

# Registered pharmacy inspection report

**Pharmacy Name:** K J Macdonald Ltd, 29-31 Cromwell Street,  
STORNOWAY, ISLE OF LEWIS, HS1 2DD

**Pharmacy reference:** 1042858

**Type of pharmacy:** Community

**Date of inspection:** 25/08/2022

## Pharmacy context

This is a community pharmacy in Stornoway. 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 |
|--|-------------------|------------------------------|------------------|-----|
| <b>1. Governance</b>                               | Standards met     | N/A                          | N/A              | N/A |
| <b>2. Staff</b>                                    | Standards met     | N/A                          | N/A              | N/A |
| <b>3. Premises</b>                                 | Standards met     | N/A                          | N/A              | N/A |
| <b>4. Services, including medicines management</b> | Standards met     | N/A                          | N/A              | N/A |
| <b>5. Equipment and facilities</b>                 | Standards met     | N/A                          | N/A              | N/A |

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy uses documented working practices to manage dispensing risks and to keep services safe. Pharmacy team members mostly keep the records they need to by law and they adequately protect people's private information. Team members don't record all the mistakes they make and may be missing opportunities to learn and improve the safety of services.

### 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 had access to supplies in the dispensary. A plastic screen at the medicines counter acted as a protective barrier between team members and members of the public. And the pharmacy team wore face masks throughout the day. This helped to protect colleagues from infections. 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 understood them. The SOPs had last been reviewed in February 2019 and a review of the risks in the pharmacy was overdue. This included 'responsible pharmacist', 'controlled drug' and 'accuracy checking technician' (ACT) checking' SOPs. The superintendent pharmacist was aware of the status of the SOPs. But was satisfied they were mostly up to date. The pharmacy had authorised an 'accuracy checking technician' (ACT) to conduct final accuracy checks. They confirmed the pharmacist had clinically checked and approved each prescription for checking. And they looked for the pharmacist's initials which they annotated on each prescription.

The health board was raising the profile of the 'medicines: care and review' (MCR) service. And the pharmacy had recently received around ten serial prescriptions. Team members were dispensing the serial prescriptions at the time they were due. And they were having ongoing discussions with the different locum pharmacists that worked at the pharmacy to introduce the most effective process before the number of prescriptions increased. The labels used for dispensing did not provide boxes for signature audit trails. And this meant the pharmacist and the ACT were not always able to identify dispensers to help them to learn from their dispensing mistakes. The pharmacy provided template forms to record near miss errors. And the pharmacist and the ACT were responsible for recording the errors. But only one near miss had been recorded since March 2022. Team members provided a few examples of changes following patterns of miss error errors. And this included separating flucloxacillin 250mg and 500mg, and doxycycline 50mg and 100mg. The pharmacy had not introduced a complaints policy for team members to refer to. But they knew how to handle complaints effectively. And they knew to record dispensing incidents on the company's report template which they shared with the superintendent pharmacist.

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 31 May 2023. 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. But it did not always show the time they finished at the end of the day. The company had introduced an electronic controlled drug register in 2021. Team members kept the registers up to date. And they checked and verified the stock balances a few times every month. 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 electronic records of supplies against private prescriptions and supplies of 'specials' were up to date. The company had 'data protection procedures' to help keep information safe and secure. Team members knew to keep confidential information well away from the medicine counter. And they used a shredder to dispose of confidential waste. But they archived some confidential information in an area of the pharmacy where there was sometimes a risk of unauthorised access. This was rectified during the inspection.

The pharmacy used a safeguarding procedure for team members to refer to whenever they needed. The policy contained contact details for local agencies, such as the telephone number for the adult safeguarding office. Team members knew how to manage safeguarding concerns. And they knew to speak to the pharmacist whenever they had cause for concern. The pharmacy technician provided an example of a concern they had escalated. And they had notified the relevant agencies.

## Principle 2 - Staffing ✓ Standards met

### 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 some arrangements in place to support its team members ongoing learning needs. But it does not provide the opportunity to carry out structured safety reviews to identify risk and share learning.

### Inspector's evidence

The pharmacy's workload had increased over the course of the pandemic. And team members had been managing the workload without the need for extra resources. An assistant was routinely assembling multi-compartment compliance packs on a Saturday. They had read and signed the SOP for dispensing packs. But they were not qualified to carry out dispensing tasks, and they had not been registered on a dispenser's course. The manager provided assurances that going forward only qualified team members would be authorised to dispense the packs. And they would enrol the team member on a dispenser's training course. The regular pharmacist had recently left their post. And the pharmacy was in the process of recruiting a replacement. Three pharmacists were providing cover at the time of the inspection. This included a recently qualified pharmacist who was familiar with the pharmacy's operations. This was due to them having worked there for four years before qualifying as a pharmacist. The manager had arranged extra cover due to the 'accuracy checking technician' (ACT) being out of the business. The manager booked locums well in advance. And a locum who lived in the area provided regular part-time cover. Team members provided feedback about locum pharmacists performance. And this influenced future cover arrangements. A locum guide provided information about the pharmacy's operations. And the manager was updating the guide to reflect changes.

The pharmacy team was well established. It included the following registrants one full-time and one part-time pharmacist, one full-time 'accuracy checking technician' (ACT) and one full-time pharmacy technician. The following support staff worked at the pharmacy; two part-time trainee pharmacy technicians, one full-time manager (dispenser), one full-time trainee dispenser, four full-time medicines counter assistant, one part-time medicines counter assistant, one full-time trainee medicines counter assistant. A full-time and part-time delivery driver also worked there. A rota was in operation and on display in the dispensary. And it provided a list of tasks for team members to refer to. The manager supported team members in training. And they provided protected learning time in the workplace when it was needed. The pharmacists provided ongoing support to help team members develop in their roles. And they updated them whenever there were changes or when new services were introduced. For example, they had briefed them when the pharmacy had introduced a new information gathering form to help manage the NHS Pharmacy First service. And team members knew to complete the form for the pharmacist whenever necessary. Team members discussed new initiatives with locum pharmacists to help them develop and improve the underpinning processes and procedures. The pharmacy had recently introduced the 'medicines: care and review' service (MCR). And team members had wanted to learn about the arrangements in other pharmacies. The pharmacy team was aware of some of the dispensing risks in the pharmacy such as 'look-alike-sound-alike' (LASA) medications. But the lack of signature audit trails and near miss records created a barrier to learning. And it also prevented the team from making safety improvements.

## 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 a large premises. But the dispensary was small with restricted space for the assembly and storage of medicines. Team members managed the space well, with dispensing baskets in use. And they used designated segregated areas for dispensing and accuracy checking. 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. It was well away from the waiting area and 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. A large upstairs room provided space for team members to remove their face masks without being at risk of spreading infection.

## 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 some arrangements in place to identify and remove medicines that are no longer fit for purpose. But some checks are overdue. This means that some stock medicines may not be suitable to supply.

### Inspector's evidence

The pharmacy advertised its services and opening hours in the window. 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 team members manually checked stock once a week to ensure they did not run out. This was due to the pharmacy's remote location and the risk of ferries not running due to inclement weather conditions. The pharmacy used a tracker to show its date checking activities. But team members had not updated the tracker for almost one year. Sampling showed that items were well within their expiry date. The pharmacy had two fridges to keep medicines at the manufacturers recommended temperature. Team members used the small fridge for smaller sized items and vaccines. And they used the other fridge for everything else. Both fridges were kept tidy and well organised. Team members monitored and recorded the temperatures every day. And this provided assurance that the fridges were operating within the accepted range of 2 and 8 degrees Celsius. Team members knew about valproate medication and the Pregnancy Prevention Programme. The pharmacist spoke 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 pharmacist provided access to 'prescription only medicines' via 'patient group directions' (PGDs). And they kept hard copies in a folder that was easy to access. Sampling showed the PGD for trimethoprim was valid until 2022, but it did not state the month it expired. The pharmacy supplied medicines in multi-compartment compliance packs to support people. And it included descriptions of each medication and 'patient information leaflets' (PILs) with the packs. 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. They referred to the records for accuracy before they started dispensing packs. The pharmacy had recently started providing the 'medicines: care and review' service (MCR). And team members were providing supplies against five serial prescriptions. They kept the serial prescriptions filed in a separate folder. And dispensed instalments of medication one week before they were due. 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 recalls notifications. And they annotated the notices to show they had acted on them and what the outcome had been. For example, team members had checked for Mexiletine 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.  |