

Registered pharmacy inspection report

Pharmacy Name: Well, 96-98 High Street, ALNESS, Ross-Shire, IV17
OSG

Pharmacy reference: 1042846

Type of pharmacy: Community

Date of inspection: 26/07/2019

Pharmacy context

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

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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	2.2	Good practice	The pharmacy has good systems in place for developing its team members. It carries out formal appraisals and identifies individual training needs. And provides a range of training to meet the needs of the pharmacy team and the services provided.
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. 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 team members discuss the need for new safety measures. And there is ongoing service improvement. The pharmacy keeps most of the records it needs to by law. And it provides regular training to keep confidential information safe. People using the pharmacy can raise concerns. And the pharmacy team members know to follow the company's complaints handling procedure. This means that they listen to people and put things right when they can. They provide safe services and look after people's welfare. But, team members would benefit from having access to a safeguarding policy. And this would ensure they understand their role in protecting the welfare of vulnerable people.

Inspector's evidence

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. And one of the dispensers showed they had read and understood the procedure. The company had issued extra SOPs following the introduction of a new computer system. And included off-site dispensing processes that had been introduced two weeks before. The computer system showed that one of the dispensers was in the process of reading the new SOPs. And they had four weeks post implementation date to do so. The pharmacist had been instructed to carry out checks on the first 300 prescriptions dispensed at the off-site dispensary. And this provided assurance that the system was working as it should be. The pharmacy displayed leaflets telling people that some prescriptions were being dispensed off-site.

The pharmacy team signed dispensing labels to show they had completed a dispensing task. The pharmacist checked prescriptions. And gave feedback to dispensers who failed to identify their own errors. The pharmacist had worked at the pharmacy for a year and a half. And had introduced a paper record for near-misses due to them not being recorded on the electronic system. The pharmacist transferred the records at a convenient time. And carried out an analysis once a month. The pharmacy team did not always identify the factors that had caused the error. And this meant that improvement action was not always discussed and identified. A sample near-miss report was selected for May 2019 with 11 near-misses recorded. The pharmacist had carried out an analysis. And had identified quantity errors as the most common cause. The pharmacist had discussed the findings at the patient safety meeting. And team members had agreed to count the number of doses twice. The pharmacist had identified lunch-time as the time when most errors occurred. And the team members agreed not to dispense multi-compartmental compliance packs at this time if avoidable. The pharmacy team had identified that the new delivery driver needed extra support. And they agreed to produce the exact delivery route so that people did not have to wait for their prescriptions. 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 the wrong strength of antibiotic syrup had been supplied. The pharmacy team agreed to ask colleagues to provide checks before handing to the pharmacist for a final accuracy check. A complaints policy ensured that staff handled complaints in a consistent manner. And a notice in the waiting area informed people about the feedback and the complaints handling procedure. The notice provided contact details. But, no feedback had been provided with most people appearing satisfied.

The pharmacy maintained most of the legal pharmacy records it needed to by law. The pharmacy displayed the responsible pharmacist notice. But the notice did not provide the details of the pharmacist in charge. And the responsible pharmacist record showed the regular pharmacist had been on duty from 18 July until 27 July 2019. The pharmacist had recorded that she was due to be in charge the following day in case she forgot. The pharmacy team kept the controlled drug registers up to date. And checked and verified the balance of them on a weekly basis. They checked the methadone balance twice a week. And overages were accounted for and the balance adjusted. 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.

The protecting vulnerable groups scheme was used to help protect children and vulnerable adults. And the company had registered the pharmacists with the scheme. The pharmacy had not trained the pharmacy team to recognise the signs and symptoms of abuse and neglect. But, the pharmacist had completed safeguarding training. 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. And they identify and discuss their learning needs at regular review meetings to keep up to date. The pharmacy is good at encouraging and supporting the pharmacy team to learn and develop. And it provides access to ongoing training that is relevant to the team members' roles and the pharmacy services it provides. The pharmacy team members support each other in their day-to-day work. They can speak up at regular meetings to keep services safe and effective.

Inspector's evidence

The pharmacy had not experienced any significant growth over the past year. And the work-load had remained mostly stable. The team members were expected to meet the company targets. And did not experience any undue pressure to do so. The pharmacy team knew they needed to increase the number of people using the chronic medication service (CMS). And a new practice pharmacist at the local surgery was already supporting the surgery to identify suitable people.

The pharmacy retained records of qualifications on-site. And team members were mostly long-serving and experienced. The pharmacist had worked at the pharmacy for around a year and a half. And the capacity and capability of the pharmacy team continued to meet the demands of the service. The following team members were in post at the pharmacy; one full-time pharmacist, one full-time accredited checking technician (ACT), four full-time dispensers, one part-time trainee dispenser and one part-time delivery driver. The pharmacist encouraged the pharmacy team to submit annual leave requests in advance. And cover was provided from within the team. The pharmacy used an annual appraisal to identify areas for development. For example, one of the dispensers had agreed to learn how to process and submit prescriptions for payment at the end of the month. And another dispenser had agreed to carry out controlled drug balance checks. The pharmacy supported team members to achieve qualifications. And the trainee dispenser was allocated time in the work-place when possible.

The pharmacy team had undergone significant development over the past quarter. And this was in connection with a new computer system that had been recently introduced. The team members had attended on-site and off-site training that had been delivered by a company trainer. And had read the new SOPs that defined the new processes. The team members were up to date with mandatory training requirements. And a dispenser's record showed that the following training had been completed over the past 6 months; the essential guide to patient safety, Falsified Medicines Directive (FMD), GPhC standards and data protection training. A pharmaceutical representative had provided on-site training so that the pharmacy team knew more about different inhaler devices.

The pharmacy used a weekly huddle to keep the pharmacy team up to date. And team members were expected to raise concerns and provide suggestions for improvement. For example, a dispenser had suggested printing three labels at a time. And attaching one of the labels to the delivery sheet to save time printing the address labels at a later time.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy was modern and presented a professional image to the public. A large well-kept waiting area provided seating and a range of healthcare information leaflets for self-selection. A consultation room was available in the main pharmacy. And a separate entrance provided access to a private room where methadone doses were supplied and supervised. The pharmacy had allocated benches for the different dispensing tasks. And the pharmacist supervised the medicines counter from the checking bench making 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 easily accessible to people with mobility difficulties. It displays its opening times in the window. And provides access to healthcare 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 these people to take their medicines. The pharmacy sources, stores and manages its medicines appropriately. It updates the pharmacy team about high-risk medicines. And this means that team members know when to provide people taking these medicines with extra information.

Inspector's evidence

The pharmacy had step-free access. And a pressure activated door 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 details. 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 pharmacy dispensed prescriptions for people who were registered with the chronic medication service (CMS). And a practice pharmacist was registering people with the service at the surgery. The pharmacist provided advice when people were having difficulty taking their medicines. For example, arranging for atorvastatin to be prescribed when simvastatin was not suitable.

The dispensing benches were organised, and separate areas at the back of the pharmacy were used for dispensing and storing multi-compartmental compliance packs. The pharmacy team used dispensing baskets. And kept prescriptions and medicines contained throughout the dispensing process. The pharmacy had recently started sending prescriptions to an off-site dispensary for dispensing. The dispensers processed the prescriptions as normal. And placed them in a yellow basket for the pharmacist to check. The pharmacy used individual passwords to authorise access to functions within the PMR. And only the pharmacist could authorise prescriptions for off-site dispensing after carrying out accuracy and clinical checks.

The pharmacy dispensed multi-compartment compliance packs for people who needed extra support with their medicines. An experienced dispenser managed the system. And had recently carried out a review of the processes to ensure full compliance with company standards. The team members used a large wipe-clean board to track the work-load. And to manage the risk of people going without their medication. The pharmacy team recorded changes on individual change sheets. And these were retained in poly-pockets alongside people's medication records. The pharmacy supplied patient information leaflets and added descriptions of medicines in the packs. The pharmacy used a MethaMeasure machine to dispense methadone doses. A dispenser described the dispensing process. And this included obtaining an accuracy check when new prescriptions were entered onto the system and after dispensing doses. The MethaMeasure was located at the back of the pharmacy where people received their doses.

The pharmacy team kept the pharmacy shelves neat and tidy. And purchased medicines and medical devices from recognised suppliers. The pharmacy team carried out regular stock management activities. And demonstrated that the fridge temperature had remained between two and eight degrees Celsius. The pharmacy used one fridge for stock and another for dispensed items awaiting collection. The pharmacy team used clear bags instead of paper prescription bags for fridge items and controlled drugs. And this allowed the pharmacist to carry out checks at the time of supply.

The pharmacy team accepted returned medicines from the public. And disposed of them in yellow containers that the health board collected. The pharmacy acted on drug alerts and recalls. And an audit trail showed it had checked for stocks of Forxiga in June 2019. The pharmacy did not record the outcome following searches for affected stock. The pharmacy team members had completed e-learning and knew about the risks to some people taking valproate. They knew about the pregnancy protection scheme and where to find safety leaflets and cards. The pharmacist monitored prescriptions for valproate. And added flash notes to the PMR. The pharmacy team had completed training to follow the Falsified Medicines Directive (FMD). But the system had not been implemented. And the pharmacy team confirmed the system was due to be implemented within the next few months.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services. And it keeps its equipment well maintained.

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 crown-stamped measuring equipment. And an elastic band had been wrapped around the measure used for methadone to ensure it was used only for this purpose. 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 contamination. The pharmacy used a blood pressure monitor. And a label showed the next calibration was due in November 2019. The pharmacy kept cleaning materials for hard surface and equipment cleaning. And the pharmacy sink was clean and suitable for dispensing purposes. The pharmacy stored prescriptions for collection out of view of the waiting area. And arranged computer screens so they were only visible by pharmacy team members. The pharmacy used portable phones. And the pharmacy team took calls in private when necessary.

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.