General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Davidsons Chemist, 55 High Street, Lochee, Dundee, Angus, DD2 3AU

Pharmacy reference: 9011997

Type of pharmacy: Community

Date of inspection: 26/11/2024

Pharmacy context

This is a community pharmacy in the town of Lochee in the city of Dundee. Its main services include dispensing NHS prescriptions, including serial prescriptions. It provides medicines in multi-compartment compliance packs to help people take their medicines at the right times. The pharmacy provides a substance misuse service and medicines delivery service. Team members sell over-the-counter medicines and provide advice on minor ailments and medicines' use.

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 identifies and manages the risks with its services. Pharmacy team members record and discuss dispensing mistakes and make changes to mitigate the risk of the same mistake happening again. The pharmacy keeps the records it needs to by law, and team members understand their role in helping to protect vulnerable people.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) to support its team members to work safely and effectively. The SOPs covered tasks such as the management of controlled drugs and management of dispensing mistakes. SOPs were accessed online but team members also kept paper-based copies. SOPs were reviewed by the superintendent pharmacist (SI) every two years. Team members read the SOPs and they each had an individual log in to access an electronic device where they recorded they had understood them. Notification of new or updated SOPs were communicated to team members on the same electronic device. The pharmacy had an accuracy checking pharmacy technician (ACPT). They worked to an agreed procedure and knew to only check prescriptions that had been clinically checked and clearly annotated by a pharmacist. The roles and responsibilities of team members were clearly documented. Team members accurately described what activities they could or couldn't undertake in absence of the responsible pharmacist (RP).

A signature audit trail on medicines labels showed who had dispensed and checked each medicine. This allowed the RP or ACPT to help team members learn from dispensing mistakes identified within the pharmacy, known as near misses. Near misses were recorded on an electronic system. Team members were responsible for recording the near miss at the time it was identified, as a method of reflection following a mistake. They included details such as the date and time the near miss happened, and any contributing factors. Mistakes identified after a person received their prescription, known as dispensing incidents, were recorded on an online system then reviewed by the SI team at head office. Team members had informal discussions to review dispensing mistakes identified. They then made changes to prevent a similar mistake from happening again. For example, following a dispensing mistake, team members received a short education session on different brands of inhalers. This included highlighting the different shapes and sizes of inhalers and how each inhaler worked. The company conducted a patient safety review of all dispensing incidents reported over the period of one month. They then documented specific learnings from each incident and shared these with each pharmacy within the company to highlight awareness. Recent information circulated included, no handwritten amendments should be made on backing sheets attached to multi-compartment compliance packs and a prompt should be added to the patient medication record (PMR) if a person received their prescriptions in instalments.

The company had a complaints procedure and welcomed feedback. There was a quick response (QR) code available in the retail area for people to scan and provide feedback about the service they had received. A team member explained any feedback head office received was communicated to the pharmacy manager to share with team members. Team members were trained to handle complaints and aimed to do so informally. However, if they could not resolve the complaint, they would initiate the formal complaints procedure.

The pharmacy had current professional indemnity and liability insurance. It displayed an RP notice which was visible from the retail area and reflected the correct details of the pharmacist on duty. The electronic RP log was mostly complete with minor omissions of when the RP ceased duties at the end of the working day. Team members maintained electronic CD registers. Records were complete and up to date. They checked the physical quantity in stock matched the balances recorded in the registers weekly. And they held records for CDs people had returned for safe disposal. A random balance check of the physical quantity of three CDs matched the balances recorded in the registers. The pharmacy had records relating to unlicensed medicines. And details of supply were included to provide an audit trail for future reference. Records relating to private prescriptions were up to date and mostly accurate, with minor omissions of the prescriber's details or the incorrect prescriber's details. This was discussed at the time of inspection and the pharmacy manager provided assurances this would be addressed.

There was a privacy notice and a chaperone policy. And team members knew how to protect people's confidential information. Confidential waste was segregated and collected by the company to be securely destroyed off-site. There was a safeguarding policy and team members had completed online training relating to the safeguarding of vulnerable people. They described examples of signs that would raise concerns and of interventions they had made to protect vulnerable people. And they had contact details of local safeguarding agencies.

Principle 2 - Staffing ✔ Standards met

Summary findings

Team members have the necessary skills and knowledge for their roles. They work well together and provide support to each other as they work. And they feel comfortable raising professional concerns, should they need to.

Inspector's evidence

The pharmacy employed one full-time pharmacist, one full-time ACPT who had the role of pharmacy manager, three part-time dispensers, two part-time trainee dispensers, one part-time delivery driver and a new member of the team who was currently undertaking their induction. At the time of inspection, a locum pharmacist was working in the pharmacy as RP. The pharmacy was busy and team members were observed to be managing the workload well. The pharmacy manager managed annual leave requests within the pharmacy. This was to ensure staffing levels remained sufficient to manage the workload safely. Part-time team members provided contingency cover during periods of absence. And the pharmacy manager explained they had access to the company's relief staff should they need it.

There was no official appraisal process. But team members regularly had informal discussions to review progress and identify any individual learning needs. Protected learning time was provided for team members undertaking accredited qualification training. Team members spoken to at the time of inspection undertaking accredited qualification training felt well supported. Protected learning time was provided for new services or specific continued learning and development. Team members had attended specialist face-to-face training for services they provided such as an injection equipment provision and diabetes identification project. Team members were observed asking appropriate questions when selling over-the-counter medicines and referred to the pharmacist when appropriate. And they explained how they would handle repeated requests for medicines liable to misuse, such as codeine-containing medicines, by referring to the RP or person's GP for supportive discussions.

There was a supportive culture within the pharmacy team. Team members were encouraged to make suggestions to improve ways of working within the pharmacy. The pharmacy manager explained ways of working had changed since the change of ownership, and team members had adapted well. They used an electronic messaging service to communicate relevant information to each other to ensure continuity of work as some team members worked part-time. Information discussed included ensuring collection cards were completed in a timely manner when a person collects their serial prescription. There was a whistleblowing policy that team members were aware of. And a team member explained they would feel comfortable raising concerns with the pharmacy manager or RP, should they need to.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises is clean, secure and provides a professional environment suitable for the services it provides. It had a private consultation room where people can have confidential conversations with a member of the pharmacy team.

Inspector's evidence

The pharmacy premises were clean, secure, and provided a professional appearance. There was a good-sized retail area that was well presented and had with chairs for people waiting. The retail area led to a healthcare counter and dispensary. The dispensary was laid out in a way so that the pharmacist could supervise activities in the retail area and easily intervene in a sale if required. The dispensary was comprised of two areas. One for dispensing and checking of prescriptions and the second for preparing and storing multi-compartment compliance packs. The dispensary was well organised with plenty of work bench space. Medicines were stored neatly around the perimeter of the dispensary and in drawers. The dispensary had a sink with access to hot and cold water for professional use and handwashing. Staff facilities were located upstairs, they were clean and hygienic with access to hot and cold water. The pharmacy had a consultation room that was appropriate in size, clean and fit for use. There was a second private area for specialist services such as substance misuse supervision. Lighting and temperature were kept to an appropriate level throughout the premises.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy manages its services safely and effectively. And it makes them easily accessible to people. It sources its medicines from recognised suppliers and team members carry out the appropriate checks to ensure they remain fit to supply.

Inspector's evidence

The pharmacy had good physical access by means of a ramp that led to an automatic door that was opened by a push pad. It advertised its opening hours and some of the services it offered in the main door and windows. There was a range of healthcare leaflets for people to read or takeaway including information about the NHS Pharmacy First service and influenza vaccinations. And it advertised information about services available in the local community such as wellbeing services. The pharmacy had a hearing loop to support people with hearing impairments. And it had the facilities to provide large print medicines labels to help people with visual impairments take their medicines safely. The pharmacy manager explained how they communicated with people who do not use English as their first language. Team members accessed an online translator service. And a team member who speaks Polish would often support people accessing pharmacy services as there was a large Polish population local to the pharmacy. The pharmacy purchased medicines and medical devices from reputable wholesalers. And it stored them appropriately in the manufacturers original packaging. Medicines seen that were removed from manufacturer's original packaging were clearly labelled with the date of expiry and the batch number was available on the packaging inside. Team members checked the expiry dates of medicines and recorded their actions on a date checking matrix. Records showed date checking was up to date. And a random sample of 20 medicines showed one had expired. The pharmacy used one well-organised fridge to store its medicines and prescriptions awaiting collection that required cold storage. And team members recorded the temperature daily to ensure it was operating within the recommended limits of between 2 and 8 degrees Celsius.

Team members followed a methodical process when dispensing prescriptions. They used coloured baskets to separate people's prescriptions and prevent medicines from becoming mixed up. And they signed medicines labels to provide an audit trail for future reference. Team members attached coloured stickers to the outside of the bags of dispensed medicines to indicate it contained a fridge line, CD or higher-risk medicine that required further counselling. Team members were aware of the Pregnancy Prevention Programme and the risks associated with valproate-containing medicines. They supplied valproate-containing medicines to some people in multi-compartment compliance packs. Risk assessments had been completed and found this was the most appropriate way for those people to receive their medicines. And team members kept records of conversations discussed on the PMR. A team member explained they had considered the stability of valproate-containing medicines when they were removed from the manufacturer's original packaging. And so, these medicines were added to multi-compartment compliance packs on the day of collection or delivery to ensure they were safe to supply. The pharmacy provided a delivery service. Delivery drivers planned their route in advance and they used an electronic device to record the delivery of each prescription. A team member explained if a person is not equipped to use the electronic device to acknowledge receipt of their prescription, the delivery driver can take a photograph as evidence of delivery. Two signatures and a photograph are required for deliveries of CDs. Team members supplied owing's slips to people when they could not supply the full quantity of a medicine prescribed. And they contacted the prescriber when a

manufacturer was unable to supply a medicine, to arrange an alternative treatment. The pharmacy received Medicines Health and Products Regulatory Agency patient safety alerts and product recalls via email and actioned these on receipt. They ensured each team member new about the latest recall or patient safety alert and then recorded their actions on an electronic system that was shared with the company.

Some people received serial prescriptions under the Medicines: Care and Review service. Team members prepared prescriptions in advance of people's expected collection dates, and they kept records of this. This helped manage workload within the pharmacy and allowed the RP to identify any potential issues with people not taking their medicines as they should. The pharmacy supplied medicines in multi-compartment compliance packs to people when requested to help them take their medicines properly. Team members worked to a four-week cycle to allow them time to resolve any queries relating to people's medicines. They kept a record of people's current medicines and administration times on a master sheet. This was checked against prescriptions before assembly. Team members recorded details of any changes to medicines, such as if a medicines strength was increased or decreased on the master sheet. They attached medicines labels to each pack that included a description of what each medicine looked like, mandatory warning labels for each medicine and directions for use. Patient information leaflets (PILs) were supplied monthly, so people had current information relating to their medicines. Team members kept empty packs or details of medicines used to assemble multi-compartment compliance packs for each individual person. A team member explained this was so they could answer any queries relating to people's medicines. Team members used the company's off-site pharmacy hub to assemble some people's prescriptions in multi-compartment compliance packs, which helped manage workload within the pharmacy. They entered details electronically on the PMR then these were clinically checked by the pharmacist, and data accuracy checked by the RP or ACPT before the data was sent to the hub pharmacy for assembly. Completed multi-compartment compliance packs were returned to the pharmacy in seven working days. And a final accuracy check was performed by the RP. Some medicines were not suitable to be dispensed off-site this included CDs and higher-risk medicines.

Team members were trained to provide the NHS Pharmacy First service within their competence and under the supervision of a pharmacist. They used consultation forms to gather relevant information before referring to the pharmacist for treatment. The pharmacist provided medicines for common conditions such as urinary tract infections and skin infections under a Patient Group Direction (PGD). The pharmacy kept paper-based records of treatment provided or referral decisions. And they communicated these to people's GPs to ensure their medical records were kept up to date. The pharmacy provided a diabetes identification project. The service included identifying people who were at risk for developing type 2 diabetes based on risk factors such as age, weight, and current health conditions. Team members identified people who could be at risk and invited them to complete a consultation with a trained member of the team. A team member would conduct a consultation that included completing a questionnaire and a finger prick test to obtain a blood sample. The results were available in two minutes and alongside the outcome of questionnaire, confirmed the persons level of risk. Team members worked under a service specification that listed measurement levels, guidance, and advice and when referral would be appropriate. They were supported by health board colleagues and received the appropriate resources to be able to provide the service safely.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the appropriately maintained equipment that it needs to provide its services. And team members use the equipment properly to help protect people's confidentiality.

Inspector's evidence

The pharmacy had access to internet services so team members could obtain up-to-date resources and guidance to support them in their roles. This included, The British National Formulary (BNF) and Medicines Complete.

The pharmacy had a set of clean CE stamped cylinders. Some cylinders had been highlighted solely for the purpose of measuring substance misuse liquid medicines. There was a range of equipment available in the consultation room that was visibly free from wear and tear, such as a blood pressure monitor and weighing scales. There was a range of sundries available to assist team members in providing the diabetes identification project that included protective gloves. The pharmacy used an automated pump to dispense its substance misuse liquid medicines. Team members calibrated the automated pump before each use to ensure it measured accurate doses. And it was cleaned after each use.

Prescriptions awaiting collection were stored in a separate retrieval area that was completely private so confidential information was not visible from the retail area. Computers were password protected and positioned in a way that prevented unauthorised view. And cordless telephones were in use to allow for private conversations in a quieter area.

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.