

Registered pharmacy inspection report

Pharmacy Name: Spa Pharmacy, The Square, STRATHPEFFER, Ross-Shire, IV14 9DW

Pharmacy reference: 1042857

Type of pharmacy: Community

Date of inspection: 06/06/2019

Pharmacy context

The pharmacy is in the village of Strathpeffer and lies 5 miles west of Dingwall. The pharmacy dispenses NHS prescriptions and provides a range of extra services. It collects prescriptions from the local surgery and supplies medicines in multi-compartmental medicine packs when people need extra help.

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 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 provides regular training 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

The pharmacist had displayed the responsible pharmacist notice. And people could not 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 the dispensers when they failed to identify their own errors. The dispensers recorded their near-misses. And the pharmacist reviewed and documented the findings at the end of the month. The pharmacy team had reviewed the near-miss procedure in March 2019. And had agreed to improve the quality of their records. The pharmacy team had agreed to set an acceptable level of nine near-misses (one full page) per month through taking remedial action.

The pharmacist had documented that the quality of recording had improved. And had identified that some of the near-misses were due to interruptions at the medicines counter. The dispenser had agreed to always go back to the beginning of the dispensing process and carry out an accuracy check.

The pharmacist managed the incident reporting process. And had trained the dispenser to complete the incident report template as soon as an incident was reported.

The pharmacy team knew when incidents had happened and what the cause had been. For example, they knew that using the repeat function on the PMR had led to an incident and had agreed not to over-rely on the function.

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. The pharmacy did not promote the complaints process. And there were no leaflets or posters in the waiting area.

A customer feedback form had been issued in 2018. And people had highlighted that conversations

could be heard from the consultation room. The pharmacy team had reflected on the feedback and had started to play music in the background to provide a distraction and this had been successful.

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 once a month. The pharmacy recorded controlled drugs that people returned for destruction. The staff destroyed the controlled drugs on a regular 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 pharmacists used patient group directions to improve access to medicines and advice. A sample trimethoprim patient group direction was valid until 2020.

The pharmacy team completed data protection training on a regular basis. And the pharmacy displayed a notice at the medicines counter so that people knew that their personal information was safeguarded. The pharmacy team shredded confidential information. And archived spent records for the standard retention period. The pharmacy stored prescriptions for collection out of view of the waiting area. And took calls in private using a portable phone when necessary. The pharmacy team used a generic password to restrict access to patient medication records. And computer screens were not visible.

The protecting vulnerable group scheme helped to protect children and vulnerable adults. And the pharmacy had registered the pharmacist. The pharmacist had completed NES training and was up to date in safeguarding measures. But the pharmacy team had not completed training or been briefed about the signs and symptoms of abuse and neglect.

The pharmacy team were aware of their vulnerable groups. For example, the dispenser became concerned about someone who had stopped taking anti-depressant. And had contacted the GP practice to relay her concerns.

The pharmacist had attended a 'care at home' session the evening before the inspection. And was aware of what was being developed to provide more support to help vulnerable people take their medicines.

Public liability and professional indemnity insurance were in place and expired in 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 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 work-load had increased slightly over the past 4 years. But, the pharmacist was satisfied that the staffing levels remained adequate to deliver the workload. A long-serving dispenser had worked at the pharmacy for more than 30 years. And a new pharmacy team member had been recruited to work on a Saturday and a Monday due to the previous post-holder leaving. The pharmacy had a recruitment and retention problem due to its location. And had employed and trained around six people over the past four years who had later left.

The pharmacist supported staff that were in training. And provided allocated study time during working hours. The owner did not use targets to develop services. And the pharmacy team did not feel pressure to offer services. The pharmacist managed annual leave to ensure that cover was always available. And the part-time team member was expected to increase her hours when needed.

The pharmacy did not use an annual performance review to develop the team members. And the pharmacist updated the pharmacy team whenever there were changes. For example, when pregabalin and gabapentin were re-classified as Schedule 3 controlled drugs. The pharmacist had trained the dispenser to provide advice about the gluten-free service and this was seen during the inspection.

The pharmacy team members raised concerns and provided suggestions for improvement. For example, the dispenser had questioned the need to attach labels to shower gels and shampoos as they would be damaged while in use in the shower. The pharmacist had reflected on the comments and had agreed to place labels on the box instead.

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 consultation room was available and kept professional in appearance.

The pharmacy had allocated benches for the different dispensing tasks. And dispensed multi-compartment medicine packs on a separate bench.

The pharmacist supervised the medicines counter from the checking bench. And could make interventions when needed. A security alarm and sensors protected the pharmacy after hours.

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 accessible to people with mobility difficulties. It displays its opening times in the window. And provides easy access to patient information leaflets. This means that people know what services and extra support is available to them. The pharmacy dispenses multi-compartmental medicine packs. But it does not always supply extra information to support people and their carers. The pharmacy provides an NHS prescription collection service. This ensures extra support is provided to people who need help with their medicines. The pharmacy sources, stores and manages its 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 entrance provided a level surface for people with mobility difficulties. And seating was available next to the medicines counter.

The pharmacy displayed opening hours in the pharmacy window. And informed people that they closed between 1pm and 2pm. The pharmacy displayed several leaflets in the waiting and consultation areas.

The pharmacy had changed ownership around four years ago. And a refurbishment had included the addition of a consultation room that provided the environment to provide extra services.

The pharmacy had ample benches for dispensing activities. And the pharmacy team used dispensing baskets to keep prescriptions and medicines contained throughout the dispensing process. The pharmacy team attached labels to prescription bags to communicate key messages. For example, a chronic medication service sticker informed the dispenser to update the pharmacy care record.

The pharmacy team managed the chronic medication service and supplied prescriptions on their due date. The pharmacy team recorded the due date on the top of each new prescription. And the dispenser monitored supplies and highlighted when people did not collect their prescriptions on time. The pharmacist had spoken to someone who had stopped taking their atorvastatin 40mg due to the onset of aches and pains. The pharmacist had explained the rationale for taking atorvastatin and had advised the patient to visit the GP. The patient had then been prescribed atorvastatin 20mg and thanked the pharmacist for taking the time to talk to her for 20 minutes.

The pharmacy team dispensed methadone doses in advance. And this avoided the locum pharmacist and new dispenser having to do so.

The pharmacy provided multi-compartmental medicine packs to people who needed extra support. But, the process had not been defined in a standard operating procedure. The dispenser managed the supplies and ensured they were dispensed in advance before going on annual leave. The dispenser quarantined packs when notified of changes. And these were made on receipt of a new prescription. The pharmacy did not supply patient information leaflets or provide descriptions of medicines.

The pharmacy team kept the pharmacy shelves neat and tidy. And purchased medicines and medical devices from recognised suppliers.

The pharmacy kept controlled drugs in a well-organised cabinet. And used a small box to quarantine patient returned medication. This managed 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 2 and 8 degrees.

The pharmacy team 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. But did not retain evidence of the outcome, such as the date they checked for affected stock.

The pharmacist had briefed the pharmacy team about the use of Valproate in people who may become pregnant. And they knew about the pregnancy protection scheme and where to find safety leaflets and cards.

The pharmacy had trained staff to follow the falsified medicines directive. And although it had installed a bar-code reader it was not being used.

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 for methadone and others were available for measuring other liquids such as antibiotics.

The pharmacy offered blood pressure monitoring. And had been using the blood pressure monitor for a few years. But, the pharmacy team had not calibrated the equipment, and could not provide assurance it was reading accurately.

Cleaning materials were available for hard surface and equipment cleaning. And hand washing solution was available.

The pharmacy sink was clean and suitable for dispensing purposes.

The consultation room was clean and tidy. 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.