General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Mallaig Pharmacy, Davies Brae, MALLAIG, Inverness-Shire, PH41 4QY

Pharmacy reference: 1042163

Type of pharmacy: Community

Date of inspection: 24/04/2019

Pharmacy context

The pharmacy is in the centre of Mallaig and lies 43 miles north west of Fort William. The pharmacy dispenses NHS prescriptions and offers a range of additional services. It uses a consultation room when people need to be seen in private. The pharmacy orders and dispenses prescriptions on behalf of people on repeat medication. And supplies medicines in multi-compartment medicine devices when people need extra support. The pharmacy has introduced a new prescription delivery service for housebound and vulnerable people.

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	4.1	Good practice	The pharmacy promotes its services to help improve people's health and wellbeing. It engages with other health care professionals to ensure that pharmacy services are accessible.
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 the pharmacist carries 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. It understands its role in protecting vulnerable people. And it trains the pharmacy team to keep confidential information safe. 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

A regular pharmacist manager had been in post for the past year. Around the same time the pharmacy had changed owners. The pharmacist displayed the responsible pharmacist notice. And people could identify who was in charge. The pharmacy team signed to confirm they followed standard operating procedures. The procedures defined the pharmacy processes and staff responsibilities.

The pharmacy team signed prescriptions to show they had completed a dispensing task. This included, assembly and accuracy checking prescriptions. The pharmacist checked prescriptions. And gave feedback to dispensers when they failed to identify their own errors. The dispensers recorded their near-misses. But did not always identify the contributing factors. This meant that improvement action was not always identified and discussed.

The pharmacy had introduced near-miss recording in January 2019. Sample near-miss reports were selected for January and February 2019. And the pharmacy team had focussed on the following:
1. Errors with prescriptions that did not have a bar-code. And taking more care with hand-written prescriptions when there was a greater risk of error.
2. An error with an out of date medicine. And carrying out date-checking of the affected area of shelving. The pharmacy team had also introduced coloured dots to highlight short-dated stock.
3. Dispensing the wrong quantity. And the pharmacy team making each other aware of pack changes. Such as indapamide 2.5mg changing from 28 to 56.

The pharmacist managed the incident reporting process. The pharmacy team knew when incidents had happened and what the cause had been. For example, they knew about a shortage of four Ketamine capsules that had been supplied in a sealed container. The pharmacist had taken remedial action and instructed staff to break the seal and count the contents when dispensing in the future. The error had been reported to the controlled drug accountable officer at the health board.

A complaints policy ensured that staff handled complaints in a consistent manner. This increased the likelihood of the pharmacy team being able to resolve issues. And managed the need for people to escalate complaints. A leaflet informed people about the complaints process and provided contact details.

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 each week. The pharmacy team also signed and dated a dispensing label that was attached to each box to confirm the stock balance. The pharmacy recorded controlled drugs that people returned for destruction. The staff destroyed the controlled drugs on a weekly basis. And recorded their names once completed. 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 pharmacist used patient group directions to improve access to medicines and advice. A sample NHS trimethoprim patient group direction was valid until October 2020. A private patient group direction for Otomize Ear Spray was selected, but an expiry date was not provided on the document.

The pharmacy team completed data protection training during induction. The staff disposed of confidential information using a shredder. And archived spent records for the standard retention period. The pharmacy stored prescriptions for collection out of view of the waiting area. And computer screens were not visible. The pharmacy team used a password to restrict access to patient medication records. And used a portable phone for private conversations in a side room when necessary.

The protecting vulnerable group scheme helped to protect children and vulnerable adults. And the pharmacy had registered the pharmacists with the scheme. The pharmacy team had signed to confirm they had read and understood the chaperone policy. The pharmacy team had read and signed the safeguarding policy. And knew how to raise concerns when they recognised the signs and symptoms of abuse and neglect. Staff were aware of vulnerable groups. And key contact details were available should a referral be necessary. The pharmacy team monitored people using multi-compartment medicine devices. And acted when they were told by carers that people were not taking their medicines as intended.

The pharmacy team had read and signed a whistleblowing policy procedure. And were supported to speak up if they had safety concerns.

Public liability and professional indemnity insurance were in place and valid until 31 March 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 support each other in their day-to-day work. They can speak up when there are problems. And suggest service improvements when necessary. The pharmacist updates team members when there are service changes. And pharmacy team members complete training modules on a regular basis. This means that the pharmacy team are up to date in their roles.

Inspector's evidence

The pharmacy work-load had remained stable over the past year. And the pharmacist carried out regular staffing reviews to ensure that staffing levels were sufficient. The pharmacist had submitted a business case to the new owner. And a delivery driver was appointed, and a new delivery service introduced. The new owner also authorised the appointment of an extra trainee dispenser. This provided increased flexibility and cover when staff were on leave.

The pharmacy kept staff qualifications on-site so that evidence of accreditation was available. The pharmacy team members were mostly long-serving and experienced. And the following staff were in post at the pharmacy: one full-time responsible pharmacist; two x part-time dispensers; one x part-time trainee dispenser; and one part-time driver. The pharmacy allowed one member of staff to take annual leave at the same time unless there were exceptional circumstances. The pharmacy used a large wall-planner to help them manage leave. And a new part-time dispenser had been contracted to provide cover. The pharmacist arranged locum pharmacist cover well in advance.

The pharmacy supported staff that were in training. And the pharmacist had agreed protected training time for the new trainee dispenser. The pharmacy did not use individual performance reviews to develop staff. But, ongoing training was provided. For example, the pharmacy team had been registered with an e-learning provider. And a sample training record was seen during the inspection. A dispenser had learned about eye conditions, such as eye infections, dry eyes and hay-fever symptoms. The pharmacy team had been able to complete more training since the new trainee dispenser had been appointed. The pharmacy team had recently attended off-site training. And had learned about inhaler devices and inhaler technique.

The pharmacy did not use performance targets for service development. And the pharmacy team did not feel under pressure to promote services.

The pharmacy team raised concerns and provided suggestions for improvement. For example, when the new pharmacist took up post they highlighted that they needed better control over the dispensing workload. The pharmacist agreed and people were encouraged to order their medicines at least five days in advance.

The pharmacist discussed queries with patients. And gave advice when handing out prescriptions.

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 maintained and cleaned the premises on a regular basis. And a well-kept waiting area presented a professional image to the public. The pharmacy provided seating in the waiting area. And a range of patient information leaflets were available for self-selection.

A security alarm protected the pharmacy when it was closed. And a consultation room was available and professional in appearance. The pharmacy had allocated benches for the different dispensing tasks. The pharmacy team dispensed walk-in prescriptions near to the waiting area. And dispensed multi-compartment medicine devices in a side room. 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 provides a range of services to the local population. It provides information leaflets for self-selection. And it displays opening times and service information in the window. The pharmacy is proactive and identifies and responds to the needs of its local community. And it provides extra support to housebound and vulnerable people. The pharmacy manages its services, but does not always update the pharmacy team about high-risk medicines. This means that staff may not always be up to date with current safety messages. The pharmacy sources, stores and manages medicines to ensure they are fit for purpose. And it has the capability to follow the new falsified medicines directive.

Inspector's evidence

The pharmacy had a ramp and people with mobility difficulties could access the pharmacy without restriction. The pharmacy displayed its opening hours at the front of the pharmacy. And a range of service information leaflets were available for self-selection.

The pharmacy kept a business continuity plan up to date. And this could be used in the case of an emergency. Such as poor weather conditions and service disruptions.

The pharmacist had recently submitted a business case to the pharmacy owner. And a new delivery service had been introduced for housebound and vulnerable people. The delivery driver ensured that people signed for controlled drug prescriptions to confirm receipt.

The pharmacist worked in collaboration with the nearby surgery. The pharmacy had been registering people with the chronic medication service. And serial prescriptions accounted for a significant proportion of the dispensing work-load. The pharmacy team managed the chronic medication scheme. And used a form to record when they made a supply against each serial prescription. The pharmacy used complete packs unless there were concerns and highlighted this with the GP.

The pharmacist, GP and practice manager had visited the local 6 bedded care home following an incident. And following a review, the care home staff were expected to order regular medication separately from acute and as required medication. The pharmacy issued 2 separate medicines administration records to be used with the medication. And a standard operating procedure had been developed and introduced for the pharmacy team to follow.

The pharmacist had identified the need for a men's health service to meet the needs of the local fisherman. And had defined the service criteria with the local GP. This Included blood pressure, cholesterol and blood glucose testing and referral criteria. The pharmacist had discussed the service with The Fishermen's Mission. And they had committed to arranging appointments for local fishermen.

The pharmacy team had engaged with people to gain better control of their workload. This was due to people routinely re-ordering their prescriptions at the last minute. The pharmacist had advised people

to provide two days notice. And this had reduced the amount of pressure felt by the pharmacy team to dispense prescriptions at short notice.

A pharmacy information form was used by the pharmacy team to communicate key information. For example, when someone was prescribed new medication. And this allowed the pharmacist to carry out a clinical check. The pharmacy team attached labels to prescription bags to communicate key messages. For example, using a pharmacist label to identify new medication and the need for counselling. The dispensing space was adequate. And the pharmacy team had allocated benches for the various dispensing tasks. The pharmacy team used dispensing baskets. And kept prescriptions and medicines contained throughout the dispensing process.

The pharmacy team kept the pharmacy shelves neat and tidy. And purchased medicines and medical devices from recognised suppliers. The stock levels were kept high due to potential disruptions on the road. For example, due to adverse weather conditions.

The pharmacy provided multi-compartment medicine devices for people who needed extra support. The pharmacy team recorded changes on the patient medication record sheets and the patient medication record was updated along with the sheet as soon as possible. The pharmacy team supplied patient information leaflets and descriptions of medicines. And supported people using the devices.

The pharmacy kept controlled drugs in a well-organised cabinet to avoid selection errors. The pharmacist held the keys to the controlled drug cabinets to restrict access. And placed the keys in a tamper proof bag and key safe at the end of the day. 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.

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 losartan in March 2019 with none found.

The pharmacist had carried out an audit in 2018 to identify people who were taking valproate medication. The pharmacist had not briefed the pharmacy team about the use of valproate in people who may become pregnant. And they did not know about the pregnancy protection scheme or where to find safety leaflets and cards.

The pharmacy had developed standard operating procedures and had trained the pharmacy team to follow the falsified medicines directive. And although it had installed a bar-code reader and associated software, the system had not been operationalized.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services. Up-to-date resources on the clinical use of medicines is available to the pharmacy team. So, they are able to check if the medicines are appropriate for patients of they need to.

Inspector's evidence

The pharmacy used CE quality stamped measures for measuring liquids. And counting triangles were available. The pharmacy provided blood glucose and blood pressure testing. And it had purchased new equipment in the past year. The pharmacy had not recorded when the equipment had been first used. And an audit trail was not available to inform the pharmacy team when the next calibration was due.

Cleaning materials were available for hard surface and equipment cleaning. And hand washing solution was also available. The pharmacy sink was clean and suitable for dispensing purposes.

Reference sources were available. For example, the current copies of the BNF and BNF for children were in use.

A consultation room was available. And the pharmacy 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.