

# Registered pharmacy inspection report

**Pharmacy Name:** Well, 60 High Street, ALLOA, Clackmannanshire,  
FK10 1JD

**Pharmacy reference:** 1041941

**Type of pharmacy:** Community

**Date of inspection:** 26/06/2019

## Pharmacy context

The pharmacy is in Alloa town centre. It dispenses NHS prescriptions and provides a range of extra services. The pharmacy collects prescriptions from the local surgery. And it supplies medicines in multi-compartmental compliance packs when people need extra help. Consultation facilities are available, and people can be seen in private.

## 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 complete training and work to professional standards. They provide safe services and look after people. The pharmacy keeps records of mistakes when they happen. And senior pharmacy members carry out checks to make sure the pharmacy is running safely. The pharmacy team members discuss the need for new safety measures. And there is ongoing service improvement. The pharmacy keeps the records it needs to by law. And it provides regular training to keep confidential information safe. It understands its role in protecting vulnerable people. But, team members would benefit from having access to the company's safeguarding policy. And this would ensure they were up to date with current practices. People using the pharmacy can raise concerns. And staff know to follow the company's complaints handling procedure. This means that staff listen to people and put things right when they can.

### Inspector's evidence

The pharmacy displayed the responsible pharmacist notice. And people could identify who was in charge. The pharmacy used standard operating procedures (SOPs) to define the pharmacy processes and procedures. And the pharmacy team accessed the SOPs on the intranet using personal log-on credentials. The system recorded when each of the SOPs had been read and understood. And a sample of SOPs showed they were up to date. For example, the SOP used to define multi-compartmental compliance pack dispensing was valid until 2020. The dispenser showed she had read and understood the procedure. The company had issued SOPs following the introduction of new off-site dispensing procedures. And these had mostly been read and understood. The pharmacist was expected to carry out a random accuracy check of one prescription that had been dispensed at the off-site dispensary. And this was documented and kept alongside the responsible pharmacist record. The pharmacy displayed a notice telling people that prescriptions were being dispensed at the off-site dispensary.

The pharmacy team signed dispensing labels to show they had completed a dispensing task. But, sampling showed that they did not always sign multi-compartmental compliance packs. The pharmacist checked prescriptions. And gave feedback to dispensers who failed to identify their own errors. The pharmacist and the dispensers recorded the near-misses on a paper record. And transferred to an electronic record at a more convenient time. The pharmacy team did not always identify contributing factors. And this meant that improvement action was not always discussed and identified. Sample near-miss reports were selected, and examples of improvement action were seen. For example, re-reading the 'prescription hand-out' SOP following a hand-out error. And being reminded to carry out an accuracy check before passing prescriptions for a final accuracy check. The pharmacy team had been reminded to carry out accuracy checks when processing prescriptions due to coded labels being used when they shouldn't have. The pharmacy team were not authorised to separate stock to manage selection errors. And instead the pharmacist highlighted affected products at the weekly and monthly meetings. Such as mix-ups with finasteride and sertraline packs.

The pharmacist managed the incident reporting process. And the pharmacy team knew when incidents happened and what the cause had been. For example, they knew about a mix-up when sugar-free

methadone had been supplied instead of sugar-containing liquid. And this was due to the wrong product being ordered and not correctly checked when received into stock or during the dispensing process. The pharmacist had instructed the pharmacy team to always use the PIP code when ordering, and explained the difference between both products to avoid a similar error. The company carried out regular audits to assess compliance against professional and company standards. The pharmacy had scored 85% compliance at a recent audit. And areas for improvement had been identified and actioned. For example, removing password credentials that the pharmacy team had written on the back of a folder that was kept in the consultation room. A complaints policy ensured that staff handled complaints in a consistent manner. A notice in the waiting area informed people about the complaints process and provided contact details. The pharmacy carried out a survey after a refurbishment in May 2019. And the feedback had been positive with no areas for improvement.

The pharmacy maintained the legal pharmacy records it needed to by law. And the pharmacist in charge kept the responsible pharmacist record up to date. The pharmacy team kept the controlled drug registers up to date. And checked and verified the balance of controlled drugs on a weekly basis. The pharmacy recorded controlled drugs that people returned for destruction. The staff destroyed the controlled drugs on a regular basis. And the pharmacist and a team member recorded their names and signatures against each record following a destruction. A sample of private prescriptions were up to date and met legal requirements. A sample of specials records were up to date. And the pharmacy team recorded the name of the person who had received the medication. The pharmacists used patient group directions to improve access to medicines and advice. A sample trimethoprim patient group direction was valid until October 2020.

The pharmacy team completed data protection training on a regular basis and knew how to safeguard personal information. The pharmacy disposed of confidential information in designated bags. And a collection service uplifted the bags for off-site shredding. The pharmacy team archived spent records for the standard retention period. And stored prescriptions for collection out of view of the waiting area. The pharmacy had arranged computer screens out of view of the waiting area. The pharmacy team took calls in private using a portable phone when necessary. And used a generic password to restrict access to patient medication records.

The protecting vulnerable group scheme was used to help protect children and vulnerable adults. And the company had registered the pharmacists and delivery drivers. The pharmacist had completed safeguarding training that had been accredited by NES. And the team members had completed dementia friend training. A safeguarding policy was available on the intranet, but most of the pharmacy team were unaware of it. The pharmacy team knew to refer concerns to the pharmacist when they recognised the signs and symptoms of abuse and neglect. For example, the trainee dispenser had referred a child when she identified blisters on her eyelid. The pharmacy displayed a chaperone notice beside the consultation room. And this was understood by the pharmacy team. Public liability and professional indemnity insurance were in place.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy monitors its staffing levels. And ensures it has the right number of pharmacy team members throughout the week. The pharmacy team members reflect on their performance. They identify and discuss their learning needs at regular review meetings. This ensures they keep up to date in their roles. The pharmacy encourages and supports the pharmacy team to learn and develop. And it provides access to ongoing training. The pharmacy team members support each other in their day-to-day work. They can speak up at regular meetings. But, they need to keep better records of mistakes to identify what improvements they need to make. And to keep services safe and effective.

### Inspector's evidence

The pharmacy had completed a staffing review a year ago and extra team members had been appointed. A new non-pharmacist manager had been appointed and worked at the branch two days a week and provided dispensing cover when needed. The pharmacy had recruited three extra part-time assistants who had been enrolled onto the NVQ pharmacy services level 2 course. And one of the trainees had been given protected learning time so that her progress was improved. The pharmacy kept staff qualifications on-site so that evidence of accreditation was available. The following staff were in post at the pharmacy; one full-time pharmacist, one part-time non-pharmacist manager, one full-time accredited checking technician (ACT), one part-time pharmacy technicians, two part-time dispensers and three part-time trainee dispensers. The pre-registration pharmacist was on study leave at the time of the inspection. And the non-pharmacist manager was providing cover. A relief ACT was available and provided cover when necessary.

The non-pharmacist manager was accredited through training to work in the dispensary. And carried out quarterly appraisals to ensure the pharmacy team were performing well. The manager had developed a skills matrix to identify knowledge and skills gaps. And this had been adopted by the company and was being rolled out in other branches. The manager had identified team members who were performing well in certain areas. And the good practice had been shared across the team over the last year until everyone was performing at the same level. The company provided e-learning and team members had been issued with log-on credentials. The company specified which modules were mandatory. And the pharmacy team was meeting the company target. For example, the pharmacy team had completed dementia training. The company provided optional modules. But these had not yet been completed. The manager had asked one of the dispensers to champion the optional training modules at her performance review. But, the company was introducing a new PMR system and this had been given priority. A company trainer had provided training at the Shettleston branch so that the pharmacy team were competent in off-site dispensing procedures. A new set of SOPs had been issued and these had mostly been read by the team members involved in the new system.

The pharmacy used a weekly huddle to keep the pharmacy team up to date. The manager recorded the minutes of the meeting and kept them on the wall in a poly-pocket. For example, the pharmacy team had been encouraged to complete an anonymous staff survey that was about to be issued. The

pharmacy team knew what company targets were in place but there was no undue pressure placed on individuals to achieve them. The pharmacy had seen a decline in the number of NHS items due to the relocation of the nearby medical practice. However, the manager and the pharmacist had been working with the surgeries and the numbers were back to where they had been previously. The pharmacy team members were expected to raise concerns and provide suggestions for improvement. For example, one of the dispensers who provided multi-compartmental compliance packs had developed a template. And this meant that medication changes could be easily incorporated, and a new sheet issued much more quickly. The pharmacist worked in a pharmacy champion role with the Health Board and had been jointly responsible for developing and implementing an admissions and discharge sharing procedure. This informed pharmacies and GP practices about people's discharge medication at the same time.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are clean. And provide a safe, secure and professional environment for patients to receive healthcare.

### Inspector's evidence

The pharmacy was a newly refurbished premises that presented a modern professional image to the public. A large well-kept waiting area presented a professional image to the public. And the pharmacy provided seating and a range of patient information leaflets for self-selection. A consultation room with an integrated hatch was available and professional in appearance. The pharmacy had allocated benches for the different dispensing tasks. And the pharmacy team dispensed walk-in prescriptions near to the waiting area. The pharmacist supervised the medicines counter from the checking bench. And could make interventions when needed. The pharmacy had effective lighting. And the ambient temperature provided a comfortable environment from which to provide services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy is accessible to people with mobility difficulties. It displays its opening times in the window. And provides access to patient information leaflets to let people know what services and support are available. The pharmacy has working instructions in place for its services. And these support the pharmacy team to work in a safe and effective way. The pharmacy dispenses multi-compartmental compliance packs. And supplies extra information to support people to take their medicines. The pharmacy sources, stores and manages its medicines. It updates the pharmacy team about high-risk medicines. And this means that team members know when to provide people with extra information.

### Inspector's evidence

The pharmacy was accessible via a ramp which supported people with mobility difficulties. The pharmacy displayed its opening hours at the front of the pharmacy. And provided a range of information leaflets for self-selection. The pharmacy did not display data protection information and did not inform people how it looked after their personal information. The pharmacy provided a delivery service to housebound and vulnerable people. And made sure that people signed for controlled drug prescriptions to confirm receipt. The dispensing benches were organised, and a separate rear room was used for dispensing multi-compartmental compliance packs. The pharmacy team used dispensing baskets. And kept prescriptions and medicines contained throughout the dispensing process.

The pharmacy team attached labels to prescription bags to communicate key messages. For example, using a chronic medication service (CMS) sticker to identify people suitable for the service. The pharmacist had authorised the pharmacy technicians to support people to complete a questionnaire that was designed to identify areas for concern. The off-site pharmacy dispensed most prescriptions items. But, prescriptions for creams, fridge items and controlled drugs were excluded.

The pharmacy dispensed multi-compartment compliance packs for people who needed extra support. And two experienced dispensers were responsible for managing the service. The team members used trackers to manage the work-load. And this avoided people going without their medication. The pharmacy team recorded changes on the patient medication record sheets. And updated the electronic patient medication record at the same time. The pharmacy supplied patient information leaflets and descriptions of medicines. The pharmacy used a Methameasure machine to dispense methadone doses. And the trainee dispenser was able to describe the dispensing process. This included always obtaining an accuracy check when new prescriptions were entered onto the system and after dispensing.

The pharmacy team kept the pharmacy shelves neat and tidy. And purchased medicines and medical devices from recognised suppliers. The pharmacy kept controlled drugs in two well-organised cabinets to avoid selection errors. For example, the pharmacy team used a separate cabinet to store methadone liquid. The pharmacy team carried out regular stock management activities. And highlighted short dated stock and part-packs. They monitored and recorded the fridge temperatures. And demonstrated that the temperature had remained between two and eight 8 degrees. Staff accepted returned medicines from the public. And disposed of them in yellow containers that the health board collected.



The pharmacy team acted on drug alerts and recalls. And recorded the outcome, and the date they checked for affected stock. For example, they had checked stocks of Forxiga in June 2019 with none found. The pharmacist had briefed the pharmacy team about the use of valproate in women. And they knew about the pregnancy protection scheme and where to find safety leaflets and cards. The pharmacy had trained staff to follow the falsified medicines directive. And although it had installed a bar-code reader the system had not been implemented.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide safe services.

### Inspector's evidence

The pharmacy had access to a range of up to date reference sources, including the British National Formulary (BNF). The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. And it had a separate range of measures for measuring methadone. The measures were marked for methadone and others were available for measuring other liquids such as antibiotics. The pharmacy used a Methameasure to provide methadone doses. And the pharmacist calibrated the machine each morning to ensure it measured the correct dose. The pharmacy team cleaned the machine at the end of the day to avoid cross-contamination. The pharmacy had a range of equipment for counting loose tablets and capsules. Cleaning materials were available for hard surface and equipment cleaning. And the pharmacy sink was clean and suitable for dispensing purposes. The pharmacy had a consultation room with an integrated hatch. And this protected people's privacy and dignity.

### 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.