

Registered pharmacy inspection report

Pharmacy Name: Well, Main Street, LAIRG, Sutherland, IV27 4AR

Pharmacy reference: 1042974

Type of pharmacy: Community

Date of inspection: 05/09/2019

Pharmacy context

The pharmacy is in the centre of Lairg. 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 with 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	1.7	Good practice	The company provides information governance training to team members when their employment begins. And refresher training to provide assurance that they understand their responsibilities.
2. Staff	Standards met	2.2	Good practice	The pharmacy provides access to a range of training modules. And pharmacy team members complete ongoing training regularly, which is relevant to their role. This keeps their knowledge and skills up to date.
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 senior pharmacy team members carry out checks to make sure the pharmacy is running safely. The team members discuss the need for improved 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. It understands its role in protecting vulnerable people. And team members complete regular training to ensure they are up-to-date with safeguarding requirements. People using the pharmacy can raise concerns. And team members know to follow the company's complaints handling procedure. This means that they listen to people and put things right when they can.

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 system recorded when each of the SOPs had been read and understood. For example, the SOP used to define multi-compartmental compliance pack dispensing had been read. But had last been reviewed in September 2016. And a review was due to ensure that team members followed current processes and procedures. The company had recently provided training due to the introduction of a new company-wide computer system. And it included procedures for new off-site dispensing processes that it had introduced at the beginning of August. The pharmacist had been instructed to carry out checks on the first 300 prescriptions dispensed by the off-site dispensary. And had provided assurance that the system was safe and effective. The pharmacy displayed leaflets informing people that some prescriptions were being dispensed at the off-site dispensary.

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 pharmacy team did not always identify what had caused the errors. And this meant that improvement action was not always identified. Sample near-miss reviews were seen for the last few months. And the following actions had been agreed at regular monthly meetings:

1. Taking more care when stacking baskets to avoid dispensing labels being transferred to other baskets.
2. Advising people to adhere to the 48 hours prescription turnaround time to reduce pressure on the dispensers.
3. Using red baskets for near-misses and dispensing incidents to ensure that team members were given feedback about errors.
4. Highlighting omeprazole/lansoprazole selection risks.

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 a mix-up with felodipine and finasteride. The pharmacist had arranged for the medication to be separated. And for a caution label to be added to the shelf-edges.

The company used a policy to support team members to handle complaints in a consistent manner. And

a notice informed people about the complaints handling process and how to provide feedback if they wished to. The pharmacist had agreed to keep extra stock of some medication even when only one person was prescribed it. And this ensured it was always available and stocks did not run-out. The company carried out regular audits to assess compliance against professional and company standards. And the pharmacy had scored 85% compliance at a recent audit.

The pharmacy maintained the legal pharmacy records it needed to by law. The pharmacy displayed the responsible pharmacist notice. And the responsible pharmacist record showed the regular pharmacists who had been on duty. Public liability and professional indemnity insurance were in place. The team members kept the controlled drug registers up to date. And checked and verified the balance 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 team kept the private prescription records up to date. And were meeting legal requirements. The pharmacy kept specials invoices. But it had not kept an audit trail of supplies since November 2018. The pharmacist used patient group directions to improve access to medicines and advice. And a sample trimethoprim patient group direction was valid until October 2020.

The pharmacy displayed data protection information. And it informed people about how it looked after their personal information. 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. The pharmacy displayed a chaperone notice beside the consultation room. And this was understood by the pharmacy team. The company had trained the pharmacy team to recognise the signs and symptoms of abuse and neglect. And the team members knew who their vulnerable groups were. For example, they had contacted the surgery about an elderly woman who was appearing more and more confused. And didn't know where she was and why she was in the pharmacy. The team members had later found out that the woman had been admitted to a care home.

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 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 meeting the company targets. And they were focussed on increasing people's awareness of the extra services they offered. For example, the smoking cessation service. The pharmacist was about to display a notice informing people about an NHS Highland smoking cessation advisory service which also included support about healthy eating. The team members explained that the targets were designed to benefit people. And they did not feel undue pressure to register people with the services they provided.

The team members were experienced and had worked at the pharmacy for a significant length of time. The pharmacy kept training certificates on-site. And the following team members were in post; one full-time pharmacist, two part-time-time pharmacy technicians and one part-time dispenser. The pharmacy team members submitted annual leave requests via the intranet. And cover was provided from within the team. A relief dispenser worked in a nearby branch. And cover had been provided in the past.

The pharmacy used an annual appraisal to identify areas for development. For example, one of the dispensers had noted an interest in the NVQ pharmacy services level three course. And was waiting for a training post to become available. The pharmacy team had undergone significant development over the past quarter. And this was in connection with a new computer system that had been recently introduced. The team members completed on-line training. And had attended training that had been delivered by an area trainer. The team members were up to date with mandatory training requirements. And a dispenser's record showed that the following training had been completed over the past 6 months; the essential guide to patient safety, GPhC standards and data protection training.

The pharmacy used a weekly huddle to keep the pharmacy team up to date. And team members were expected to raise concerns and provide suggestions for improvement. For example, the team members had requested more hours due to the introduction of a new computer system. And an extra nine hours of dispenser time had been authorised.

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 was modern and presented a professional image to the public. And a 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 pharmacist supervised the medicines counter from the checking bench. This allowed her to make interventions when needed. The pharmacy had effective lighting. And the ambient temperature provided a comfortable environment from which to provide services.

Principle 4 - Services ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had stepped access. And people with mobility issues used an external bell to request support. A wheelchair user visited the pharmacy on a regular basis. And had no difficulty accessing services. The pharmacy displayed its opening hours at the front of the pharmacy. And it provided a range of information leaflets for self-selection. The pharmacist worked with the local GPs to support people who were having difficulties with their medicines. For example, when someone was regularly running out of their opioid medication. The pharmacist liaised with the GP and a multi-compartmental compliance pack had been supplied. And this had been successful in improving compliance. The pharmacist collaborated with the local surgery. And had arranged to provide flu vaccinations at the surgery on a Wednesday afternoon when the pharmacy was closed.

The dispensing benches were organised, and the pharmacy team used dispensing baskets to keep prescriptions and medicines contained throughout the dispensing process. The pharmacy provided a managed repeat prescription service. And this accounted for around 40% of the work-load. The pharmacy had recently started sending prescriptions to an off-site dispensary for dispensing. And dispensed medicines were returned in sealed totes within two to three working days. The dispensers processed prescriptions which were then placed in a gold basket for checking. And the pharmacist carried out clinical and accuracy checks before electronically transmitting them to the off-site hub. The pharmacist carried out random checks when prescriptions were returned. And she kept records of each verification.

The pharmacy dispensed multi-compartment compliance packs for around 7 people. The team members used a separate bench for dispensing. And they dispensed a few packs every week to manage the workload. The team members removed and isolated packs when they were notified about prescription changes. And they made a record in the patient's medication record. The pharmacy supplied patient information leaflets. And they provided descriptions of medicines.

The team members kept the pharmacy shelves neat and tidy. And the pharmacy purchased medicines and medical devices from recognised suppliers. The pharmacy team kept controlled drugs in two well-organised cabinets. And they managed the risk of selection errors. For example, they used a separate cabinet to store multi-compartmental compliance packs. The team members carried out regular stock management activities. And they demonstrated that the fridge temperature had remained between two and eight degrees Celsius. The pharmacy used clear bags instead of paper prescription bags for

fridge items and controlled drugs. And this allowed the pharmacist to easily carry out checks at the time of supply. The team members accepted returned medicines from the public. And they disposed of them in yellow containers that the health board collected. The company issued drug alerts and recalls. And the team members confirmed that action had been taken. The pharmacy kept an audit trail. For example, it showed new information about the isotretinoin pregnancy protection programme had been received. The team members had not annotated the record to confirm it had been actioned.

The team members had been trained about the valproate pregnancy protection programme. And where they could find safety cards and leaflets. The pharmacist monitored prescriptions for valproate. And confirmed that people had received safety information from their GP. The team members had completed training to follow the Falsified Medicines Directive (FMD). And the company had installed the software and scanners. But they were not using it and did not know when it was due to be implemented.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services. And it keeps its equipment 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 a CD label had been attached to the methadone measure to ensure it was only used for this purpose. 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 a portable phone. 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.