

Registered pharmacy inspection report

Pharmacy Name: N S Wilson Ltd, 2a High Street, The Square, INSCH, Aberdeenshire, AB52 6JF

Pharmacy reference: 1041671

Type of pharmacy: Community

Date of inspection: 20/07/2023

Pharmacy context

This is a community pharmacy in Inch. It dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. The pharmacy provides substance misuse services and dispenses private prescriptions. Pharmacy team members advise on minor ailments and medicines use. And they supply 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
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

Pharmacy team members follow safe working practices. And they manage dispensing risks to keep services safe. Team members recognise and appropriately respond to safeguarding concerns. They suitably protect people's private information and keep the records they need to by law. Team members make records of mistakes and review the pharmacy's processes and procedures. They learn from these mistakes and take the opportunity to improve the safety of services.

Inspector's evidence

The company owned three pharmacies and it used 'standard operating procedures' (SOPs) to define the pharmacy's working practices. A new 'responsible pharmacist' (RP) had taken up post at the end of 2022 and they knew the SOPs had last been reviewed in 2020. The impact of two vacant 'accuracy checking technician' (ACTs) posts and skill-mix changes meant the RP had to prioritise dispensing tasks. This also meant they had to re-prioritise the SOP review. A SOP for 'final accuracy' checking procedures was in place. And the pharmacists annotated prescriptions to show they had clinically checked and authorised them for ACTs to check. Team members had signed the SOPs that were relevant to their roles and responsibilities to confirm their understanding. And there was evidence to show a new trainee dispenser who had taken up post in February 2023 had signed them. Dispensers signed medicine labels to show who had 'dispensed' prescription items. This meant that pharmacists and ACTs were able to help individuals learn from their dispensing mistakes. The RP had recently introduced individual record books for team members to record their own near miss errors. And the RP had planned to carry out monthly reviews once the process was embedded into the pharmacy's regular working practices. Team members had already been discussing significant near miss errors, and they provided example of a few changes to manage dispensing risks. This included adding shelf-edge caution labels to highlight 'look alike and sound alike' (LASA) medications such as amitriptyline and amlodipine and rosuvastatin tablets and capsules. One of the experienced dispensers had started ticking information on containers to help them self-check dispensing to ensure they had selected the correct medication.

The pharmacy trained its team members to handle complaints. And they discussed complaints with the RP who recorded the relevant information on the 'patient medication record' (PMR) to refer to in the future if necessary. The RP had planned to introduce an incident report template to improve record keeping and the retrieval of reports. Team members maintained the records they needed to by law. And the pharmacy had public liability and professional indemnity insurances in place which were valid until 27 April 2024. The pharmacist displayed an RP notice which was visible from the waiting area. And the RP record showed the name and registration details of the pharmacist in charge. Team members maintained the 'controlled drug' (CD) registers and kept them up to date. And they evidenced that they checked and verified the balances once a week. People returned controlled drugs they no longer needed for safe disposal. And team members used a CD destruction register to document items which the pharmacist signed to confirm destructions had taken place.

Team members filed prescriptions so they could easily retrieve them if needed. And they kept records of supplies against private prescriptions and supplies of 'specials' that were up to date. The pharmacy trained its team members to comply with data protection requirements and to protect people's privacy.

It used a shredder to dispose of confidential waste. And it displayed a privacy notice behind the medicines counter to provide people with information about the pharmacy's compliance with data protection legislation. But the notice was well away from the waiting area and could not be easily read. The pharmacy trained team members to manage safeguarding concerns. And they provided examples of discussions with the pharmacist when they had cause for concern. The pharmacy had contact details for local agencies for ease of access.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members have the necessary qualifications and skills for their roles and the services they provide. And they work together well to manage the workload. Team members continue to learn to keep their knowledge and skills up to date.

Inspector's evidence

The pharmacy's prescription workload had remained stable over the previous year. Two vacant ACT posts had affected the pharmacy's skill-mix arrangements. And the pharmacist was having to carry out more dispensing tasks which was impacting on the time they had available for operational tasks. This included reviewing the pharmacy's 'standard operating procedures' (SOPs) and providing training so that team members were accredited to provide extra services such as the smoking cessation service. This meant they were sometimes the only person available to deliver the service.

The company was advertising for new team members. But it had not been successful at attracting the calibre of candidates they expected. The company arranged locum pharmacist cover in advance, and it occasionally provided double pharmacist cover to help support the RP with multi-compartment compliance pack dispensing. The pharmacy had reduced the number of packs it dispensed. This had helped to manage the dispensing workload whilst it recruited new team members. The RP had been successful at appointing two new trainee 'medicine counter assistants' (MCA) and one trainee dispenser. And they provided them with protected learning time in the workplace. The new trainee dispenser worked alongside the RP. This meant they had good access to the RP and could ask them questions when they needed to. It also helped the RP identify knowledge and skills gaps and they provided extra support when it was needed. The new team members had read the SOPs that were relevant to their roles and responsibilities and the RP had discussed confidentiality and safeguarding vulnerable children and adult arrangements. This meant they knew how to comply with the pharmacy's operating procedures.

The following team members worked at the pharmacy; one full-time pharmacist, one full-time dispenser, one full-time trainee dispenser, one part-time dispenser and three part-time MCAs. The RP supported team members to learn and develop and keep up to date with changes and new initiatives. For example, they had discussed changes to the way the local surgery was processing prescriptions. This ensured team members knew only to expect prescription bar code information from the prescribing doctor. The RP printed and shared the NHS Pharmacy First formulary in response to changes. And the MCAs kept up to date with treatments depending on the time of the year and seasonal changes. For example, they had recently refreshed their understanding of medications used to manage hay fever. They also kept up to date with 'prescription only medicine' (POM) to 'pharmacy only' (P) reclassifications, such as for Fexofenadine treatments. Team members understood their obligations to raise whistleblowing concerns if necessary. And they knew to refer concerns to the pharmacist.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises support the safe delivery of its services. And it effectively manages the space for the storage of its medicines. The pharmacy has suitable arrangements for people to have private conversations with the team.

Inspector's evidence

The pharmacy provided a purpose-built environment from which to safely provide services. A sound-proofed consultation room with a sink was available for use. And it provided a clinical environment for the administration of vaccinations and other services. The consultation room provided a confidential environment. And people could speak freely with the pharmacist and the other team members during private consultations. A small separate private booth to the side of the medicines counter was available for some services. And team members regularly cleaned and sanitised the rooms and the pharmacy throughout. This ensured it remained hygienic for its services. Lighting provided good visibility throughout, and the ambient temperature provided a suitable environment from which to provide services. A separate room provided adequate space for team members to take comfort breaks.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services which are easily accessible. And it manages its services well to help people receive appropriate care. The pharmacy gets its medicines from reputable sources, and it stores them appropriately. The team carries out checks to make sure medicines are in good condition and suitable to supply. And it has arrangements to identify and remove medicines that are no longer fit for purpose.

Inspector's evidence

A step-free entrance provided access to the pharmacy, and this helped people with mobility difficulties. The pharmacy purchased medicines and medical devices from recognised suppliers. And team members conducted monitoring activities to confirm that medicines were safe to supply. They checked expiry dates at the time of dispensing. But they did not keep audit trails to show when they checked the stock on the shelves. This meant they did not have records to show when checks were next due to help them manage the risk of supplying short-dated stock in error. The pharmacy used a fridge to keep medicines at the manufacturers' recommended temperature. And team members monitored and recorded the temperature to provide assurance it was operating within the accepted range of two and eight degrees Celsius. They placed dispensed items in clear bags. This helped them carry out extra accuracy checks at the time they made supplies.

Team members kept stock neat and tidy on a series of shelves. And they used a secure controlled drug (CD) cabinet for some of its items. Medicines were well-organised and items awaiting destruction were kept well-segregated from other stock. Team members kept an audit trail of drug alerts. But this had not been maintained over the previous two months due to staffing changes. The RP confirmed they had checked for affected stock so it could be removed and quarantined straight away. But they had yet to file the associated documentation to evidence they had carried out the checks. The pharmacy had medical waste bins and CD 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 as not to cover-up the warning messages.

The pharmacy used dispensing baskets to safely hold medicines and prescriptions during the dispensing process. This helped them to manage the risk of items becoming mixed-up. The pharmacy supervised the consumption of some medicines. And the RP dispensed doses in advance, so they were available for people to collect. The pharmacy supplied medicines in multi-compartment compliance packs to help people with their medication. And they used a separate area to assemble and store the packs. Team members obtained an accuracy check before they de-blistered medicines. This helped them to identify selection errors in advance. Trackers helped team members to plan the dispensing of the packs. And this ensured that people received their medications at the right time. They also used supplementary records that provided a list of each person's current medication and dose times which they kept up to date. And they checked new prescriptions against the records for accuracy. Team members provided descriptions of medicines. And they supplied patient information leaflets for people to refer to.

The pharmacy dispensed serial prescriptions for people that had registered with the 'medicines: care and review' service (MCR). The pharmacy had a system for managing dispensing. And they retrieved prescriptions every Monday so they could order items and dispense them in time. Most people collected their medication when it was due. And team members knew to refer people who arrived either too early or too late so the pharmacist could check compliance. The pharmacy checked its retrieval area once a month. And this helped the team members to check compliance and contact people if they had concerns.

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 the British National Formulary (BNF). Team members used crown-stamped measuring cylinders, and they used separate measures for methadone. They had highlighted the measures, so they were used exclusively for this purpose. 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 carry out conversations in private if needed, using portable telephone handsets. The pharmacy used cleaning materials for hard surface and equipment cleaning. And the sink was clean and suitable for dispensing purposes.

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.