

Registered pharmacy inspection report

Pharmacy Name: Well, 5-9 High Street, TAIN, Ross-Shire, IV19 1AB

Pharmacy reference: 1042861

Type of pharmacy: Community

Date of inspection: 25/07/2019

Pharmacy context

The pharmacy is in the town centre of Tain. And a short distance away from a sister branch. 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 taking their medicines. Consultation facilities are available, and people can be seen in private.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	4.3	Standard not met	The pharmacy team does not safeguard medicines from unauthorised access. And it does not use the security controls that are available to it.
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 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. And it provides regular training to keep confidential information safe. People using the pharmacy can raise concerns and provide feedback. 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. They provide safe services and look after people's welfare. But, the team members don't have access to a safeguarding policy. 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 team members were expected to read SOPs when they were notified to do so. And they had read several SOPs over the past 6 months. This included, complaints handling, high-risk medicines and multi-compartmental compliance pack dispensing. A sample of SOPs seen were up to date. For example, the SOP used to define multi-compartmental compliance pack dispensing was dated January 2018. The company was in the process of introducing a new computer system. And new extra SOPs had been released with a completion date of the end of August 2019. The pharmacy had appointed a new pharmacist in June 2019. The responsible pharmacist record was up-to-date. The pharmacy displayed the responsible pharmacist notice. And it showed the name and registration number of the pharmacist in charge.

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 dispensers recorded their own near-misses on an electronic record. And they were expected to identify the contributing factors. But they did not always do so. And this meant that improvement action was not always identified and discussed. The pharmacy team knew how to manage the risk of selection errors. And provided examples of stock that had been moved or highlighted using shelf-edge caution labels including atenolol/amitriptyline. The pharmacist managed the incident reporting process. And details were shared with the pharmacy team. This ensured they were aware of dispensing risks. And future incidents were avoided. A recent incident involved the supply of a short-dated medicine. And the pharmacist arranged for the fridge stock to be date-checked as a remedial measure. A policy ensured that staff handled complaints in a consistent manner. And a customer satisfaction notice in the waiting area encouraged people to provide feedback about the services they received and how to make a complaint. The pharmacy had received a complaint from an elderly person about difficulties opening the door at the entrance to the pharmacy. And this was the second complaint about the same issue. The pharmacy team had reported the issue to the superintendent's office. And the door had been loosened. The company used regular audits to assess compliance against professional and company standards. The pharmacy had scored 78% compliance at a recent audit. And had acted on the area of

non-compliance which mostly related to the retail function.

The pharmacy maintained the legal pharmacy records it needed to by law. The team members kept the controlled drug registers up to date. And checked and verified the balances on a weekly basis. The pharmacy recorded controlled drugs that people returned for destruction. And the pharmacist and a team member recorded their names and signatures against each record following a destruction. The pharmacy had accumulated a number of patient-returned medications. And destruction by the responsible pharmacist was needed. 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. But, the pharmacy did not display data protection information. And did not inform people how it looked after their 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 did not use a safeguarding policy. And had not trained the pharmacy team to recognise the signs and symptoms of abuse and neglect. The team members knew to refer concerns to the pharmacist. For example, when people were having difficulty remembering to take their medicines. And the pharmacist liaised with the surgery and recommended multi-compartmental compliance packs. 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 suitably skilled 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 encourages and supports the pharmacy team to learn and develop. And it provides access to ongoing training. 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 team members were on track for meeting their e-learning target. And expected to achieve this by the end of August 2019 when a new computer system was being introduced. The team members provided examples of training since February 2019. Such as complaints handling, Falsified Medicines Directive (FMD) and Data Protection training.

The pharmacy team were mostly long-serving and experienced. And two new team members had been recruited in February 2019 to replace people who had left. This meant that the capacity and capability continued to meet the demands of the service. The pharmacy did not keep the team's qualifications on-site. And the dispenser kept hers at home. The following team members were in post at the pharmacy; one full-time pharmacist, one part-time pharmacy technician, one part-time dispenser and two part-time trainee dispensers. The pharmacy encouraged team members to submit annual leave requests in advance. And cover was provided by a dispenser employed on a zero-hours basis.

The pharmacy used a system of appraisal to ensure that team members were performing to the standard expected of them. For example, the pharmacy technician had agreed to complete Dementia Friends training. And this was due to a significant number of people suffering from the condition. The pharmacy supported team members to achieve qualifications. And two trainee dispensers were allocated time in the work-place when possible. The new pharmacist had completed on-line training as part of the induction process. And had been learning about HIV using the Turas system.

The pharmacy team members were expected to raise concerns and provide suggestions for improvement at a weekly huddle. For example, the company had issued a survey. And team members were being encouraged to participate. The pharmacy had been having difficulties balancing the money at the end of the day. And the pharmacy technician had suggested that two team members countersign after checks had been completed. And this had improved responsibility and accountability.

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 presented a modern professional image to the public. And a well-kept waiting area provided seating. The pharmacy had allocated benches for the different dispensing tasks. And the pharmacy team dispensed walk-in prescriptions near to the waiting area. 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. A consultation room was available and was kept professional in appearance.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy sources and generally manages its medicines appropriately. But it does not always store them safely and securely. The pharmacy manages its services well. And it provides people with information about its opening times and pharmacy services. The pharmacy has working instructions for its services. And these support the pharmacy team members to work in a safe and effective way. The team members identify people taking high-risk medicines. So, they can provide these people with extra advice and information.

Inspector's evidence

The pharmacy displayed its opening hours at the front of the pharmacy. And provided a range of healthcare information leaflets for self-selection. 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 with their medicines.

The pharmacy team kept the dispensing benches organised. And used dispensing baskets to keep prescriptions and medicines contained throughout the dispensing process. They used a separate rear room for dispensing multi-compartmental compliance packs. And used trackers to manage the workload. This helped avoid 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. They supplied patient information leaflets and completed descriptions of medicines in the pack.

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 well-organised cabinets. And the risk of selection errors was managed. For example, it used a separate cabinet to keep expired stock and returned medicines awaiting destruction. And there was a significant risk of unauthorised access to the area. The team members 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 Celsius. The pharmacy used clear bags instead of paper prescription bags for controlled drugs and fridge items. And this allowed the pharmacist to easily 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 bisacodyl in July 2019. But 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 associated with the use of valproate in women. They knew about the valproate pregnancy protection programme and where to find safety leaflets and cards. The pharmacist monitored prescriptions for valproate. And added flash notes to the PMR. The pharmacy had trained pharmacy team members to follow the Falsified Medicines Directive (FMD). But the system had not

been implemented. The pharmacy team confirmed the system was due to be implemented in October 2019 following the introduction of the company's new computer system.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services. And it keeps it clean and 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. The pharmacy used a range of measures. And others were available for measuring liquids such as antibiotics. 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.