

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: 19/05/2023

Pharmacy context

This is a community pharmacy in Strathpeffer. 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	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

Pharmacy team members recognise and appropriately respond to safeguarding concerns. They suitably protect people's private information and keep the records they need to by law. The pharmacy defines its working practices in standard operating procedures (SOPs). And it reviews them on a regular basis to make sure its services remain safe and effective. Team members learn from mistakes and take the opportunity to improve the safety of the pharmacy's services.

Inspector's evidence

The pharmacy used standard operating procedures (SOPs) to define the pharmacy's working practices. And these were available in hard copies for team members to access when they needed to. Relevant SOPs were seen and included responsible pharmacist (RP) and controlled drug (CD) procedures. The document dates showed the superintendent pharmacist (SI) regularly reviewed them and they were valid until 1 November 2024. Team members signed and dated a document to confirm they had read and understood the SOPs. But dates showed they had last read them before 28 October 2022 when the current SOPs had been updated. This meant they may not be aware of any updates or extra control measures to keep services safe. Team members signed medicine labels to show who had dispensed and who had checked prescriptions. This meant the pharmacist was able to help individuals learn from their dispensing mistakes. Team members recorded their own near miss records to help them learn. And they identified and discussed patterns and trends amongst each other on an ad-hoc basis. A few examples of the improvements they had agreed upon were provided. For example, attaching a shelf-edge caution label to highlight the different strengths of fluoxetine. This was due to incorrectly selecting the 30mg strength rather than the more commonly used 20mg. They had also separated pregabalin and gabapentin due to selection errors. Team members followed the pharmacy's complaints handling procedure and they knew when to refer to the responsible pharmacist when there were safety concerns. The RP recorded dispensing incidents on the pharmacy's electronic form that was reviewed by the SI who worked onsite at the pharmacy. The form included a section to record information about the root cause and any new control measures they introduced to improve safety arrangements.

Team members maintained the records they needed to by law. And the pharmacy had public liability and professional indemnity insurances in place that were valid until 2 March 2024. The pharmacist displayed an RP notice which was visible from the waiting area. And the RP record showed the name and registration details of the pharmacist in charge. Team members maintained the electronic CD registers and kept them up to date. And they evidenced that they checked and verified the balance around once a month. People returned CDs they no longer needed for safe disposal. And the pharmacy had a CD destruction register to record all the items it disposed of. The pharmacy filed prescriptions so they could be easily retrieved if needed. And records of supplies against private prescriptions and supplies of specials were up to date. Team members understood data protection requirements and how to protect people's privacy. And they used a shredder to dispose of confidential waste. A notice was on display in the waiting area to inform people about its secure data protection arrangements. Team members knew to act on safeguarding concerns. And the pharmacy provided a policy for them to refer to. Team members discussed concerns with the pharmacist. And they communicated with relevant agencies to discuss concerns about vulnerable people.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members have the necessary qualifications and skills for their roles and the services they provide. And they work together well to manage the workload. Pharmacy team members continue to learn to keep their knowledge and skills up to date. And the pharmacy supports team members with qualification training.

Inspector's evidence

The pharmacy's workload had increased over the past year. And the SI had recently appointed a new part-time team member to help manage the increased workload. A regular RP and the SI worked at the pharmacy. And a regular locum pharmacist provided cover when needed. This provided continuity for the team members to rely on. The following team members were in post; one full-time pharmacist, two part-time dispensers and one part-time trainee dispenser. Team members managed annual leave cover amongst themselves. And they increased their working hours as required and planned the workload in advance to manage the extra pressure.

The RP and SI supported team members undergoing qualification training. And they allocated protected time in the workplace to support them with their learning. The pharmacy had recently changed its patient medication record (PMR) system. And at the time of the inspection, the dispenser was supporting the locum pharmacist who was unfamiliar with the system. The system supplier had provided onsite training, and a helpline was available to provide team members with ongoing support. The RP and SI kept team members up to date with service changes. For example, they regularly discussed formulary changes in connection with the NHS pharmacy first service.

Pharmacy team members were proactive at making changes and improvements to the pharmacy's working practices with the pharmacist's approval. The dispensers had recently suggested annotating serial prescriptions with dates to show the next due date. And this had helped the dispensing process due to increases in the number of prescriptions the pharmacy was receiving. Team members discussed near miss errors and incidents. This helped them to identify dispensing risks and helped them introduce new control measures to keep dispensing safe and effective. They had rearranged the dispensary shelves in 2022 due to stock changes and subsequent storage requirements. This had helped to keep stock neat and tidy and reduce the risk of selection errors. Team members were aware of their obligation to raise whistleblowing concerns. And the pharmacy had a policy for team members to refer to.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises support the safe delivery of its services. And it effectively manages the space for the storage of its medicines. The pharmacy has suitable arrangements for people to have private conversations with the team.

Inspector's evidence

These were modern, purpose-built premises which provided ample storage space and dispensing benches. A sound-proofed consultation room provided a confidential environment for professional services. And team members could access the room from the dispensary without the need to enter from the waiting area. The dispensary had a sink with hot and cold running water. And team members used it for hand washing and the preparation of medicines. They cleaned and sanitised the pharmacy on a regular basis, and this ensured it remained hygienic for the services it provided. 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. The team conducts regular checks to make sure medicines are in good condition and suitable to supply. And it has arrangements to identify and remove medicines that are no longer fit for purpose.

Inspector's evidence

The pharmacy had a step-free entrance, and this helped people with mobility difficulties to access services. The pharmacy displayed information in the window which included its opening hours and the recent community pharmacy public health campaign. And a range of patient information leaflets at the medicines counter were available for self-selection. The pharmacist provided access to prescription only medicines (POMs) treatments against PGDs. This included treatment for urinary tract infections which was valid until August 2024. The pharmacy purchased medicines and medical devices from recognised suppliers. And team members conducted monitoring activities to confirm that medicines were safe to supply. Date checking records helped team members with date checking tasks. They attached stickers to highlight short-dated medicines. And they recorded short-dated items and removed them before they expired. The pharmacy used a fridge to keep medicines at the manufacturers recommended temperature. Team members monitored and recorded the temperatures every day. And this provided assurance that the fridge was operating within the accepted range of two and eight degrees Celsius. Team members kept stock neat and tidy on a series of shelves. And they used a secure CD cabinet for some items, and it was well-organised.

An audit trail evidenced that team members acted on drug alerts and recalls. And they knew to remove, and quarantine affected stock straight away. A recent drug alert for gemcitabine was seen and team members had annotated the documentation to show it had been actioned. The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste. Team members knew about the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They knew about the warning labels on the valproate packs, and they knew to apply dispensing labels so as not to cover-up the warning messages. The pharmacy supplied patient information leaflets and patient cards with every supply, and they had spare cards in the event they needed to supply split packs.

Team members used dispensing baskets to safely hold medicines and prescriptions during dispensing. And this helped to manage the risk of items becoming mixed-up. The pharmacy supplied medicines in multi-compartment compliance packs to help people with their medication. But the SI had not defined the assembly and dispensing process in a documented procedure. This meant team members did not have a procedure to refer to when they needed to. Team members knew to order new prescriptions when they issued the third pack of the four-week cycle. And supplementary records provided a list of each person's current medication and dose times which they kept up to date. They checked new prescriptions against the records for accuracy. Team members provided descriptions of medicines. And they supplied patient information leaflets for people to refer to with the first of the four packs. Packs were stored in boxes until they were supplied. People collected the packs either themselves or by a

representative. And the team members monitored the collections to confirm they had been collected on time.

The pharmacy supervised the consumption of some medicines. And the pharmacist dispensed and supplied all of the doses. The pharmacy dispensed serial prescriptions for people that had registered with the Medicines: Care and Review service (MCR). The pharmacy had a system for managing dispensing. And they retrieved and dispensed prescriptions once a week on a Monday and dispensed them before they were due, so they were ready for collection. Most people collected their medication when it was due. And team members knew to refer people who arrived either too early or too late so the pharmacist could check compliance.

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 confidential 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 substance misuse medicines. They had highlighted the measures, so they were used exclusively for this purpose. The pharmacy stored prescriptions for collection out of view of the public waiting area. And it positioned the dispensary computers in such a way as to prevent disclosure of confidential information. The pharmacist used a dedicated computer and team members used a second computer that was positioned at the rear of the pharmacy. Team members could conduct conversations in private if needed, using portable telephone handsets. The pharmacy used cleaning materials for hard surface and equipment cleaning. And team members referred to a cleaning rota to make sure tasks were completed on time. The dispensary sink was clean and suitable for dispensing purposes.

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.