

# Registered pharmacy inspection report

**Pharmacy Name:** Steeple Pharmacy, 152 High Street, MONTROSE, Angus, DD10 8JB

**Pharmacy reference:** 1041762

**Type of pharmacy:** Community

**Date of inspection:** 17/09/2020

## Pharmacy context

This is a community pharmacy on a town high street. It dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. The pharmacy offers a repeat prescription collection service and a medicines delivery service. It also provides substance misuse services, a smoking cessation service and dispenses private prescriptions. The pharmacy team advises on minor ailments and medicines' use and supplies a range of over-the-counter medicines. The pharmacy was inspected during the COVID-19 pandemic.

## 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 team members follow written processes for the pharmacy's services to ensure they provide them safely. The pharmacy keeps all the records that it needs to by law and keeps people's private information safe. Team members know who to contact if they have concerns about vulnerable people. They record mistakes to learn from them, but don't review these regularly to identify common themes. So, they could be missing some learning opportunities.

### Inspector's evidence

The pharmacy had put some strategies in place to help keep people safe from infection during the COVID-19 pandemic. It had external signage about COVID-19 symptoms and reminding people to wear face coverings. It allowed two people on the premises at any time, had hand sanitiser at the entrance and had tape on the floor to encourage people to socially distance and follow a one-way route. It also had tape on the floor in front of the medicines' counter, signage and chairs forming a physical barrier to keep people a safe distance from team members. It did not have screens up at the medicines counter in the way many pharmacies and retail premises did. People using the pharmacy were observed to wear face coverings and team members all wore masks. They also washed and sanitised their hands regularly and frequently. They cleaned surfaces at the end of the day. All team members had been well throughout the pandemic and no-one was believed to be at increased risk. But they did not think that individual risk assessments had been carried out. The lead pharmacist for community pharmacy within the NHS board had contacted the pharmacy to ensure all team members were well, and to highlight a video about the implications of 'test and protect'. The inspector advised that risk assessments should be undertaken and reminded the pharmacist of the requirements of RIDDOR, meaning any cases of COVID-19 contracted by team members at work must be reported to the HSE.

The pharmacy had standard operating procedures (SOPs) which team members followed. They had read them, and the pharmacy kept records of this. This was an improvement from the previous inspection when not all SOPs were followed and not all team members had read and signed them. The pharmacist explained that the pharmacy superintendent reviewed them and signed them off, although they did not document who had written or reviewed them. They were due for review later this year. Staff roles and responsibilities were recorded on individual SOPs. Team members could describe their roles and accurately explain which activities could not be undertaken in the absence of the pharmacist. The pharmacy managed dispensing, a high-risk activity, well, with coloured baskets used to differentiate between different prescription types and separate people's medication. The pharmacy had a business continuity plan to address maintenance issues or disruption to services.

Team members used near miss logs to record dispensing errors that were identified in the pharmacy, known as near miss errors. They also recorded errors reaching patients to learn from them. And they sent both of these records to the pharmacy superintendent (SI) monthly. The pharmacy did not receive any feedback from the SI and there was no sharing of incidents across branches for learning. Team members recorded actions taken as 'amended'. They did not record actions to reduce repeat incidents. The inspector gave advice to help use this as a learning tool. The relief pharmacist discussed her plans for regular review if she was to work permanently in this pharmacy. The pharmacy had a complaints procedure and welcomed feedback.

The pharmacy had an indemnity insurance certificate, expiring 30 September 20. The pharmacy displayed the responsible pharmacist notice and accurately kept the following records: responsible pharmacist log; private prescription records including records of emergency supplies and veterinary prescriptions; unlicensed specials records; controlled drugs (CD) registers with running balances maintained and regularly audited; and a CD destruction register for patient returned medicines. Team members signed any alterations to records, so they were attributable. The pharmacy backed up electronic patient medication records (PMR) each night to avoid data being lost.

Pharmacy team members were aware of the need for confidentiality. They had all read a policy which was filed with SOPs. They segregated confidential waste for secure destruction. No person identifiable information was visible to the public. Team members had access to the process to follow if they needed to raise a safeguarding concern. The pharmacist had completed NES child protection training and was PVG registered.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough qualified team members to provide safe services. They can make decisions within their competence to help people. Inexperienced team members are supported and know how to raise concerns or seek guidance if required. The pharmacy does not set aside time for team members to continue their learning, so they may find it difficult to keep their knowledge up to date. Team members know how to raise concerns if they have any.

### Inspector's evidence

The pharmacy had the following staff: two full-time dispensers, three part-time dispensers (16, 16, 8 hours per week), a Saturday only medicines' counter assistant and a part-time delivery driver. The pharmacy displayed their certificates of qualification. It had not had a regular pharmacist for several months which had been challenging for the team. A provisionally registered pharmacist had been employed as a relief pharmacist around six weeks previously and had been in this branch most of this time. She was working with all team members to review and improve processes in this pharmacy. And this contributed to the improvements seen at this inspection compared to the previous one when some standards were not met. During the inspection, the pharmacist and three competent and experienced team members were working. They were able to manage the workload and were working methodically. Stress observed at the previous inspection was no longer an issue and team members were relaxed and confident. They were empowered to work autonomously and were observed to be making decisions and contacting prescribers when prescriptions had changed or were unclear. They drew the pharmacist's attention to outcomes.

When the provisionally registered pharmacist was employed, the superintendent pharmacist (SI) carried out a risk assessment in line with GPhC guidance. He had contacted her pre-registration tutor as part of this to ensure that the pharmacist would not be expected to undertake tasks that she may not be competent for. Her senior 'go-to' pharmacist was the SI and he had phoned her daily during her first few weeks. She described feeling well supported and felt she could contact the SI at any time for guidance. She also described her own network of pharmacists who shared experiences and supported each other. She had one day off per fortnight to help prepare for the GPhC assessment that would be undertaken over the next few months. There was no date yet.

All team members were qualified for their roles. One who had recently qualified had achieved this by undertaking some course work during the working day and some at home. The pharmacy did not provide learning time during the working day for team members to undertake regular training and development.

Team members were observed going about their tasks in a systematic and professional manner. They asked appropriate questions when supplying medicines over the counter and referred to the pharmacist when required. They demonstrated awareness of repeat requests for medicines intended for short term use. And they dealt appropriately with such requests. And they all spoke professionally and empathetically to people using pharmacy services, and other healthcare professionals. They contacted prescribers and the pharmacy team at the local GP practice to address queries without being asked. They made appropriate decisions themselves.

Pharmacy team members understood the importance of reporting mistakes and were comfortable owning up to their own mistakes. They had an open environment in the pharmacy where they could share and discuss these. The company had a whistleblowing policy that team members were aware of. They knew who to contact at head office to raise concerns and make suggestions. An example was described of someone requesting a Perspex screen to be installed at the medicines' counter during the pandemic to provide some protection from infection to team members. But this had not been agreed.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are safe and clean and suitable for the pharmacy's services. The pharmacy has suitable facilities for people to have conversations with team members in private. The pharmacy is secure when closed.

### Inspector's evidence

These were reasonably sized premises incorporating a retail area, dispensary and back shop area including storage space and staff facilities. The premises were clean and hygienic. There were sinks in the dispensary, staff room and toilet. These had hot and cold running water, soap, and clean hand towels.

People were not able to see the detail of activities being undertaken in the dispensary. The pharmacy had a consultation room with a desk and chairs, which was clean and tidy, and the door closed providing privacy. Usually all team members used this room e.g. when measuring people for stockings. And the pharmacist used it to supervise self-administration of some medicines. But during the pandemic it was seldom used as it was difficult to maintain a social distance of two metres. Team members cleaned it immediately after use on these occasions. Temperature and lighting were comfortable.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy helps people to access its services. It provides safe services. Team members support people by providing them with information and advice to help them use their medicines. And they provide extra written advice to people taking higher-risk medicines. The pharmacy obtains medicines from reliable sources and stores them properly. Team members know what to do if medicines are not fit for purpose.

### Inspector's evidence

The pharmacy had good physical access by means of a level entrance and team members assisted with the door if they saw people having difficulty. The pharmacy provided a delivery service and was not currently asking people to acknowledge receipt of their medicines. The driver who was present for part of the inspection described his process, observing social distances. And he explained that he knew most people he delivered to and would tell the pharmacist if he was concerned about anyone. During the height of the pandemic deliveries had increased and some people had asked volunteers to collect their medicines for them.

Pharmacy team members followed a logical and methodical workflow for dispensing. They used coloured baskets to differentiate between different prescription types and separate people's medicines and prescriptions. When the pharmacy received prescriptions from the surgery a team member arranged them alphabetically. A team member labelled prescriptions as soon as possible which helped locate prescriptions if people asked for them before they had been assembled. If there were any changes the team member labelling noted this on the prescription, and sometimes called the GP practice to confirm. The note enabled the pharmacist to carry out a clinical check and the team member handing out the medicines could counsel people as required. When they handed out dispensed medicines, team members checked with people what they were expecting, and if anything appeared to be missing, they looked at the computer records. A team member explained that sometimes people's prescriptions were delivered from the surgery on different days, so dispensed medicines may be stored separately, or may not be dispensed yet. Team members initialled dispensing labels to provide an audit trail of who had dispensed and checked all medicines. The pharmacy usually assembled owings later the same day or the following day when the stock delivery was received. The team member checking and putting away the stock assembled the owings.

A lot of people received medicines from 'Medicines Care Review' (MCR) serial prescriptions. The pharmacy dispensed these the week before the expected supply date to ensure they were ready when people expected them. The pharmacist explained that she could monitor compliance and phoned the GP practice if people did not collect their medicines. She did this on Saturdays when the pharmacy was quieter. Sometimes they had not collected because they didn't know it was ready for them. The GP practice was registering one or two people daily and not always telling them. The practice pharmacist was completing assessments. The pharmacist during the inspection had only been in the pharmacy for a few weeks so had not yet had opportunity to fully review and improve this service.

The pharmacy managed multi-compartment compliance packs on a four-weekly cycle with four assembled at a time. It had not taken on any additional people for this service since the last inspection,

but team members explained that they felt they could now take on more if required. At the time of the last inspection the pharmacy was facing challenges and was often under pressure assembling these packs. This was greatly improved with a robust process in place and packs assembled the week before the first supply was due. Team members included tablet descriptions on backing sheets which were now firmly attached to the packs. At the last inspection these were loose so could become detached and people would not know what medicines were in the pack. They also now supplied patient information leaflets with the first pack of each prescription. The pharmacy supplied a variety of other medicines by instalment. At the last inspection this process was not well managed and prescribers were not notified if people missed their dose. This had been hugely improved and was well organised now. Team members dispensed prescriptions in their entirety when they were received. They wrote the date of supply on bags containing medicines. And these were stored in baskets labelled with the date of supply on designated shelves. Team members could easily see any uncollected instalments and decide on an appropriate course of action. Usually they phoned prescribers to inform them. Prescribers had given positive feedback about this. This process had been reviewed by the team and some changes put in place, including for individual people.

A pharmacist undertook clinical checks and provided appropriate advice and counselling to people receiving high-risk medicines including valproate, methotrexate, lithium, and warfarin. She or a team member supplied written information and record books if required. She also described supplying steroid warning cards to people as appropriate. The pharmacy had implemented the non-steroidal anti-inflammatory drug (NSAID) care bundle. Team members gave verbal information to people supplied with these medicines over the counter, or on prescriptions. They also discussed 'sick day rules' with people on certain medicines, so that people could manage their medicines when they were unwell. The pharmacy followed the service specifications for NHS services and patient group directions (PGDs) were in place for unscheduled care, pharmacy first, smoking cessation, and emergency hormonal contraception. The pharmacy was in the early stages of implementing the recent Pharmacy First service. They used the sale of medicines protocol and the formulary, which a team member had printed and filed for ease of access, to respond to symptoms and make suggestions for treatment. They referred to the pharmacist as required. Team members still needed training to be able to deliver this service.

The pharmacist delivered the smoking cessation service which she enjoyed. But she planned to arrange training for other team members to be able to deliver this service. The pharmacy obtained medicines from licensed wholesalers such as Alliance and AAH. The pharmacy stored medicines in original packaging on shelves, in drawers and in cupboards. It stored items requiring cold storage in a fridge and team members monitored minimum and maximum temperatures. They took appropriate action if there was any deviation from accepted limits. Team members regularly checked expiry dates of medicines and most of those inspected were found to be in date. A few were out of date, but they were clearly marked as short dated from a previous check, so it was not likely that they would be supplied. It appeared that an area had been missed when team members had removed items from stock recently. The pharmacy protected pharmacy (P) medicines from self-selection. Team members followed the sale of medicines protocol when selling these. The pharmacy team was monitoring stock levels of controlled drugs (CDs) and working on reducing stock. The pharmacy was no longer part of the palliative care network so did not need to keep some items anymore.

The pharmacy actioned Medicines and Healthcare products Regulatory Agency (MHRA) recalls and safety alerts on receipt and kept records. Team members contacted people who had received medicines subject to patient level recalls. They returned items received damaged or faulty to suppliers as soon as possible.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs for the delivery of its services. The pharmacy looks after this equipment to ensure it works.

### Inspector's evidence

The pharmacy had texts available including current editions of the British National Formulary (BNF) and BNF for Children. It had Internet access allowing online resources to be used.

The pharmacy kept a carbon monoxide monitor maintained by the health board in the consultation room where it was usually used with people accessing its smoking cessation service. But during the pandemic people's carbon monoxide levels were not being monitored to reduce the risk of spreading infection. Team members kept crown stamped and ISO marked measures under the sink in the dispensary, and separate marked ones were used for water. The pharmacy team kept clean tablet and capsule counters in the dispensary and kept a separate marked one for cytotoxic tablets.

The pharmacy stored paper records in the dispensary inaccessible to the public. It stored prescription medication waiting to be collected in a way that prevented patient information being seen by any other people. Team members used passwords to access computers and did not leave them unattended unless they were locked.

### 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.