General Pharmaceutical Council

# Registered pharmacy inspection report

**Pharmacy Name:** Edinburgh Pharmacy, 5 Montagu Terrace, Edinburgh, Midlothian, EH3 5QX

**Pharmacy reference:** 9011155

**Type of pharmacy:** Community

**Date of inspection:** 04/01/2024

## Pharmacy context

This is a community pharmacy on a high street in a predominantly residential area 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

Overall, the pharmacy appropriately manages the risks associated with the services it provides for people. It has a complete set of written procedures which help the team carry out tasks consistently and safely. Team members record and learn from the mistakes they make when dispensing. And they keep the records they need to by law. Team members have knowledge and experience to help support vulnerable people.

### Inspector's evidence

The pharmacy had a comprehensive electronic set of standard operating procedures (SOPs) to help team members manage risks. And it kept a printed copy of these for team members to refer to. The SOPs had been recently reviewed by the superintendent pharmacist (SI) in December 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.

Pharmacy team members recorded mistakes they identified during the dispensing process, known as near misses, on an electronic record. They explained errors were highlighted to them by the pharmacist, and the pharmacist would enter it onto the record after discussion with the team member involved. This allowed them to reflect on the mistake. 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 amitriptyline or amlodipine. 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 manager or 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 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 each dispensing. But they did not complete regular audits so there is a risk that some CD balances may not be checked for some time. 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 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 sufficient team members with the right qualifications and knowledge to manage its workload and provide its services. The pharmacy team supports its members to complete appropriate training for their roles and keep their skills up to date. Members of the team work well together and communicate effectively. And they are comfortable raising concerns should they need to.

### Inspector's evidence

The pharmacy employed a full-time pharmacist who was also the manager. And there was a part-time pharmacist who was also an independent prescriber. Other team members who worked in the main dispensary included a full-time dispenser, two part-time dispensers and a trainee dispenser. A full-time accuracy checking technician (ACT) managed operations relating to dispensing multi-compartment compliance packs. There was also a full-time and part-time trainee dispenser and there was a regular second ACT who worked in this area. Team members had all completed accredited training or were enrolled on an accredited training course for their role. All team members enrolled on an accredited training course received protected learning time during quieter periods to support its completion. The pharmacy company had recently developed a new role of store trainer. The store trainer was a full-time experienced dispenser who provided relief dispenser support in pharmacies owned by the same company who had employees on registered training courses. They acted as a buddy to the trainees and helped with the roll out of new company policies and procedures, including the recent update to the pharmacy SOPs. They also were involved in developing training manuals related to company processes to support new colleagues in the pharmacies. And they supported new colleagues to complete the company induction. On the day of inspection, the store trainer was supporting the trainee dispensers who worked within the hub pharmacy.

Team members were observed working well together and managing the workload. Planned leave requests were managed by the pharmacy operations manager who worked at the company head office. Part-time and relief staff supported by working additional hours during periods of planned leave. The pharmacy team had received regular visits from the superintendent pharmacist and the other pharmacy owner. They felt comfortable to raise any concerns with their manager or area manager. Members of the team received regular feedback as they worked.

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 some targets set for pharmacy services, but the team felt that these were appropriate and did not feel under pressure to achieve them.

## 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. It has private consultation rooms where people can have confidential conversations with a pharmacy team member.

### Inspector's evidence

The premises were secure, modern, 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 was a dispensing area to the rear of the pharmacy where team members could work if required to reduce distractions. This was mainly used to label and dispense prescriptions. A bench used by the RP to complete the final checking process was at the front of the main dispensary 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. There was an additional dispensary which was used as a hub to dispense multi-compartment compliance packs using an automated dispensing machine for other pharmacies owned by the same company. Two good-sized consultation rooms were clearly signposted and had lockable storage for confidential information.

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 some checks to help ensure they keep medicines in good condition.

### Inspector's evidence

The pharmacy had a stepped entrance with an automatic door to the main retail store. There was a ramp available for people who may have difficulty accessing the pharmacy. 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.

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 a separate bench 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. 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 a paper record of completed deliveries so the team could answer queries from people expecting deliveries.

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 were aware of the most recent patient safety alert relating to valproate. The pharmacist explained that they did not have any patients who were in the at-risk group prescribed valproate.

The pharmacy provided multi-compartment compliance packs to several people to help them take their medication correctly. And it provided the service as a hub dispensary for the other pharmacies in the company, known as the spoke pharmacy. A dedicated team member in the main dispensary managed this process. They used medication record cards that contained each person's medication and dosage times. And they ordered peoples repeat prescriptions and reconciled these against the medication record card. The prescription data was entered into the patient medication record (PMR) by a dispenser, it was clinically checked, and accuracy checked by the RP. The data was then transferred to the hub for assembly using the automated dispensing machine. The ACT manager advised that the other spoke pharmacies followed the same process. A photograph and description of each medication was printed onto the labels and attached to the packs so people could differentiate between the different medicines in the pack. Patient information leaflets were routinely supplied so people had access to up-to-date information about their medicines.

The medicines stock for the automated dispensing machine was de-blistered and placed into canisters. Each canister contained the same bath number and expiry dates so that there were no mixed batches. The dispenser applied a label to each canister detailing the batch number and expiry date, and they signed the label to confirm the person responsible for dispensing the medicine into the canister. An ACT performed a second check before the canisters were authorised to be loaded into the dispensing

machine and they signed the dispensing label to confirm the accuracy check. The team kept a record of all batch number and expiry dates of stock in the canisters so that medicines could be identified in the event of a product recall. The team used barcodes to manage medicines not stored in the dispensing machine which were added to multi-compartment compliance packs. Barcodes from the medicines stock boxes were scanned before addition to the packs as an additional accuracy check.

The regular pharmacists provided a flu vaccination and travel vaccination service. They had completed face-to-face vaccination training and on online training module prior to providing the service. And they had read the patient group directions (PGD). The service was managed via an appointment schedule. The NHS Pharmacy First service was popular. This involved supplying medicines for common clinical conditions such as urinary tract infections under a PGD. The pharmacist could access the PGDs electronically. 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.

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 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, but the team did not follow the matrix provided from the pharmacy head office. And there was no audit trail to demonstrate completion. 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 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), the BNF for children and the NHS Lothian Pharmacy First Formulary. And there was 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, well-maintained tablet counters. The automated dispensing machine for multi-compartment compliance packs was serviced regularly by the external provider. And engineer support was available via telephone for the machine. 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 computers were password protected to prevent unauthorised access. 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. |