

Registered pharmacy inspection report

Pharmacy Name: Well, 23-25 High Street, TAIN, Ross-Shire, IV19 1AE

Pharmacy reference: 1042862

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 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 mostly identifies and manages the risks with its services. It provides regular training, so the team keeps people's private information safe. The team members know their role in protecting the welfare of vulnerable people. And they know to follow the company's complaints handling procedure. This means they listen to people and put things right when they can. The pharmacy works to professional standards. But the team doesn't have a robust process for checking some prescriptions. And cannot evidence a full audit trail. The pharmacy keeps most of the records it needs to by law. But doesn't always record the pharmacist working on a particular day as required.

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 had included, complaints handling, high-risk medicines and multi-compartmental compliance packs. 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 accredited checking technician (ACT) knew about the final accuracy checking SOP. But it wasn't always being followed. The pharmacist did not always annotate prescriptions to show they had carried out a clinical check. And the ACT did not check that prescriptions had been annotated or that these prescriptions had been clinically checked. So, as the process wasn't robust there was a risk of people receiving their medicines without a clinical check by the pharmacist. The company was introducing a new computer system. And new extra SOPs had been released with a completion date of October 2019. The pharmacy had been operating with locum pharmacists for the past year. And a new pharmacist manager was due to take up post at the end of August 2019. The pharmacy had not kept the responsible pharmacist record up to date. And gaps were seen. This included 21 November to 11 December 2018, and 25 February to 1 March 2019. 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 and the accredited accuracy checking technician (ACT) 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. A sample of near-miss reports for April and May 2019 were selected from the hard copy folder. And although the pharmacy team had recorded near-misses and incidents. They had not identified and documented any improvement action. The pharmacy team had carried out an analysis in June 2019. And it showed that most of the errors occurred before 11.30am. The non-pharmacist manager had attributed this to a medicines counter assistant not being there. And had arranged for one dispenser at a time to cover the medicines counter. This had reduced the number of interruptions and the potential for errors. The pharmacy team knew to manage the risk of selection errors. And provided examples of stock that had been moved or highlighted using the shelf-edge caution labels. This included; co-amiloride 2.5/5, amlodipine/amitriptyline and lisinopril. The non-pharmacist manager managed the

incident reporting process. And a sample report showed a recent incident involving a mix-up with strengths. The pharmacy had arranged for stock to be separated. And for shelf-edge caution labels to be attached to avoid future incidents. 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 company used external audits to assess compliance against professional and company standards. The pharmacy had scored 79% compliance at a recent audit. And had acted on the areas of non-compliance which mostly related to the retail function.

The pharmacy maintained most of 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 two open registers. And items awaiting destruction had been recorded in both. 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 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 had completed dementia friend training. And knew to refer concerns to the pharmacist. For example, when the dispenser had concerns about someone who was arriving earlier than expected to collect their prescriptions. The person used the managed repeat prescription service and the dispenser arranged for a medication review. And the pharmacist had recommended a multi-compartmental compliance pack which had improved compliance. 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 team members reflect on their performance. And identify and discuss their learning needs at regular review meetings to keep up to date in their roles. The pharmacy encourages and supports the pharmacy team to learn and develop. And it provides access to ongoing training. The team members support each other in their day-to-day work. And 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 meeting the target for NHS prescription items. But not the target for retail sales. The non-pharmacist manager had provided a reason for the shortfall. And this had been accepted by the regional manager.

The pharmacy team were mostly long-serving and experienced. And capacity and capability continued to meet the demands of the service. A relief pharmacist was providing cover at the time of the inspection. And a new pharmacist manager was due to take up post at the end of August 2019. The superintendent's office retained qualifications. And evidence of accreditation was available. The following team members were in post at the pharmacy; one full-time pharmacist, one full-time non-pharmacist manager (dispenser), one part-time accredited checking technician (ACT), two part-time pharmacy technicians, one part-time dispenser and one part-time trainee medicines counter assistant. The pharmacy encouraged team members to submit annual leave requests in advance. And cover was provided from within the team.

The pharmacy encouraged team members to develop in their roles. And three pharmacy technicians worked at the pharmacy. The non-pharmacist manager was a trained dispenser and provided cover in the dispensary. And had carried out recent appraisals to ensure that team members were performing to the standard expected of them. The pharmacy technicians had agreed to develop their skills so they were competent to provide smoking cessation services and take blood pressure measurements. And to provide the necessary support to allow the pharmacist to counsel people to take their medicines as intended. The non-pharmacist manager had agreed to work as a relief dispenser. And to continue with NVQ pharmacy services level 3 training when the new pharmacist took up post.

The company provided e-learning and team members had been issued with log-on credentials to access the learning on the company's intranet. The company specified which modules were mandatory. And the pharmacy team was meeting its training target. The team members provided examples of training since January 2019. Such as Dementia Friends, Falsified Medicines Directive (FMD) and Data Protection training. The pharmacy had arranged needle exchange training for when the new pharmacist took up post. And this would ensure that everyone was trained and accredited to provide the service.

The pharmacy team members were expected to raise concerns and suggestions for improvement at a weekly huddle. For example, dispensers had been recently trained to dispense multi-compartmental compliance packs. And ensured that adequate cover was available when a dispenser was on leave.

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 presented a modern professional image to the public. And a large well-kept waiting area provided seating and a range of healthcare information leaflets for self-selection. 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. A large upstairs area was used to dispense and store multi-compartmental compliance packs. And a separate area at the rear of the pharmacy was used to dispense methadone doses using a Methameasure machine. 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 met

Summary findings

The pharmacy displays its opening times in the window. And provides access to healthcare information leaflets to let people know what services and support are available to them. 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 these people to support them to take their medicines. The pharmacy sources, stores and manages its medicines appropriately. And updates the pharmacy team about high-risk medicines. This means that team members know when to provide people taking these medicines with extra information.

Inspector's evidence

The pharmacy was accessible via a stepped entrance. And the pharmacy team monitored the entrance to provide support when needed. The step did not cause access difficulties. And people had not complained or made suggestions for improvement. 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 information.

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 at the surgery. This had increased the number of people using CMS prescriptions. And the pharmacy had recently reviewed its dispensing process as a result. The pharmacy was about to start dispensing prescriptions in advance. And this aimed to reduce the number of people waiting for their prescriptions and to manage expectations. The dispensing benches were organised, and separate areas were used for dispensing multi-compartmental compliance packs and methadone doses. The pharmacy team used dispensing baskets. And this kept prescriptions and medicines contained throughout the dispensing process.

The pharmacy dispensed multi-compartment compliance packs for people who needed extra support with their medicines. And the pharmacy team took it in turns to dispense. The team members used a notice board to track the work-load. And 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. The pharmacy supplied patient information leaflets and annotated descriptions of medicines in the pack. The pharmacy used a MethaMeasure machine to dispense methadone doses. And team members knew to obtain an accuracy check when new prescriptions were entered onto the system and after dispensing doses.

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 four well-organised cabinets to avoid selection errors. And used a separate cabinet to store expired stock and returned medicines for destruction. 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 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 Forxiga in June 2019. But the pharmacy did not record the outcome following searches for affected stock. The pharmacy team had completed e-learning and knew about the risk of some people taking valproate. They knew about the 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 staff 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. And was at the same time as 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 measuring equipment available of a suitable standard. And it used crown-stamped measures. A measure was marked for methadone use. And others were available for measuring other liquids such as antibiotics. The pharmacy used a MethaMeasure machine to provide methadone doses. The pharmacy team calibrated the machine each morning to ensure it measured the correct dose. And 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. |