

Registered pharmacy inspection report

Pharmacy Name: T. A. Mack Mrpharms, 107 High Street,
TILLICOULTRY, Clackmannanshire, FK13 6DS

Pharmacy reference: 1041953

Type of pharmacy: Community

Date of inspection: 10/07/2019

Pharmacy context

The pharmacy is set off the High Street in Tillicoultry and lies 5 miles west of Stirling. The pharmacy 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 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

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 they make service improvements when needed. The pharmacy keeps most of the records it needs to by law. And it trains its team members to keep confidential information safe. The team members know how to respond to complaints. But the pharmacy does not tell people how they can complain. And does not gather feedback about its services. The pharmacy team understand their role in protecting vulnerable people. And they have access to policies and procedures that help them do so.

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. The pharmacist checked prescriptions. And used a red basket to highlight errors which were then corrected and re-checked. The pharmacist recorded near-misses and noted some information about the reason for the errors. The pharmacist discussed the near-misses at regular intervals. And improvement action had been implemented on a few occasions. For example, adding a shelf-edge caution label to the metformin/metformin SR shelf to manage selection errors. The pharmacist did not document the near-miss review or details of any remedial action taken.

The pharmacy used a complaints SOP to ensure that team members handled complaints in a consistent manner. But the pharmacy did not display a complaint notice or provide contact details so that people knew how to complain. And team members could not provide any examples of complaints or feedback. The pharmacist managed the incident reporting process. And the pharmacy team knew when incidents happened and what the cause had been.

The pharmacy maintained most of the legal pharmacy records it needed to by law. But, the responsible pharmacist did not always record the time the RP period had ended or record periods of absence. The pharmacy recorded controlled drugs that people returned for destruction. And destroyed the controlled drugs on a regular basis. 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. And a sample trimethoprim patient group direction was valid until October 2020.

The pharmacy team knew how to safeguard sensitive data. And a data protection notice was available so that people knew their personal information was being managed in a safe and secure way. But, the pharmacist had put the notice in a drawer, and it was out of sight of the waiting area. The pharmacy team disposed of confidential information using a shredder. And archived spent records for the

standard retention period. They stored prescriptions for collection out of view of the waiting area. And computer screens could not be seen. The pharmacy restricted access to patient medication records (PMRs). And the responsible pharmacist entered their personal GPhC registration number to gain access. The pharmacy did not have a portable phone. But the pharmacy team was able to take calls of a sensitive nature in private when necessary.

The protecting vulnerable group scheme was used to help protect children and vulnerable adults. And the pharmacy had registered the pharmacists. The pharmacy used safeguarding policies and procedures to train team members. And local contact details were available if needed. The team members could recognise the signs and symptoms of abuse and neglect. And knew to refer concerns to the pharmacist. For example, a long-serving dispenser had referred someone who had been using the pharmacy for several years. And suddenly appeared confused when they had not been in the past. This was discussed amongst the pharmacy team, and team members were monitoring the patient just in case it was an isolated incident. Public liability and professional indemnity insurance were in place and valid until 30 April 2020.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy enrolls most of its team members onto the necessary training courses. And ensures it has the right number of pharmacy team members throughout the week. The team members support each other in their day-to-day work. They can speak up when there are problems. And suggest service improvements when needed. The pharmacist updates team members when there are service changes. But there is limited access to ongoing training. And this may prevent pharmacy team members from improving in their roles.

Inspector's evidence

The pharmacy workload had increased over the past year. And this was due to GP changes across Clackmannanshire. The pharmacist confirmed that staffing levels were enough to meet the work-load increases. And was due to enrolling two existing medicines counter assistants onto the NVQ pharmacy services level 2 course in 2018. The trainees had been making good progress up until Christmas 2018. But, they had fallen behind since then. The medicines counter assistant had just completed all of the necessary modules. And was waiting on the training provider issuing a certificate of accreditation. The Saturday assistant had been working at the pharmacy for eight months. But, had not been enrolled onto any of the recognised pharmacy courses. The pharmacy kept qualifications on-site so that evidence of accreditation was available.

The pharmacy managed annual leave requests. And team members were expected to provide cover for each other. The pharmacy owner did not use service targets and relied on the pharmacy team to provide a good service to maintain and develop the business.

The pharmacy did not use an annual performance review to develop staff. And the pharmacist updated the pharmacy team whenever there were service changes. For example, when pregabalin and gabapentin were re-classified as Schedule 3 controlled drugs to ensure that team members asked people to sign for their prescriptions. The pharmacy provided access to training materials. But the pharmacy team were unable to provide examples of recent training. The team members organised the window display to promote seasonal changes. And at the time of the inspection, summer health was being promoted. Such as sun-care and hay-fever products.

The team members were encouraged to raise concerns and provide suggestions for improvement. For example, the experienced dispensers had highlighted that the trainee dispensers needed more support. The pharmacist had listened and discussed ways of providing it. And the dispensers had agreed to attach notices to remind them to rotate stock, arrange new stock alphabetically and avoid over-stocking. The pharmacist had authorised the dispensers to rearrange the retail area to improve visibility. And people had commented that products were easier to find, such as first-aid products.

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 regularly cleaned and checked to maintain its good condition. The pharmacy provided seating in the waiting area. And patient information leaflets were available for self-selection. The pharmacy had adequate benches for the different dispensing tasks. And the pharmacy team were able to dispense walk-in prescriptions near to the waiting area. A separate side area was used for multi-compartmental compliance pack dispensing.

The pharmacist supervised the medicines counter from the checking bench. And made interventions when needed. A security alarm and shutters protected the pharmacy after hours. And panic buttons and CCTV were available. The pharmacy had effective lighting. And the ambient temperature provided a comfortable environment from which to provide services. A consultation room was available and 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 provides access to patient information leaflets to let people know what services are available. 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. And this means that team members know when to provide people with extra information.

Inspector's evidence

The pharmacy was accessible via a slight ramp which supported people with mobility difficulties. It displayed its opening hours at the front of the pharmacy. And provided a wide range of information leaflets for self-selection. The dispensing benches were organised, and a separate side 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 dispensed multi-compartment compliance packs for people who needed extra support. And the pharmacy team had read and signed a valid SOP. The team members dispensed one tray at a time. And these were kept together on a designated shelf. This helped to identify people who were not taking their medicines as prescribed. Such as people who collected their medication a day earlier or later than they should have. The team members removed and isolated packs when they were notified of changes. For example, when people were admitted to hospital. And the patient record card was updated when there were changes. The pharmacy supplied patient information leaflets and provided descriptions of medicines. The pharmacist occasionally delivered medication to housebound and vulnerable people. And added her own registration details to the register when a controlled drug was delivered.

The pharmacist intervened when people were having difficulty taking their medicines. For example, a patient using a pack had been instructed to reduce her dose of duloxetine every three days then every two days. The patient had informed the pharmacist that she was confused and didn't really understand the directions. The pharmacist contacted the GP and was able to support the patient until her dose was stabilised.

The pharmacy kept controlled drugs in two cabinets. And stock was organised to manage the risk of selection errors. 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 degrees Celsius. The pharmacy used one of the fridges for insulin products. And the other for everything else.

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 had been 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 received notifications of drug alerts and recalls. And the pharmacist had recently scanned and manually checked for products that had been distributed by B&S Healthcare in June 2019 with none found. The pharmacist had recorded the outcome, and the date they checked for affected stock. And the record was kept in a designated folder. The pharmacy accepted returned medicines from the public. And disposed of them in yellow containers that the health board collected. 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 and the pharmacy team has access to a range of up to date reference sources. A consultation room protected people's privacy and dignity.

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 blood pressure monitor. And had replaced it around two to three years ago. But, the pharmacist could not confirm when it was next due to be calibrated. And could not provide assurances that it was measuring accurately.

The pharmacy had 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. 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.