

Registered pharmacy inspection report

Pharmacy Name: Kinmylies Pharmacy, 1 Charleston Court, Kinmylies, INVERNESS, Inverness-Shire, IV3 8YB

Pharmacy reference: 1042143

Type of pharmacy: Community

Date of inspection: 23/09/2022

Pharmacy context

This is a community pharmacy in Inverness. 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	Good practice	2.2	Good practice	Most members of the pharmacy team are fully trained and experienced. And newer members are fully supported while undergoing training.
		2.4	Good practice	The pharmacy team are engaged, enthusiastic and knowledgeable about the operation of the pharmacy.
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 good working practices. And they appropriately manage dispensing risks to keep services safe. The pharmacy documents the mistakes team members make, and they learn from them to improve the safety of services. The pharmacy keeps the records it needs to by law, and it suitably protects people's confidential information.

Inspector's evidence

The pharmacy had introduced processes to manage the risks and help prevent the spread of coronavirus. The pharmacy provided hand sanitizer at the entrance for people to use. And pharmacy team members also had access throughout the dispensary. The pharmacy team wore face masks throughout the day. This helped to protect team members and members of the public. The pharmacy used documented standard operating procedures (SOPs) to define the pharmacy's processes and procedures. And team members had recorded their signatures to show they had read and followed them. Sampling showed a range of SOPs to cover activities such as the 'responsible pharmacist' (RP) regulations and 'controlled drug' (CD) procedures. The superintendent pharmacist had reviewed and updated the SOPs. And they had recorded a review date of June 2023 on each of the documents. The company was supporting the senior dispenser to complete an 'accuracy checking in dispensing' course. And the superintendent had produced an 'accuracy checking' SOP for team members to follow which they had signed. The trainee confirmed it was the pharmacist's responsibility to annotate each prescription to show they had carried out a clinical check. And they knew only to check prescriptions that showed the pharmacist's annotation. Pharmacy team members signed medicine labels to show who had 'dispensed' and who had 'checked' prescriptions. This meant the pharmacy had an audit trail for dispensing. It also helped the pharmacists and trainee accuracy checker to identify dispensers to help them learn from their dispensing mistakes. The pharmacy kept records of near miss errors and dispensing incidents. And team members provided a few examples of changes following a review of the records. This included separating tramadol capsules and tablets due to selection errors. The pharmacy team was proactive and over the past few months team members had been re-organising the dispensary to reduce congestion and manage dispensing risks. This had included re-arranging the area where they kept prescriptions for collection. And they had moved some types of prescriptions to another area of the pharmacy. They had also reviewed and reduced the range of dressings they kept in stock creating more space. The company provided a complaints policy for team members to refer to. And the company had trained the pharmacy team to manage complaints effectively. It did not display a notice or provide information about its complaints procedure.

The pharmacy maintained the records it needed to by law. And it had public liability and professional indemnity insurances in place which were valid until October 2022. The pharmacist displayed a 'responsible pharmacist' (RP) notice, and it was visible from the waiting area. The RP record showed the time the pharmacist took charge of the pharmacy. And it showed the time they finished at the end of the day. Team members maintained the CD registers and kept them up to date. And they had recently increased the frequency of stock checks to once a week. This was due to an incident that they reported to the health board. People returned controlled drugs they no longer needed for safe disposal. And a destructions register showed the pharmacist had signed to confirm that destructions had taken place. Team members filed prescriptions so they could be easily retrieved if needed. And they kept supplies

against private prescriptions and supplies of 'specials' up to date. The superintendent pharmacist trained team members to safeguard confidential information and to keep it safe and secure. And the company used an approved provider to collect and dispose of confidential waste at an off-site location. The company used a whistleblowing policy to keep pharmacy services safe and effective. And team members knew how to manage safeguarding concerns. They provided a few examples of when they had referred concerns to the pharmacist to keep people safe.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy has enough team members to manage its workload. And they have the necessary qualifications and skills for their roles and the services they provide. The pharmacy has arrangements in place to support its team members ongoing learning needs. And team members are proactive and suggest improvements to keep pharmacy services safe and effective.

Inspector's evidence

The pharmacy's workload had increased significantly over the past six months. And the pharmacy team had changed over the same period of time. A senior dispenser who started in October 2021 supervised the other team members and supported the locum pharmacists in their roles and responsibilities. They were also undergoing an 'accuracy in dispensing' training course and the pharmacists were providing training support on a day-to-day basis. The trainee provided one-to-one feedback so that dispensers learnt from their mistakes. And they encouraged a no-blame culture to promote learning. Another experienced full-time dispenser had been in post since April 2022. And they supported the two new trainee dispensers in their roles. This included making sure they had read and signed the company SOPs during the company's induction period. The company provided some protected learning time during working hours. And the team members worked together to support each other. A part-time medicines counter assistant (MCA) worked four days a week. And two experienced long-serving drivers provided deliveries. The team members had arrangements in place to cover leave. This included a part-time dispenser increasing their hours and pharmacists from other branch providing cover.

The senior dispenser had recently introduced an online learning resource for team members to use. And they had completed modules which had included managing muscle and joint pain and eye health. This had enabled them to support the other team members to register and access training which the system recorded. A trainee dispenser had been using the NHS medicines website to familiarise themselves with drug names. And they were looking at items on the dispensary shelves and working their way through the alphabet. Team members were proactive at managing risks and taking action to make safety improvements. And they provided several examples. This included re-organising the storage of prescriptions awaiting collection due to congestion and the risk of slips, trips, and falls. They had also contacted the owner to arrange the re-distribution of slow-moving stock to create more space. Team members knew to check the NHS mail inbox at least once a day. This ensured they were up to date with changes and tasks such as processing drug alerts in a timely manner. The new superintendent pharmacist and the owner both worked at the pharmacy, and they were available to support team members in their roles.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises adequately support the safe delivery of services. And the pharmacy suitably manages the space for the storage of its medicines. It has appropriate arrangements for people to have private conversations with the team.

Inspector's evidence

The pharmacy was in average-sized premises. But the space in the dispensary was becoming restricted due to an increase in prescription workload. Team members were managing the space well, and they used baskets for dispensing tasks. And they had been re-organising the dispensary to create more space. This included re-arranging the storage shelves and drawers. Team members used designated segregated areas for dispensing and accuracy checking. And the pharmacist supervised the medicines counter from the dispensary and could intervene and provide advice when necessary. A sound-proofed consultation room was available for use. And it provided a confidential environment for private consultations. Team members used the dispensary sink for hand washing and the preparation of medicines. And they cleaned and sanitised the pharmacy on a regular basis to reduce the risk of spreading infection. This included frequent touch points such as keyboards, phones, and door handles. Lighting provided good visibility throughout, and the ambient temperature provided a suitable environment from which to provide services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services which are easily accessible. And it manages its services to help people receive appropriate care. The pharmacy gets its medicines from reputable sources, and it stores them appropriately. It has arrangements in place to identify and remove medicines that are no longer fit for purpose. This ensures that stock medicines are suitable to supply.

Inspector's evidence

The pharmacy advertised its services and opening hours in the window. And it had a step-free entrance that provided unrestricted access for people with mobility difficulties. Team members kept stock neat and tidy on a series of shelves. And they kept the controlled drug cabinets well organised with sufficient space to keep items safely segregated. The pharmacy purchased medicines and medical devices from recognised suppliers. And the pharmacy used a tracker to show its date checking activities. Sampling showed that items were within their expiry date. The pharmacy had a fridge to keep medicines at the manufacturers recommended temperature. And team members monitored and recorded the temperatures every day. This provided assurance that the fridges were operating within the acceptable temperature range. Team members knew about valproate medication and the Pregnancy Prevention Programme. The pharmacist knew to speak to people in the at-risk group about the associated risks. And team members knew to supply patient information leaflets and to provide warning information cards with every supply.

The pharmacy supplied medicines in multi-compartment compliance packs to support people. And it had capped the service due to space restrictions. The pharmacy had defined the assembly and dispensing process in a documented procedure for team members to refer to. And it used supplementary records to provide a list of each person's current medication and dose times which team members kept up to date. Team members were in the process of replacing the sheets. This was due to the number of changes and obsolete prescriptions. The pharmacy had authorised only experienced dispensers to check the records for accuracy before dispensing the packs. And they obtained an accuracy check before they started de-blistering doses. The pharmacy supervised the consumption of some medicines. And the superintendent pharmacist had authorised only experienced team members to dispense the required doses on the day they were due. The pharmacists carried out the necessary checks at the time of dispensing and at the time of supply. The pharmacy dispensed a significant number of serial prescriptions as part of the 'medicines: care and review' service (MCR). Team members followed the pharmacy's dispensing processes. And they had introduced yellow dispensing baskets to differentiate them from other prescriptions. They also reminded people to contact the pharmacy a week before their next supply was due. Team members reviewed previous supplies and highlighted inconsistencies that showed people may not be taking their medications as prescribed. The pharmacy provided a prescription delivery service to vulnerable people. And it kept an audit trail of the prescriptions it delivered. Team members accepted unwanted medicines from people for disposal. And the pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste. The pharmacy received drug alerts and recall notifications. And they annotated the notices to show they had acted on them and what the outcome had been. For example, team members showed they had recently checked for lorazepam injections with none found in stock.

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 kept the measures separate, so they were used exclusively for this purpose. The pharmacy stored prescriptions for collection out of view of the waiting area. And it positioned the dispensary computers in a way to prevent disclosure of confidential information. A portable phone allowed team members to carry out conversations in private if needed. The pharmacy used cleaning materials for hard surface and equipment cleaning. The sink was clean and suitable for dispensing purposes. Team members had access to personal protective equipment including face masks.

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.