary resources to be implemented. This included the purchasing of a stamp for annotations to show that prescriptions had been clinically checked and approved by the pharmacist.

Team members signed medicine labels to show who had dispensed and who had checked prescriptions. This meant the pharmacists and the ACPT were able to help individuals learn from their dispensing mistakes. The SI held team meetings on a regular basis to discuss changes or new safety measures. This included a discussion about new near miss error procedures to help the team identify patterns and trends and manage the risk of dispensing mistakes. The pharmacy had introduced a new electronic register for keeping various records to comply with regulatory and legal requirements. And the SI had provided training on its operation and the need for team members to record their own near miss errors. The ACPT was responsible for ensuring completion of the records and the SI planned to carry out near miss reviews at the end of the month and discuss the findings with the team. Team members had acted on some common errors to manage the risk of recurrences. This included separating prednisolone and prochlorperazine tablets. It also included separating strengths of bendroflumethiazide 5mg and 10mg tablets.

Team members knew how to manage complaints. And once they had gathered the necessary information from the complainant, they discussed the complaint with the pharmacist. Team members knew to report dispensing mistakes that people reported after they left the pharmacy. And the pharmacist documented the incident including information about the root cause and any mitigations they had introduced to improve safety arrangements. Team members maintained the records they needed to by law. And the pharmacy had public liability and professional indemnity insurances in place which were valid until 31 May 2024. The pharmacist displayed a responsible pharmacist (RP) notice

which was visible from the waiting area. And the RP record showed the name and registration details of the pharmacist in charge. The RP record showed the time the pharmacist assumed their duties, but it did not always show the time their duties ended.

The pharmacists maintained the controlled drug (CD) registers and kept them up to date. The new ACPT had been trained and authorised to check and verify the balances once a week. People returned CDs they no longer needed for safe disposal. And team members used a CD destruction register to document items which the pharmacist signed to confirm destructions had taken place. The last entry in the destructions record book was for May 2023. Team members filed prescriptions so they could easily retrieve them if needed. And they kept records of supplies against private prescriptions and supplies of unlicensed medicines ('specials') that were up to date. Team members understood data protection requirements and how to protect people's privacy. They used a designated container to dispose of confidential waste and an approved provider collected the waste for off-site destruction. Team members knew how to manage safeguarding concerns effectively and the SI confirmed that team members discussed individuals when they had cause for concern.

## Principle 2 - Staffing ✔ Standards met

### Summary findings

Pharmacy team members have the necessary qualifications and skills for their roles and the services they provide. And they work together well to manage the workload. Team members continue to learn to keep their knowledge and skills up to date.

### Inspector's evidence

The pharmacy's prescription workload had remained at the same level as it had been before the change of ownership. The SI had conducted a staffing review and appointed extra team members to help manage the pharmacy's workload. This included a second independent prescriber pharmacist (PIP) who had completed the relevant approved education and training to add an annotation to their entry in the register. They supported the SI in their roles and responsibilities and were qualified to provide the NHS pharmacy first plus and common clinical conditions service due to their prescribing annotation. The SI had contingency arrangements in place for staffing shortages and the second pharmacist provided cover together with three regular locums. They had appointed an ACPT to free up the PIP to provide patient facing services and minimum staffing levels were adhered to which ensured service continuity. The following team members worked at the pharmacy. One full-time pharmacist, one part-time pharmacist, one full-time ACPT, two full-time dispensers, two part-time dispensers, one part-time trainee dispenser and one part-time medicines counter assistant. The SI had also increased the delivery driver's hours to help manage the increased number of deliveries.

The SI worked alongside the pharmacy team, and they had oversight of the day-to-day operations. This was helping them develop an understanding of the individual team member's performance and the culture within the pharmacy and where improvements were needed. This included the need to record and learn from near miss errors and dispensing incidents. The SI had arranged for one of the experienced dispensers to manage multi-compartment compliance pack dispensing following a review and introduction of new dispensing procedures. And a new ACPT had been allocated areas of responsibility such as conducting final accuracy checks and verifying CD balances once a week. The SI ensured that new team members completed induction and they were helping the new ACPT adapt to the pharmacy' operating procedures. The SI was liaising with the training provider so that the trainees undergoing qualification training were adequately supported. They were also supporting team members to learn and adapt to the changes in the pharmacy. This included learning about the new patient medication record (PMR) system they had implemented. The RP empowered team members to suggest new ways of working to improve the pharmacy's safety and effectiveness. And the ACPT and the SI had developed and implemented a record of CDs awaiting a witnessed destruction by the CDAO's office. The record had been attached to the sealed bag they were using to safely segregate stock. Team members understood their obligations to raise whistleblowing concerns if necessary. And they knew to refer concerns to the pharmacist.

## Principle 3 - Premises ✔ Standards met

### Summary findings

The pharmacy premises support the safe delivery of its services. And it effectively manages the space for the storage of its medicines. The pharmacy has suitable arrangements for people to have private conversations with the team.

### Inspector's evidence

The premises provided a modern, purpose-built environment from which to safely provide services. A sound-proofed consultation room was available for use. And it provided a confidential environment for people to speak freely with the pharmacist and other team members during private consultations. It also provided a clinical environment for the provision of services. Team members regularly cleaned and sanitised the consultation room and the pharmacy. This ensured they remained hygienic for its services. Lighting provided good visibility throughout, and the ambient temperature provided a suitable environment from which to provide services. A separate room provided adequate space for team members to take comfort breaks.

## Principle 4 - Services ✔ Standards met

### Summary findings

The pharmacy provides services which are easily accessible. And it manages its services well to help people receive appropriate care. The pharmacy gets its medicines from reputable sources, and it stores them appropriately. The team carries out checks to make sure medicines are in good condition and suitable to supply. And it has arrangements to identify and remove medicines that are no longer fit for purpose.

### Inspector's evidence

A step-free entrance provided access to the pharmacy which helped people with mobility difficulties. And it provided some patient information leaflets for self-selection. The pharmacy purchased medicines and medical devices from recognised suppliers. And the SI had arranged a stock check following the change of ownership. This also included the checking of expiry dates. They planned to introduce a systematic approach to date checking going forward which managed the risk of supplying short-dated stock in error. Sampling showed that stock was well within its expiry date. The pharmacy used a large glass fronted fridge to keep medicines at the manufacturers' recommended temperature. At the time of the inspection the temperature was three degrees Celsius which was within the accepted range of two and eight degrees. The pharmacy had not been keeping an audit trail to show the fridge had remained with the accepted range. And following the inspection, the SI purchased a data tracker to record the temperatures. The fridge was organised with items safely segregated. This helped them manage the risk of selection errors.

Team members used secure CD cabinets for some of its items. Medicines were well-organised and items awaiting destruction were kept well-segregated from other stock. The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste. Team members received notifications of drug alerts and recalls which they prioritised, and they evidenced they checked for affected stock. This provided the necessary assurances that they removed and quarantined affected stock straight away. The SI planned to discuss the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. Team members knew about the warning labels on the valproate packs, and they knew to apply dispensing labels so as not to cover-up the warning messages. The pharmacy had extra information cards in the event of split packs.

The pharmacy used dispensing baskets to highlight the different prescriptions it received. For example, red coloured baskets indicated someone was waiting on their prescription being dispensed. This meant team members knew to prioritise those prescriptions and process them in a timely manner. The dispensing baskets also kept medicines and prescriptions together during the dispensing process. This helped to manage the risk of items becoming mixed-up.

The pharmacy supplied medicines in multi-compartment compliance packs to help people with their medication. And a SOP defined the pharmacy’s new dispensing procedure. The pharmacy used a rear area to assemble and store the packs to keep dispensing safe. And records helped team members plan the dispensing of the packs. This ensured that people received their medications at the right time. They also used supplementary records that provided a list of each person's current medication and dose

times which they kept up to date. And they checked new prescriptions against the previous prescriptions for accuracy. Team members provided descriptions of medicines. And they supplied patient information leaflets for people to refer to. Some people arranged collection of their packs either by themselves or by a representative. And team members monitored the collections to confirm they had been collected on time. This helped them to identify when they needed to contact the relevant authorities to raise concerns.

The SI had introduced themselves to the practice manager at the nearby medical practice as the new pharmacy owner. And they were in regular communication to develop and improve prescription arrangements. This included serial prescriptions for people that had registered with the Medicines: Care and Review service (MCR) due to the low levels of activity. The pharmacy had a system for managing the dispensing of serial prescription dispensing. And they retrieved prescriptions in advance so they could order items and dispense them in good time. Most people collected their medication on time. And team members knew to inform the pharmacist when people did not collect when they expected them to.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide safe services. And it uses its facilities to suitably protect people's private information.

### Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the British National Formulary (BNF). Team members used crown-stamped measuring cylinders, and they used separate measures for methadone. They had highlighted the measures, so they were used exclusively for this purpose. The pharmacy used an automated dispensing machine for methadone, which team members calibrated and cleaned each day. The pharmacy stored prescriptions for collection out of view of the public waiting area. And it positioned the dispensary computers in a way to prevent disclosure of confidential information. Team members could conduct conversations in private if needed, using portable telephone handsets.

## 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. |