General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Torlum Pharmacy, 22 High Street, Crieff, PH7 3BS

Pharmacy reference: 9012142

Type of pharmacy: Community

Date of inspection: 13/08/2024

Pharmacy context

This is a community pharmacy on the high street in the town of Crieff in Perthshire. Its main services including dispensing NHS prescriptions, including serial prescriptions. And it supplies medicines in multi-compartment compliance packs to help people take their medicines at the right times. Team members give 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 the services it provides. Pharmacy team members record and discuss dispensing mistakes made during the dispensing process and they make changes to prevent the same mistake happening again. And they understand their role in helping to protect vulnerable people. The pharmacy keeps the records it needs to by law, and it suitably protects people's confidential information.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) available to its team members to help them work safely and effectively. SOPs were paper-based and stored neatly in folders. They included SOPs about handing out dispensed prescriptions and the safeguarding of vulnerable people. There was an SOP that covered the dispensing of multi-compartment compliance packs via an automated dispensing machine. This had been implemented since the last inspection. SOPs were reviewed by the Superintendent Pharmacist (SI) every two years and team members signed a record of competence to show they had read and understood them. The responsible pharmacist (RP) explained they were in process of reading SOPs as they were new to the role. Team members described their roles and responsibilities within the pharmacy and accurately described what activities they could and couldn't undertake in the absence of the RP.

A signature audit trail on medicines labels showed who had dispensed and checked each medicine. This meant the RP was able to help team members learn from dispensing mistakes identified within the pharmacy, known as near misses. The pharmacy kept paper-based records of near misses and included details such as the date and time the near miss happened, and any contributing factors. Team members were encouraged to record the near miss when it happened as a method of reflection following a mistake. Mistakes that were identified after a person received their prescription, known as dispensing incidents, were recorded on an online system, and then reviewed by the SI. A safety audit was carried out on near misses and dispensing incidents every month. Team members then discussed the findings from the audit and agreed actions which they then put in place to manage the risk of the same or a similar mistake happening again. This included separating stock of medicines which had similar sounding names or packaging to avoid selection errors. Team members recorded and assessed errors identified when dispensing multi-compartment compliance packs via an automated dispensing machine. The records were shared with the SI and the company who provided the automated dispensing machine every month. Team members had increased cleaning of the automated dispensing machine under the manufacturer's guidance, to ensure dust did not influence its accuracy. The pharmacy dispensed multi-compartment compliance packs for other pharmacies within the same company. The RP had started an audit at the time of the inspection to assess the timeliness of the current process. The audit included capturing information on the length of time from when the pharmacy received a prescription from the GP practice, to when the dispensing pharmacy received the data to dispense the multi-compartment compliance pack. The RP planned to analyse the data and identify any potential issues than could result in a delay of medicines to a person. This would also help team members plan their workload efficiently.

Pharmacy team members were trained to resolve complaints, and they aimed to do so informally. However, if they could not resolve the complaint, they would provide contact details for the SI. The

pharmacy had current professional indemnity and liability insurance. The pharmacy displayed an RP notice which was visible in the retail area and reflected the correct details of the pharmacist on duty. And the paper-based RP log was complete. Team members maintained paper-based controlled drug (CD) registers that were mostly complete with minor omissions of the address of the wholesaler. This was discussed at the time of inspection. Team members checked the physical quantities of CDs in stock matched the balances recorded in the registers weekly. A random check on the quantity of two CDs was correct against the balances recorded in the registers. The pharmacy kept records of CDs people had returned for safe disposal. Records of private prescriptions were complete. The pharmacy held certificates of conformity for unlicensed medicines and details of supply were included to provide an audit trail.

There was a safeguarding policy in place and team members knew how to protect people's confidential information. Confidential waste was segregated and shredded on-site. Team members provided examples of signs that would raise concerns and interventions they had made to protect vulnerable people. And they knew how to access details for local safeguarding agencies.

Principle 2 - Staffing ✔ Standards met

Summary findings

Pharmacy team members have the necessary skills and knowledge for their roles and the services they provide. They manage their workload well and support each other as they work. And they feel comfortable raising concerns and making suggestions to provide a more effective service.

Inspector's evidence

At the time of inspection, it was the responsible pharmacists first day working as pharmacy manager. The pharmacy employed two part-time dispensers, one part-time trainee dispenser and a delivery driver who worked every day. They had recently employed a part-time team member who was yet to start their role. The pharmacy manager explained they would be enrolled on an accredited training course on completion of their probationary period. Team members were observed managing the workload well and providing support to each other as they worked. The pharmacy manager managed annual leave requests to ensure staffing levels remained sufficient to manage the workload well. And part-time team members provided contingency cover during periods of absence.

Team members that had completed accredited qualification training displayed their certificates in the retail area. Protected learning time was provided for team members undertaking accredited qualification training. And for the introduction of new services. For example, team members had received face-to-face training for the introduction of the NHS Pharmacy First service and on how to operate the automated dispensing machine. Currently two team members were trained to use the automated dispensing machine. And one supported the pharmacy manager on how to use the machine as they were new to their role. The pharmacist manager explained team members would receive annual appraisals to review progress and identify any individual learning needs. Team members asked appropriate questions when selling over-the-counter medicines. 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 were no targets set by the company.

Team members were encouraged to make suggestions to improve their ways of working. And team members felt comfortable raising concerns with the pharmacy manager or SI. The pharmacy manager was in regular contact with the SI and felt well supported throughout the start of their induction. Team members had a weekly conference call with the SI and other branch managers within the company to discuss relevant updates and raise any concerns. This provided an opportunity for professional learning and peer review. The pharmacy manager had attended a visit at the local care home and GP practice as an introduction. And to discuss any ways to improve partnership working.

Principle 3 - Premises ✔ Standards met

Summary findings

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

Inspector's evidence

The pharmacy premises were clean, modern, and provided a professional image. There was a good-sized retail area which led to a healthcare counter and a dispensary. Pharmacy-only-medicines were stored behind the healthcare counter which acted as a barrier to prevent unauthorised access. The dispensary was large and laid out in a way which allowed the pharmacist to supervise the sale of medicines and intervene in a sale where necessary. But also allowed for privacy to prevent distractions during the dispensing process. The dispensary was well organised with plenty of work bench space. Stock was stored neatly around the perimeter of the dispensary.

The dispensary was compromised of two areas, one area was used for the dispensing and checking of prescriptions. And the second area was used to dispense multi-compartment compliance packs via an automated machine. There was an area to the rear of the dispensary used to store medicines used for dispensing multi-compartment compliance packs. The dispensary had a sink with access to hot and cold water for professional use and hand washing. There was an issue with the drainage of the sink but a team member had reported the issue and they were awaiting resolution. Staff facilities located upstairs were clean and hygienic. There was a good-sized consultation room that was clean and fit for use. And it was lockable to prevent unauthorised access when not in use.

Principle 4 - Services ✔ Standards met

Summary findings

Pharmacy team members manage and provide the pharmacy's services safely and effectively. And they make them easily accessible to people. The pharmacy suitably sources its medicines from recognised suppliers, and it stores them appropriately. And team members carry out checks to ensure they keep medicines in good condition.

Inspector's evidence

The pharmacy had good physical access by means of an automatic door. It advertised its opening hours and services it provided in the main windows. There was a range of healthcare leaflets available for people to read or takeaway including information on the NHS Pharmacy First service. And it advertised services available in the local community such as a peer support group for mental health wellbeing. Pharmacy team members described how they would communicate with people who did not use English as their first language, by accessing a translator service online. And they had the facilities to provide large print labels to help people who had visual impairments take their medicines safely. The pharmacy purchased medicines and medical devices from recognised suppliers. Team members checked the expiry dates of medicines and recorded their actions on a date checking matrix. Records seen showed date checking was completed until June 2024. A random sample of 20 medicines showed none out of date. 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 demonstrate it was operating within the recommended limits of between 2 and 8 degrees Celsius.

Team members used baskets during the dispensing process to separate people's prescriptions and prevent medicines from becoming mixed-up. And they highlighted the inclusion of a fridge line, CD and higher-risk medicines that required further counselling by attaching coloured stickers to the outside of the bag of dispensed medicines. Team members were aware of the Pregnancy Prevention Programme and the risks associated valproate-containing medicines. The always supplied valproate containing medicines in the manufacturers original packaging and had no patients in the at-risk category. Team members recorded any counselling advice given or notable information relating to higher-risk medicines on the Patient Medication Record (PMR). The pharmacy received Medicines Healthcare and Regulatory Agency (MHRA) patient safety alerts and product recalls via email. Recalls were actioned on receipt and a team member signed this to indicate the appropriate action had been taken. And they kept paper-based records of action taken for future reference. Some people received serial prescriptions under the Medicines, Care and Review Service. Team members prepared prescriptions in advance of the expected collection dates. And team members kept records of each supply and expected collection dates. This allowed them to plan their workload in advance. And allowed the pharmacist to identify any issues with people not taking their medicines as they should.

The pharmacy supplied medicines in multi-compartment compliance packs when requested to help people take their medicines properly. Team members worked to a four-week cycle to allow them sufficient time to resolves any queries relating to people's medicines. They maintained a record of people's current medicines on a master sheet. This was checked against prescriptions before dispensing via an automated dispensing machine. The pharmacy also acted as a "hub" pharmacy and dispensed medicines in multi-compartment compliance packs for other pharmacies within the same company known as "spoke" pharmacies. The hub pharmacy received physical prescriptions from some

pharmacies and other pharmacies sent prescription data electronically. The spoke pharmacies were responsible for performing a clinical check and data accuracy check before transfer of the prescription data to the hub pharmacy. And this was clearly annotated on the prescription received at the hub. A team member described occasions where it was not clear that a clinical check had been performed. These prescriptions were returned to the spoke pharmacy to be clinically checked before it could be dispensed. A final accuracy check was performed by the RP before packs were sealed and returned to the spoke pharmacy for supply. Backing sheets were attached to each pack that included warning labels for each medicine, directions for use and a description of what each medicine looked like. If anything had to be manually dispensed, due to stock not being stored in the automated machine, the dispenser signed the backing sheet and added a written description of what the medicine looked like. Patient Information Leaflets (PILs) were supplied monthly to ensure people had up-to-date information relating to their medicines. Some medicines were not suitable to be dispensed via the automated dispensing machine for example, CDs. Team members removed medicines from their original packaging and placed them into canisters for dispensing via the automated dispensing machine. A second check was performed on the accuracy of the medicines stored in the canister. Team members did not keep records of this. A team member explained a form was in process of being made to record accuracy checks of medicines stored in the canisters. Each canister contained the same batch number and expiry dates so there were no mixed batches of medicines. The team members kept clear records of brands, batch numbers and expiry dates of medicines stored in each container so medicines could be easily identified in the event of a product recall.

The pharmacy supplied medicines in multi-compartment compliance packs and the manufacturers original packs to people living in local care homes. The service was managed on a monthly cycle and with paper-based medicine administration charts provided for use by care home staff. The care home staff were responsible for ordering medication required and did so using an order form. Pharmacy team members checked the prescriptions matched the order form on receipt of the prescriptions.

Pharmacy team members were trained to provide the NHS Pharmacy First Service within their competence and under the supervision of the pharmacist. The pharmacist provided medicines to people for common conditions such as urinary tract infections and skin infections, under a Patient Group Direction (PGDs). Team members asked appropriate questions before they referred to the pharmacist for treatment. The pharmacy kept paper-based consultation records of treatment provided or referral decisions. And team members communicated these to the person’s GP to ensure their medical records were kept up to date.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

Pharmacy team members have access to the appropriate equipment that is fit for purpose and safe to use. And team members use the equipment appropriately to protect people's confidentiality.

Inspector's evidence

The pharmacy was able to access current electronic resources such as the British National Formulary (BNF), medicines complete and the local health board formulary to support them in their roles. And they had access to internet services.

The pharmacy had a set of CE-stamped cylinders that were clean and safe for use. And they had highlighted specific measures to be used solely for the purpose of measuring substance misuse liquids. Team members used an automated dispensing machine to dispense multi-compartment compliance packs. They had access to an online messaging system to communicate with an engineer should any queries arise with the functioning of the automated dispensing machine.

Prescriptions awaiting collection were stored in an area to the side of the healthcare counter. And confidential information was not visible to people in the retail area. Computers were password protected and positioned in a way that prevented unauthorised view. And cordless phones were in use to enable 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.