

Registered pharmacy inspection report

Pharmacy Name: Boots, 3 Shore Street, ULLAPOOL, Ross-Shire, IV26
2UJ

Pharmacy reference: 1042863

Type of pharmacy: Community

Date of inspection: 05/09/2019

Pharmacy context

The pharmacy is in the centre of Ullapool. It dispenses NHS prescriptions and provides a range of extra services. The pharmacy collects prescriptions from local surgeries. And it supplies medicines in multi-compartmental compliance packs when people need extra support. It dispenses prescriptions for care homes. 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 team members work to professional standards. They provide safe services and look after people's welfare. The pharmacy keeps records of mistakes when they happen. And they make improvements to keep services safe. The pharmacy keeps the records it needs to by law. And it provides regular training to keep confidential information safe. It understands its role in protecting vulnerable people. And team members are trained to ensure they understand the company's safeguarding arrangements. People using the pharmacy can raise concerns. And team members know to follow the company's complaints handling procedure. This means they listen to people and put things right when they can.

Inspector's evidence

The pharmacy displayed the responsible pharmacist notice. And it showed the name and registration number of the pharmacist in charge. The pharmacy used standard operating procedures (SOPs) to define the pharmacy processes and procedures. And the team members were in the process of reading new SOPs including one that covered the multi-compartmental compliance pack dispensing processes. The team members provided assurance that they followed procedures. And read and signed each SOP to show they were up to date. The pharmacy used separate SOPs to define care home dispensing. And these were kept up to date and signed by those authorised to carry out the process.

The pharmacy team signed dispensing labels to show they had completed a dispensing task. And the pharmacist checked prescriptions and gave feedback to dispensers who failed to identify their own errors. The pharmacist and the team members recorded the errors. But, they did not always provide a reason about how the errors could have happened. And this meant they missed opportunities to reflect and improve. The pharmacist carried out monthly near-miss reviews. But only a few reports were available at the time of the inspection.

The pharmacist had documented the following actions to manage dispensing risks;

1. Record look-alike-sound-alike medication on the company's pharmacist information form (PIF) to alert colleagues.
2. Re-read the hand-out SOP to manage the risk of people being given the wrong medication.

The team members followed the company's list of look-alike and sound-alike medication. And attached shelf edge-caution labels to highlight the risk of selection errors. The pharmacist managed the incident reporting process. And the pharmacy team knew when incidents happened and what the cause had been. For example, they knew about an error involving a mix-up with timolol and timolol LA eye drops. And the pharmacist had arranged to have the PMR flagged to alert team members. The pharmacy used a complaints policy to ensure that staff handled complaints in a consistent manner. And it used a practice leaflet to inform people about the complaints process and who to contact should they wish to complain or provide feedback. The pharmacy received mostly positive comments. And there were no examples of change in response to feedback.

The pharmacy had valid public liability and professional indemnity insurance in place. 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 on a weekly basis. The pharmacy team recorded controlled drugs that people returned for destruction. And the pharmacist and a team member recorded their name and signature against each destruction. A sample of private prescriptions were up to date and met legal requirements. And specials records were kept with details of who had received each supply. The pharmacists had been accredited to use patient group directions to improve access to medicines and advice. And a sample fusidic acid patient group direction was valid until December 2020.

The pharmacy displayed a 'fair data processing notice' which provided people with information about its data protection arrangements. The pharmacy trained team members on a regular basis to ensure they complied with data protection arrangements. And they knew how to safeguard personal information. The pharmacy disposed of confidential information in designated bags which were uplifted for off-site shredding. And it archived spent records for the standard retention period.

The protecting vulnerable group (PVG) scheme was used to help protect children and vulnerable adults. The pharmacy trained the pharmacy team to comply with safeguarding arrangements. And provided contact details so that team members knew who to contact if they had a concern about a child or a vulnerable adult. The pharmacy team recognised the signs and symptoms of abuse and neglect. And knew when to refer concerns to the pharmacist in charge. For example, they asked people to sign for multi-compartmental compliance packs. And spoke to the surgery and carers when people failed to collect their packs on time.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy monitors its staffing levels. And it ensures it has the right number of suitably skilled pharmacy team members throughout the week. The pharmacy team members reflect on their performance. And identify and discuss their learning needs 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 pharmacy team members support each other in their day-to-day work. And they can speak up at regular meetings. And make suggestions for improvement 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 the same. The pharmacy team was meeting most of its performance targets. And team members were focussed on increasing the number of suitable people registered with the chronic medication service (CMS). The pharmacy team members did not feel undue pressure to register people. And they knew only to offer services when it was appropriate. Most of the team members had worked at the pharmacy for many years. And were experienced and knowledgeable in their roles and responsibilities. The pharmacist kept the team's training certificates on-site. And the following team members were in post; one full-time pharmacist with a locum pharmacist providing regular cover, three part-time dispensers and one Saturday dispenser.

The pharmacist carried out regular reviews. And this ensured that the capacity and capability of the pharmacy team continued to meet service demands. For example, she was about to recruit a new team member due to a dispenser leaving at the end of September. The company expected team members to submit holiday requests in advance. And this allowed the pharmacist to plan and maintain minimum levels. The team members covered for each other. And the pharmacist contacted the area manager when there were unplanned absences. For example, she had contacted the Inverness branches in the past and support had been provided. The pharmacist carried out performance reviews to identify areas for development. And she had been supporting the trainee dispenser to make good progress with her training course.

The pharmacy provided regular training so that the team members had the knowledge and skills to carry out their roles and responsibilities. The team members were up-to-date with mandatory training requirements. And this ensured they knew to comply with the company's policies and procedures and provide safe and effective services. For example, they had recently completed anti-harassment, security rules and information governance training.

The pharmacy team members felt empowered to raise concerns and provide suggestions for improvement. For example, they now stored instalment prescriptions alongside the multi-compartmental compliance packs. And this made it easier to identify people with compliance difficulties and to take action when needed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean. And provides a safe, secure and professional environment for people to receive healthcare.

Inspector's evidence

A well-kept waiting area presented a professional image to the public. And the pharmacy provided seating and healthcare information leaflets for self-selection. The team members dispensed walk-in prescriptions near to the waiting area. And the pharmacist supervised the medicines counter from the checking bench. The pharmacy had effective lighting. And the ambient temperature provided a comfortable environment from which to provide services. The pharmacy provided a consultation room which was professional in appearance.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy displays its opening times and healthcare information in the window. And it lets people know about its services and when they 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 supports people in care homes. It supplies extra information to these people and supports 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 had stepped access at the entrance to the pharmacy. And a portable ramp was used to support people with mobility difficulties. The pharmacy displayed its opening hours in its window. And displayed patient information leaflets in the waiting area and in the consultation room. The pharmacy had a business continuity plan in place. And this provided critical information in the event of service disruptions.

The team members dispensed medication which was collected by staff from two outlying surgeries. And they made sure that people signed to confirm receipt of their medication. The surgery staff returned the record to the pharmacy for checking. And the pharmacist was about to contact someone who had not collected their medicines. The pharmacy team worked in collaboration with dispensing practices. And dispensed prescriptions when they were unable to fulfil them. The pharmacy dispensed serial prescriptions for around 50 people registered with the chronic medication service (CMS). And team members kept track of when supplies were issued and when medication was next due. The pharmacy team provided support to people in their homes to take their medicines. For example, when people were discharged from hospital with prescription changes.

The pharmacy dispensed multi-compartment compliance packs for around 10 people. And it dispensed original packs and medication administration record sheets (MAR) for around 29 people in two care homes. The team members ensured that benches were clear before they started dispensing. And used trackers to ensure that medication was dispensed and supplied on time. The team members isolated medication when notified about prescription changes. And they recorded the changes in the communications book and in the person's medication records for future reference. The pharmacy supplied patient information leaflets and provided descriptions of medicines. And this supported people to take their medicines as prescribed.

The pharmacy team used pharmacist information forms (PIFs) and laminated cards whilst dispensing to communicate safety messages. For example, to highlight look-alike and sound-alike medication. The dispenser retrieved a completed PIF that highlighted the need to double-check amlodipine medication. 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 additional checks at the time of supply. The team members kept the pharmacy shelves neat and tidy. And purchased medicines and medical devices from recognised suppliers. The pharmacy used a controlled drug cabinet. And the team members carried out

regular stock management activities highlighting short dated stock and part-packs during regular checks. This ensured they had necessary stock available, which included an agreed list of medication used in palliative care. The pharmacy carried out frequent checks of fast-moving stock. And kept levels high when bad weather was forecast and when there was a significant risk of travel disruptions. The team members monitored and recorded the fridge temperatures. And demonstrated that the temperature had remained between two and eight degrees Celsius.

The pharmacy accepted returned medicines from the public. And disposed of them in yellow containers that the health board collected. The team members acted on drug alerts and recalls and audit trails were kept. For example, they had actioned an alert for aripiprazole solution in July 2019. The team members had been trained to understand the valproate pregnancy protection programme. And they knew to provide safety leaflets and cards. The pharmacist monitored prescriptions for valproate. And ensured that people received safety information from their GP. The pharmacy had not introduced the Falsified Medicines Directive (FMD). And the team members were unable to confirm when it was due to be introduced.

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 for measuring liquids such as antibiotics. 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 to pharmacy team members. The pharmacy team were able to take 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.