

Registered pharmacy inspection report

Pharmacy Name: Lindsay & Gilmour Pharmacy, 81 Main Street,
Sauchie, ALLOA, Clackmannanshire, FK10 3JT

Pharmacy reference: 1041951

Type of pharmacy: Community

Date of inspection: 11/07/2019

Pharmacy context

The pharmacy is on a parade of shops on the Main Street of Sauchie. It provides an NHS prescription collection service. And it offers a range of extra health services. The pharmacy supplies medicines in multi-compartmental compliance packs to help people take their medicines. And it provides a prescription delivery service when needed. Consultation facilities are available, and people can be seen in private.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.7	Standard not met	The pharmacy keeps prescriptions beside the medicine counter. And people's names and addresses can be easily read from the waiting area. The pharmacy does not always keep information safe. And people's personal information is not always protected.
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 not all 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. But, the pharmacy does not always keep information safe. And people's personal information is not always protected. The pharmacy keeps the records it needs to by law. And it understands its role in protecting vulnerable people. But, team members do not have access to safeguarding training. 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 used standard operating procedures (SOPs) to define the pharmacy processes and procedures. The team members signed to confirm they followed the procedures. And to show they understood their roles and responsibilities. The pharmacist had displayed the responsible pharmacist notice. And people could identify who was in charge. The pharmacy team signed dispensing labels to show they had completed a dispensing task. And the pharmacist and accuracy checking technician (ACT) gave feedback to dispensers who failed to identify their own errors. The team members recorded their own near-misses electronically. And provided a reason for each error. The pharmacist produced a near-miss report at the end of the month. And previous reports showed a good level of near-miss recording. The pharmacy team had agreed on actions following a review of data in April and May 2019. For example, underlining the first four letters of Gabapentin and Pregabalin. And separating the products to avoid selection errors. The team members had also agreed to continue circling the address on prescriptions to manage the risk of hand-out errors. And had highlighted Prograf 0.5mg/5mg due to selection errors. 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 with co-codamol tablets/caplets. And that the pharmacist had separated the stock and reflected on her checking procedure to manage the risk of a similar incident.

The pharmacy team carried out regular internal audits to ensure compliance with professional standards and health and safety requirements. The pharmacy team took remedial action when non-compliance was found. For example, keeping the rear store room tidy and the fire exit clear. The pharmacist had also been making sure that team members were using their protected learning time each week. And this ensured that everyone had read and signed the standard operating procedures that were relevant to their role. A complaints policy ensured that staff handled complaints in a consistent manner. And a leaflet was being used to encourage comments and feedback. A 'buzz-box' was used to survey people's experience of pharmacy services. And weekly feedback was sent to the pharmacy with high levels of satisfaction seen.

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 electronic controlled drug registers up to date. And checked and verified the balance of controlled drugs on a regular basis. The pharmacy team recorded controlled drugs that people returned for destruction. And

the pharmacist and a team member recorded their names against each destruction. The pharmacy provided a delivery service to housebound and vulnerable people. And made sure that people signed an electronic record for controlled drug prescriptions to confirm receipt. A sample of private prescriptions were up to date and met legal requirements. And specials records were kept up to date, with details of who had received each supply. The pharmacists used patient group directions to improve access to medicines and advice. And 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. But, the pharmacy team kept prescriptions beside the medicines counter. And names and addresses could be easily read. The pharmacy team kept computer screens out of view of the waiting area. And used a password to restrict access to patient medication records. 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 beside the waiting area. The team members had access to a portable phone. And took calls of a sensitive nature well away from the waiting area.

The protecting vulnerable group scheme was used to help protect children and vulnerable adults. And the company had registered the pharmacists. The company also used Disclosure Scotland to protect people using the service. And carried out checks when delivery drivers were employed. The company did not provide safeguarding training. And had not defined the referral process. But, the team members were aware of their vulnerable groups. And knew to monitor people using multi-compartmental compliance packs. For example, referring people who did not collect their packs on time or failed deliveries. Public liability and professional indemnity insurance were in place and valid until April 2020.

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. And 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 team members support each other in their day-to-day work. They can speak up at regular meetings. And make suggestions for improvement to keep services safe and effective.

Inspector's evidence

The pharmacy workload had decreased slightly over the past year. And the number of team members had reduced since February 2019. A part-time accredited checking technician (ACT) had moved to another branch. And another had reduced her hours from four to three day working. A part-time dispenser had retired and had not been replaced. And the company was recruiting to replace two Saturday dispensers that had left in the past six weeks. The remaining team members were long-serving and experienced. And had been providing Saturday cover in the interim period. The company kept copies of qualifications and training certificates at their head office. And this provided evidence of accreditation should it be needed. The following team members were in post; one full-time pharmacist, one part-time ACT, one full-time trainee pharmacy technician, one full-time dispenser, two part-time dispensers and one delivery driver. The pharmacy managed annual leave requests. And the company employed relief dispensers who had recently provided cover.

The company used targets to develop the business. But team members did not experience undue pressure to meet them. For example, the pharmacy team used allocated learning time to keep up-to-date with e-learning requirements. The company used a system of appraisal to identify individual knowledge and skills gaps. The manager and the team members reflected on past performance. And documented areas for discussion at the appraisal meeting. The manager and the team member agreed development objectives. For example, a dispenser had identified the need to develop computer skills. And the manager had been supporting her to do so.

The company used e-learning to keep the pharmacy team up-to-date. And it monitored the branch's records to make sure that the pharmacy team were up to date. The team members had recently completed the following modules; health-on-holiday, hay-fever and managing allergic rhinitis. The pharmacy team attended off-site training. For example, smoking cessation training. And the trainee pharmacy technician and the pharmacist had recently attended a session about CBD Oil.

The company encouraged the pharmacy team to discuss relevant topics. And to submit the minutes of meetings via the company's intranet. The pharmacy team had discussed the need to better manage the stock of buprenorphine, so they didn't run out. And this had been recorded on 28 June 2019. The pharmacy team members were expected to raise concerns and provide suggestions for improvement. A dispenser had suggested retaining a copy of banking information for auditing purposes. And the pharmacist had agreed and the dispenser had implemented the process.

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

A large well-kept waiting area presented a professional image to the public. The pharmacy provided seating and a few patient information leaflets for self-selection. 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. A security alarm and shutters protected the pharmacy after hours. And CCTV and panic buttons were available. The pharmacy had effective lighting. And the ambient temperature provided a comfortable environment from which to provide services. The pharmacy provided a consultation room, and this was professional in appearance.

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 includes information about Sunday opening times in the area. But, it only provide a limited selection of patient information leaflets. And people may not always know what services are available to them. The pharmacy has working instructions in place for its services. And this ensures support for 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. And has systems in place to identify faulty medicines. It updates the pharmacy team about high-risk medicines. This means team members know when to provide people with extra information.

Inspector's evidence

The pharmacy used a ramp to improve access to the pharmacy. And this supported people with mobility difficulties. The pharmacy participated in a Sunday opening rota. And opened for one hour every four weeks. It displayed its opening hours at the front of the pharmacy. And provided a few 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 issued questionnaires to people that were eligible to register with the chronic medication service (CMS). But, CMS prescriptions were not in use. The team members had been trained to support people to complete the questionnaires. And to refer people to the pharmacist if they were having problems taking their medicines. The pharmacy dispensed multi-compartment compliance packs for people who needed extra support. The team members used trackers and coloured dots to manage the work-load. And this managed the risk of people going without their medication. The pharmacy team isolated packs when they were notified of prescription changes. And kept all the necessary records up to date. The pharmacy supplied patient information leaflets and descriptions of medicines. And this provided extra support. The pharmacy used a Methameasure machine to dispense methadone doses. And the trainee dispenser was able to describe the dispensing process. This included obtaining accuracy checks when new prescriptions were entered onto the system and after dispensing individual doses.

The pharmacy had organised its dispensing benches, and a separate rear room was used for multi-compartmental compliance packs. The pharmacy team used dispensing baskets. And kept prescriptions and medicines contained throughout the dispensing process. The pharmacy team used pink baskets to highlight incomplete prescriptions awaiting stock. And this ensured they were prioritised. The pharmacy team attached labels to prescription bags to communicate key messages. For example, using a controlled drug (CD) label and fridge label. And this ensured that team members added the items at the time of supply. The pharmacy team used clear plastic bags to keep CD items that had been dispensed. And the pharmacy team could easily carry out final checks at the time of supply.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. And kept the pharmacy shelves neat and tidy. The pharmacy had introduced new standard operating procedures (SOPs). And these were being read and signed by all team members to confirm they knew about the falsified medicines directive (FMD). The pharmacy was scanning what medicines it could to comply with

FMD requirements.

The pharmacy kept controlled drugs (CDs) in two well-organised cabinets. And this managed the risk of selection errors. The team members monitored and recorded the fridge temperatures. And demonstrated that the temperature had remained between two and eight degrees Celsius. The pharmacy 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 had checked for affected stock. For example, in June 2019 they had checked for products that had been distributed by B&S Healthcare with none found. The pharmacist had completed the necessary checks to identify people taking valproate medication. And had briefed the pharmacy team about the use of valproate in patients who may become pregnant. The team members knew about the pregnancy protection scheme. And where to find safety leaflets and cards.

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 in red 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 team members cleaned the machine at the end of the day. And this managed the risk of contamination. The pharmacy had a range of equipment for counting loose tablets and capsules. And cleaning materials were available for hard surface and equipment cleaning. 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.