

# Registered pharmacy inspection report

**Pharmacy Name:** Right Medicine Pharmacy, 2 West Murrayfield,  
Bannockburn, Stirling, Stirlingshire, FK7 8NF

**Pharmacy reference:** 9012382

**Type of pharmacy:** Community

**Date of inspection:** 30/10/2024

## Pharmacy context

This is a community pharmacy in Stirling. It dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. The pharmacy dispenses private prescriptions and pharmacy team members advise on minor ailments and medicines use. They provide 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has relevant written procedures for the services it provides, and team members follow them. Team members discuss mistakes that happen when dispensing. And they keep some records to identify patterns in the mistakes to make safety improvements and reduce the risk of errors. The pharmacy keeps accurate records as required by law, and it protects people's confidential information to keep it safe and secure. Team members understand their roles in protecting vulnerable people.

### Inspector's evidence

The pharmacy defined its working practices in a range of standard operating procedures (SOPs) which were accessible to team members. A new superintendent pharmacist (SI) had taken up their post in February 2024. They were in the process of updating the SOPs as some of them had passed their review date in May 2024. Team members were expected to read and sign the SOPs to confirm their understanding and ongoing compliance. But most of the documented signatures were for people that had left the business. The SI confirmed that team members had moved from other branches and had signed the SOPs at their previous pharmacy. An area manager conducted audits to provide assurance that the pharmacy was complying with the company's governance arrangements. And in May 2024, they had confirmed that team members had signed the relevant SOPs.

A signature audit trail on medicine labels showed who was responsible for dispensing each prescription. This meant the pharmacist and the accuracy checking pharmacy technician (ACPT) were able to identify and help team members learn from their dispensing mistakes. The pharmacy kept some records of near miss errors and team members provided a few examples of improvement action that had helped them manage dispensing risks. This included separating look alike, sound alike (LASA) medications, such as amitriptyline and amlodipine. And highlighting others with shelf-edge caution labels such as gabapentin and pregabalin medication. Team members knew to escalate dispensing errors, which were mistakes that were identified after a person had received their medicine. Team members knew to complete an incident report which they shared with the SI so they could intervene and implement extra improvements if necessary. The SI worked onsite at the pharmacy alongside the responsible pharmacist (RP) and discussed the incidents with team members, so they learned about risks and knew how to keep dispensing services safe.

The pharmacy defined its complaints procedure in a documented SOP and a notice at the medicines counter informed people how to provide feedback and submit complaints. Team members knew to handle complaints and concerns that people raised in a calm and sensitive manner, and they knew to speak to people in the consultation room if required.

Team members maintained the records they needed to by law. And the pharmacy had current professional indemnity insurances in place. The pharmacist displayed an RP notice which was visible from the waiting area and the RP record was up to date. Team members maintained controlled drug (CD) registers and they checked the balance recorded in the register matched the physical stock, once a month. The pharmacy knew to keep records of CDs that people returned for disposal and to annotate the records to provide an audit trail to show when destructions had taken place. Team members filed prescriptions so they could easily retrieve them if needed and they kept records of supplies of unlicensed medicines and private prescriptions which were up to date.

The pharmacy displayed a notice in the waiting area that informed people about its privacy arrangements, and it trained its team members to safeguard sensitive information. This included managing the safe and secure disposal of confidential waste. The pharmacy defined its safeguarding procedure in a documented SOP and team members knew to escalate any safeguarding concerns and discuss them with the pharmacist to protect people. For example, when some people failed to collect their medication on time so that alternative arrangements could be made if necessary.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy reviews its staffing levels to ensure it has the right number of qualified pharmacy team members working when it needs them. It regularly reviews pharmacy team members performance so they can improve and develop in their roles. And it encourages team members to provide feedback and suggest improvements to working practices.

### Inspector's evidence

The pharmacy's dispensing workload had increased since its relocation into a larger premises in April 2024. This was mostly due to an increase in the number of multi-compartment compliance packs it dispensed. The SI monitored the workload and had recruited extra dispensers to help manage dispensing. They had also replaced team members, and a new RP was due to take up their post in November 2024. The pharmacy had two separate teams. One team worked in the main dispensary and the other team worked in a separate dispensary that was used for multi-compartment compliance pack dispensing. The RP managed the team that worked in the main dispensary. The team included two full-time trainee dispensers, one part-time trainee dispenser and one full-time trainee delivery driver. A full-time ACPT managed the team that was responsible for multi-compartment compliance pack dispensing. The team included three full-time dispensers and one full-time trainee pharmacy assistant. The SI had oversight of all the pharmacy's operations. The teams had minimum staffing levels in place with only one team member permitted to take time off at the one-time. A relief dispenser and a relief pharmacist were providing cover in the main dispensary at the time of the inspection.

The pharmacy had formal induction arrangements in place and team members completed training to ensure they complied with the pharmacy's governance arrangements. This included topics such as GDPR, safeguarding vulnerable adults and children and reading the pharmacy's SOPs. New team members attended three appraisal meetings in the first six months of their employment. They discussed what was going well with extra support provided to help them improve their performance. All team members attended an annual appraisal review, and this helped them to develop in their roles.

The SI supported team members to learn and develop in their roles, and they provided protected learning time to support trainees undergoing qualification training. One of the dispensers had undergone training to deliver an ear wax removal service and they knew to refer to the RP or the SI if they had concerns. Two dispensers had completed training, so they knew how to check blood results before they dispensed clozapine medication. The SI had conducted a risk assessment before introducing a new weight management service. And they had arranged for an external company and a GP to provide training to the pharmacist independent providers (PIPs) that worked across the organisation.

The SI empowered team members to make suggestions for change. For example, they had colour-coded the records and storage containers they used to help with multi-compartment compliance pack dispensing. They used a different colour for each of the weeks over the four-week cycle of dispensing. This had led to improvements in how they managed the workload. The pharmacist encouraged team members to raise whistleblowing concerns to help to keep pharmacy services safe and effective.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are secure, clean, and hygienic. The pharmacy has good facilities for people to have private conversations with pharmacy team members.

### Inspector's evidence

The pharmacy was in a large modern purpose-built premises that presented a professional appearance to the people that used it. The dispensary was well organised with separate dedicated areas for the dispensing and checking of prescription items. And the pharmacist was able to intervene at the medicines counter when they needed to. Team members used dispensing baskets to help organise the workspace on the dispensing benches. And they organised the shelves and kept them tidy to manage the risk of medicines becoming mixed up. A large separate dispensary was used to assemble the large number of multi-compartment compliance packs the pharmacy dispensed. This ensured sufficient space for the prescriptions and the relevant documentation to conduct the necessary checks and keep dispensing safe.

The pharmacy had two consultation rooms, one of which had a sink with hot and cold running water. It was used to administer flu vaccinations and other professional services. And people could speak to the pharmacist and team members in private. A clean sink in the dispensary was used for medicines preparation and team members cleaned all areas of the pharmacy daily. This ensured the pharmacy remained hygienic for its services. Lighting provided good visibility throughout. And the ambient temperature provided a suitable environment to store medicines and to provide services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides services which are easily accessible. And it provides its services safely. The pharmacy gets its medicines from reputable sources, and it stores them appropriately. The team conducts checks to make sure medicines are in good condition and suitable to supply. And they identify and remove medicines that are no longer fit for purpose.

### Inspector's evidence

The pharmacy provided its services six days a week from Monday to Saturday. The premises had a ramped entrance and people with mobility issues were able to access the pharmacy without restrictions. The pharmacy purchased medicines and medical devices from recognised suppliers. And team members conducted monitoring activities to confirm that medicines were fit for purpose. They regularly checked medicine expiry dates which they documented so they knew when checks were next due. A random check of dispensary stock found no out-of-date medicines. The pharmacy used two fridges to keep medicines at the manufacturers' recommended temperature. And team members monitored and recorded the temperature every day to show that fridges remained within the accepted range of between two and eight degrees Celsius. The fridges were organised with items safely segregated which helped team members manage the risk of selection errors. The pharmacy used secure cabinets for some of its medicines and they were kept tidy and well-organised. Team members quarantined some items in a separate cabinet whilst awaiting a witnessed destruction. The pharmacy received drug safety alerts and medicine recall notifications. Team members checked the notifications and maintained an audit trail to show they had conducted the necessary checks.

The pharmacy had medical waste bins and denaturing kits available to support the team in managing pharmaceutical waste. Team members knew about the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They knew about the warning labels on the valproate packs, and they knew to apply dispensing labels so people were able to read the relevant safety information. They also knew about recent legislative changes which required them to provide supplies in the original manufacturer's pack unless in exceptional circumstances. The pharmacy used different sized containers to keep individual prescriptions and medicines together during the dispensing process, for example they used extra-large containers for compliance pack dispensing. This helped team members manage the risk of items becoming mixed-up. It also helped them prioritise prescriptions, for example, people that wished to wait in the pharmacy for their medication.

Team members dispensed medicines in multi-compartment compliance packs over a four-week cycle for a considerable number of people. This included packs for a nearby branch which people had been informed about and consented to. An ACPT managed dispensing to ensure people received their medicines when they needed them. And they had planned the workload up until the end of the year due to the busy Christmas period. Team members used supplementary pharmacy records to document the person's current medicines and administration times. This allowed them to conduct checks and identify any changes that they queried with the GP surgery. Team members updated and re-printed the supplementary records following changes to keep them clear, complete, up-to-date, and legible. And they obtained an accuracy check from the ACPT or a pharmacist before they started using them. A trainee pharmacy assistant was responsible for de-blistering medicines into plastic containers that

contained bulk stock. This had helped to improve the assembly process and make it safer and more effective. The trainee was currently undergoing qualification training so they had the necessary knowledge and skills to follow the pharmacy's procedure for de-blistering medicines. Team members kept a record of the items that were de-blistered. This included the batch number and expiry date and a signature audit trail of the person that de-blistered the medicines and the person that carried out the accuracy check. A three-month expiry date was attached to the medicine label and team members disposed of items before they expired. Team members supplied patient information leaflets (PILs) with the first pack of the four-week schedule, and they provided descriptions on the packs of to help people identify their medicines. The pharmacy dispensed multi-compartment compliance packs for a nursing home, and the ACPT visited the home every six months to provide advice. This had included information about excessive prescription requests for inhalers for some people that did not need them so that prescriptions could be updated.

The SI was a qualified PIP and provided a limited prescribing service within the scope of the NHS Pharmacy First Plus service. All consultations were documented including those when the decision was not to prescribe as not suitable. The SI notified the person's GP surgery of prescribed treatments, but this was not always documented to show they had done so. They referred people to the relevant health care professional when necessary, such as when prescribing was out with their area of competence. Consultation records were saved on the pharmacy's patient medication record (PMR) and these were available to all of the pharmacy team. For prescriptions, the PIP did not self-check the dispensed medicines, and checks were completed by the second pharmacist.



## 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 access to the digital version of the British National Formulary (BNF). Team members used crown-stamped measuring cylinders, and they used separate measures for substance misuse medicines. 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.

The pharmacy used a machine to facilitate the removal of ear wax. Team members cleaned the transparent tubing that was attached to the machine and the sterile disposable earpieces once a week. This meant the tubing was not cleaned in between treatments. The inspector discussed the cleaning arrangements with the SI who undertook to carry out a review and introduce appropriate cleaning arrangements to ensure equipment was clean and hygienic for each treatment.

### 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.