General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Tay Pharmacy, Unit 1 Home Farm, Marshall Way, Luncarty, Perth, PH1 3UX

Pharmacy reference: 9011931

Type of pharmacy: Community

Date of inspection: 27/07/2023

Pharmacy context

This is a community pharmacy recently opened in village of Luncarty on the outskirts of Perth. Its main activities involve dispensing of NHS prescriptions and it delivers some medicines to people's homes. Team members advise on minor ailments, and they deliver the NHS Pharmacy First Service. The pharmacist provides the NHS smoking cessation service to provide help and support to people who wish to stop smoking.

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 it generally keeps the the records that are needed by law. Members of the team keep people's private information safe. And they know what to do to help protect the health of vulnerable people. They discuss weaknesses they identify in the pharmacy's procedures. And they make changes to help reduce the risk of errors happening.

Inspector's evidence

The pharmacy had a range of up-to-date standard operating procedures (SOPs) to help team members manage risks. The SOPs were kept electronically. The pharmacy's superintendent (SI) and area manager reviewed the SOPs on a regular basis. Team members advised they had read the SOPs relevant to their role and signed an electronic record of competence to confirm their understanding. But this could not be viewed at the time of inspection. Team members were aware of their roles and responsibilities and 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 had access to an electronic near miss log to record any mistakes they identified during the dispensing process. They also had access to an electronic dispensing incident log to record details of any errors which were identified after the person had received their medicines. There were no records available, but the pharmacy had only recently opened, and the RP confirmed no errors had been identified since it had been in operation. The area manager had access to the near miss log to be able to review the records monthly to identify any trends and patterns. Team members had implemented changes to help prevent the risk of errors happening. They had separated products that looked alike and sounded alike. This included separating stock packs of codeine tablets that contained different quantities. They also placed elastic bands around some unusual strengths of medicines to help prevent them being selected in error. The pharmacy had received positive feedback on their social media platform. This included praise for customer service and timeliness of the prescription collection service. The feedback was reviewed by head office. The 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 area manager. The area manager had conducted an internal audit of the pharmacy to review compliance with pharmacy procedures. There were no actions identified for the team to complete.

The pharmacy had current professional indemnity insurance. The RP notice displayed contained the correct details of the RP on duty and it could be viewed from the retail area. The RP record was appropriately maintained. The pharmacy held its controlled drug (CD) register electronically. And it appeared to be in order. The team checked the physical levels of CDs against the balances recorded in the CD register every week and when a CD was dispensed. There was a record of patient returned CDs in an electronic register and this was up to date. Accurate electronic records of private prescriptions were maintained.

Team members were aware of the need to keep people's private information secure. They were observed separating and shredding confidential waste. The pharmacy stored confidential information in staff-only areas of the pharmacy. The pharmacy did not have a privacy notice on display to inform

people how the pharmacy handled their data. But the area manager provided an assurance that they would rectify this. Pharmacy team members had completed learning associated with their role in protecting vulnerable people. They understood their obligations to manage safeguarding concerns well. They knew to discuss their concerns with the pharmacist and 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 enough suitably skilled team members to manage its workload. It supports its team members to keep their knowledge and skills up to date. Team members understand how to raise a professional concern if required.

Inspector's evidence

The pharmacy employed a full-time pharmacist who was also the manager. There was a full-time trainee dispenser, a part-time dispenser, and a delivery driver. And the area manager, who was present at the time of inspection, regularly visited to provide support and worked as RP on occasion. The SI also visited the pharmacy on occasion. The trainee dispenser was enrolled on an accredited training course with their previous employer. But the supervising pharmacist had not been changed since starting in role two months previously. The area manager advised that they would resolve this. The team were observed working well together and managing the workload. The workload had been steadily increasing since the pharmacy opened and the area manager reviewed the staffing levels regularly. Planned leave requests were managed and a regular locum dispenser supported during periods of planned leave.

Team members completed regular ongoing training that was relevant to their role. They were provided with protected learning time every afternoon whilst the workload was lower. The RP supported the trainee dispenser with one-to-one training around pharmacy medicines and their use. They held regular informal meetings with staff members where they discussed recent alerts and notifications from head office. These were shared on a messaging application with all pharmacies within the group. Team members felt comfortable to suggest changes to ways of working in the pharmacy. A team member had recently introduced a new storage solution for people’s deliveries by storing the prescriptions in geographical area to enable the delivery driver to prioritise their workload. The team felt comfortable to raise any concerns with the pharmacist manager, area manager or SI. The pharmacy had an electronic staff handbook that contained details of its whistleblowing policy. It had an annual appraisal system in place, but team members had not yet received an appraisal as they had not worked together for long. Team members received regular informal feedback from their area manager. They were not set targets for pharmacy services.

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 repeated requests to the pharmacist.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are suitable for the services provided and are appropriately maintained. It has a suitable consultation room where people can have a confidential conversation with a pharmacy team member

Inspector's evidence

The pharmacy had recently opened in new premises that were secure and maintained to a high standard. It was clean and organised throughout. The pharmacy workspace had designated areas for completion of pharmacy tasks and suitable storage of prescriptions. There was a bench to the rear of the pharmacy to dispense medicines and an area to dispense medicines into multi-compartment compliance packs. The medicines counter could be clearly seen from the dispensary which enabled the pharmacist to intervene in a sale when necessary. The good- sized consultation room was suitably equipped and fit for purpose. This space allowed team members to have private conversations with people. The consultation room had lockable cupboards to prevent unauthorised access to equipment and confidential information when not in use.

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 acceptable level in the dispensary and retail area.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy offers services that are well managed and easily accessible for people. It receives its medicines from licensed wholesalers and stores them appropriately. The team carries out checks to help ensure medicines are safe to supply to people.

Inspector's evidence

The pharmacy had level access with a manual door. The door handle was low so could be accessed by people using a wheelchair. The pharmacy did not display its opening hours on the exterior of the pharmacy and so people may not know when they can access the services. Information leaflets were available that included details of pharmacy services. The team kept some healthcare information leaflets for people to read or take away, these included information on hay fever. Team members were able to print large print dispensing labels for people with visual impairments. And they knew to apply dispensing labels to ensure that braille on the medicine pack was not covered.

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 colour coded to enable team members to identify the type of prescription stored within and to manage workload. Team members signed dispensing labels to maintain an audit trail. They provided owing's slips to people when they 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 records of completed deliveries. And they obtained a signature from people who received a CD delivery.

Team members demonstrated an awareness of the Pregnancy Prevention Programme (PPP) for people in the at-risk group who were prescribed valproate, and of the associated risks. They explained how they would highlight any prescriptions for valproate for the attention of the RP. They knew to apply dispensing labels to the packs in a way that prevented the written warnings on them being covered. The RP was aware that they currently had no one currently in the at-risk group prescribed valproate. 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.

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 also had paper- based copies. And they retained a paper copy of the consultation record form. The pharmacist provided the NHS smoking cessation service to people requiring help and support to stop smoking. They recorded details of the patient consultation on a paper record and tested their carbon monoxide levels at intervals. The consultation information was transferred to the Pharmacy Care Record (PCR) to ensure the data was shared with the health board.

Team members managed the dispensing of serial prescriptions as part of the Medicines: Care and Review (MCR) service. The prescriptions were stored in individual baskets labelled with the person's name and they had a record form attached that detailed the prescription due date. This allowed the team to dispense medicines in advance of people collecting. The pharmacy had around ten people who

received their medicines in a multi-compartment compliance packs to help them to remember to take their medicines. Team members used medication record sheets that contained a copy of each person's medication and dosage times, and they were responsible for managing the ordering of people's repeat prescriptions. 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 not annotated with descriptions of the medicines inside so people may not be able to distinguish between the medicines within them. The pharmacy supplied people with patient information leaflets, so they had access to 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.

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. This was completed in line with the pharmacy stock count cycle. Short-dated stock which was due to expire soon was highlighted with stickers and was rotated to the front of the shelf, so it was selected first. The team advised that they were up to date with the process. A random selection of medicines were checked and all medicines were found to be in date. The pharmacy had a medical grade fridge to store medicines that required cold storage. The team kept electronic records of the fridge's maximum and minimum temperatures which showed the fridge to be operating within the correct range. The pharmacy received medicine alerts electronically through email from the area manager. The team actioned the alerts and kept a printed record of the action taken. A sample examined was for a recent recall for Sabril tablets and granules. They returned items received damaged or faulty to manufacturers as soon as possible.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs for its services. And it appropriately uses its equipment to protect people's private information.

Inspector's evidence

Team members had access to up-to-date reference sources including electronic copies of British National Formulary (BNF), and the BNF for children. There was also 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. Team members had access to a carbon monoxide monitor to provide the smoking cessation service which could be serviced by the external provider. A blood pressure monitor was in use and team members were aware of the date of first use.

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.