

Registered pharmacy inspection report

Pharmacy Name: Well, 2 Main Street, Fauldhouse, BATHGATE, West Lothian, EH47 9JA

Pharmacy reference: 1084903

Type of pharmacy: Community

Date of inspection: 20/04/2022

Pharmacy context

This is a community pharmacy on the main road through the village of Fauldhouse. It dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. The pharmacy offers a repeat prescription collection service and a medicines' delivery service. It also provides substance misuse services and dispenses private prescriptions. The pharmacy team advises on minor ailments and medicines' use. And supplies and sells a range of over-the-counter medicines. It offers services including the NHS smoking cessation service and, seasonal flu vaccination. The pharmacy works closely with another branch of Well located close by. This pharmacy was inspected during the COVID-19 pandemic.

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 suitably identifies and manages the risks with its services, including reducing the infection risk during the pandemic. The pharmacy team members follow written processes for the pharmacy's services to help ensure they provide them safely. Team members record their mistakes to learn from them, but they don't review these regularly to identify common themes. So they could be missing learning opportunities. The pharmacy mostly keeps the records that it needs to, and it keeps people's private information safe. Team members know who to contact if they have concerns about vulnerable people.

Inspector's evidence

The pharmacy had put strategies in place to keep people safe from infection during the COVID-19 pandemic. It had screens up at the medicines' counter, and hand sanitiser in several locations including the retail area and dispensary. Some people coming to the pharmacy wore face coverings. Team members were not wearing masks when the inspector arrived, but immediately donned them. They washed and sanitised their hands regularly and they cleaned surfaces and touch points twice daily.

The pharmacy had standard operating procedures (SOPs) which were followed. Pharmacy team members had read them, and the pharmacy kept records of this. This was an improvement from the last inspection. The pharmacy superintendent reviewed the SOPs every two years and signed them off. Staff roles and responsibilities were recorded on individual SOPs. Team members described their roles and accurately explained which activities could not be undertaken in the absence of the pharmacist. This seldom occurred as the pharmacy closed for lunch. The pharmacy managed dispensing, a high-risk activity, well, with coloured baskets used to differentiate between different prescription types and to separate people's medication. The pharmacy had a business continuity plan to address maintenance issues or disruption to services. And it displayed a 'Who do I call when' poster in the dispensary to help team members contact the correct person for a variety of incidents.

Team members used electronic 'near miss logs' to record dispensing errors that were identified in the pharmacy, known as near miss errors. They described how they discussed errors at the time with the pharmacist, corrected the mistake and sometimes re-located medicines to reduce the chance of making the same mistake again. And they recorded errors that had been identified after people received their medicines. Team members were aware of a recent mistake that a person had brought back to the pharmacy the previous day. They had not yet recorded it, but the incorrect medicine was segregated, and the team had discussed it. But the pharmacy did not review near misses and errors to identify any trends or themes for team members to learn from them. The pharmacy had a complaints procedure and welcomed feedback. Team members described positive feedback from people recently, as processes in the pharmacy had greatly improved over recent months.

The pharmacy had an indemnity insurance certificate, expiring 30 June 2022. The pharmacy displayed the responsible pharmacist notice and kept a responsible pharmacist log. But there were some gaps in it. Entries reflected the opening hours of the pharmacy, and the pharmacist explained that no pharmacy activities took place out with these times. The pharmacy had private prescription records including records of emergency supplies and veterinary prescriptions. It kept unlicensed specials records and controlled drugs (CD) registers with running balances maintained and regularly audited. The pharmacist

was investigating a confusing entry in a CD register. If he could not resolve it, he intended to notify the NHS CD accountable officer. Team members were not aware of, and could not locate a CD destruction register for patient returned medicines. The team members had been in the pharmacy around five months and had not taken any CDs back from people in that time. Following the inspection the Pharmacy Superintendent's office confirmed that the pharmacy had this register and team members were now aware of it.

Pharmacy team members were aware of the need for confidentiality. They had all read a SOP and company policies. They segregated confidential waste for secure destruction. No person identifiable information was visible to the public. Team members had also read a SOP on safeguarding. They knew how to raise a concern locally and had access to contact details and processes. A team member described a situation that had been appropriately addressed. The pharmacist was registered with the Disclosure Scotland 'Protecting Vulnerable Groups' (PVG) scheme.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to safely provide its services. Inexperienced team members are adequately supported and know how to seek guidance if required. The pharmacy supports them by providing time for training. Team members know how to make suggestions and raise concerns if they have any to keep the pharmacy safe.

Inspector's evidence

The pharmacy had a full-time pharmacist, and two trainee team members, one full-time and one part-time. They had all worked in these roles for around five months, providing stability and consistency which was a great improvement from the last inspection. The trainee team members were undertaking an appropriate course for dispensing and medicines' counter. And the full-time team member was the team leader, supported by the pharmacy manager in the other pharmacy in the village. She had management responsibilities for both pharmacies. A relief accuracy checking pharmacy technician (ACPT) worked in the pharmacy for a day most weeks, mainly assembling multi-compartment compliance packs, and helping train the team members in this process. And the pharmacy had a delivery driver, shared with other branches. At the time of inspection, the regular pharmacist and the two trainee team members were working. This was typical for mornings, and most afternoons there was one team member (team leader) and the pharmacist. Team members from the nearby pharmacy helped when required. Team members had worked hard, with support from elsewhere within the company, to establish and embed processes in the pharmacy, and could now manage the workload. This was a great improvement from the last inspection.

The pharmacy sometimes provided learning time during the working day for team members to undertake training and development. And it enabled team members to undertake some training in their own time, at lunchtime or at home. The pharmacist supervised the trainee team members and encouraged them to ask questions to help with their learning.

Team members were observed going about their tasks in a systematic and professional manner. They asked appropriate questions when supplying medicines over the counter and referred to the pharmacist when required. They demonstrated an awareness of repeat requests for medicines intended for short term use. And they dealt appropriately with such requests.

Pharmacy team members understood the importance of reporting mistakes and were comfortable owning up to their own mistakes. They had a culture of openness in the pharmacy where they could share and discuss these. They could make suggestions and raise concerns to the team leader and manager. Team members described making suggestions to the manager about location of stock in the retail area which demonstrated this. The company had a whistleblowing policy that team members were aware of. They gave appropriate responses to scenarios posed by the inspector. The company set targets for various parameters. Team members described offering services to people to achieve these. They believed the services they offered were of benefit to people.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean and suitable for the pharmacy services provided. It has suitable facilities for people to have conversations with team members in private. The pharmacy is secure when closed.

Inspector's evidence

These were average-sized premises incorporating a retail area, dispensary, storage space and staff facilities. The premises were clean, hygienic, and well maintained. And they were tidier and less cluttered than at the previous inspection. Team members cleaned surfaces and touch points morning and evening. There were sinks in the dispensary, staff area and toilet with hot and cold running water, and soap. And there was hand sanitiser available in the dispensary and retail area.

People were not able to see activities being undertaken in the dispensary. The pharmacy had a consultation room with a desk, chairs, and computer which was clean and tidy, and the door closed providing privacy. Temperature and lighting throughout the premises felt comfortable.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy helps people to access its services which it provides safely. Team members follow written processes relevant to the services they provide. They support people by giving them suitable information and advice to help them use their medicines. And they provide extra written information to people taking higher risk medicines. The pharmacy obtains medicines from reliable sources and stores them properly. Pharmacy team members know what to do if medicines are not fit for purpose.

Inspector's evidence

The pharmacy had good physical access by means of a level entrance and an automatic door. It listed its services and had leaflets available on a variety of topics. It had a hearing loop in working order for people wearing hearing aids to use. And it could provide large print labels for people with impaired vision. All team members wore badges showing their name and role. The pharmacy provided a delivery service.

Pharmacy team members followed a logical and methodical workflow for dispensing. They used coloured baskets to differentiate between different prescription types and separate different people's medicines and prescriptions. They labelled prescriptions collected from the GP practice as soon as possible, which automatically ordered the medicines required. The following day when the stock arrived, a team member put it away, placing the new items under packets already on the shelf. Then team members assembled the prescriptions. They described how the process worked well, ensuring medicines were available when people expected them. Team members prioritised 'walk-in' prescriptions, dispensing them while people waited when possible. They initialled dispensing labels to provide an audit trail of who had dispensed and checked all medicines. The pharmacy usually assembled owings later the same day or the following day. The pharmacy did not have any 'Medicines Care Review' (MCR) serial prescriptions.

The pharmacy managed the dispensing and the related record-keeping for multi-compartment compliance packs on a four-weekly cycle. Team members assembled four weeks' packs at a time, usually one week before the first pack was due to be supplied. They left packaging with the packs to help the pharmacist to carry out the accuracy check. The pharmacist sealed the packs while checking them. The pharmacy labelled the packs with dates of assembly and supply and included tablet descriptions on the backing sheets. It stored completed packs in individually labelled box files per person on dedicated labelled shelves. And the pharmacy supplied patient information leaflets (PILs) with the first pack of each prescription. Pharmacy team members kept records of medication changes. Usually, prescribers completed a dated and signed template detailing the change. This provided a clear audit trail and the pharmacy kept it in the person's folder. The pharmacy supplied a variety of other medicines by instalment. A team member dispensed these prescriptions in their entirety when the pharmacy received them. The pharmacist checked the instalments and placed the medicines in bags labelled with the person's details and date of supply. They were stored alphabetically in individually named baskets on labelled shelves. Both trainee team members were trained and competent to provide this service. The ACPT had contributed to their training.

A pharmacist undertook clinical checks and provided appropriate advice and counselling to people receiving high-risk medicines including valproate, methotrexate, lithium, and warfarin. They supplied

written information and record books if required. The pharmacy had put the guidance from the valproate pregnancy prevention programme in place. The team members were familiar with this and had information on the dispensary wall to remind them to speak to people as required. The pharmacy followed the service specifications for NHS services. It had patient group directions (PGDs) in place for unscheduled care, the Pharmacy First service, smoking cessation, emergency hormonal contraception (EHC), and chlamydia treatment. It also followed private PGDs for flu vaccination during the flu season. Previous versions of some documents were observed which could lead to confusion. The pharmacy team members were trained to deliver the Pharmacy First service within their competence and under the pharmacist's supervision. They used the sale of medicines protocol and the formulary to respond to symptoms and make suggestions for treatment. They referred to the pharmacist as required and gave appropriate responses to scenarios posed.

The pharmacy obtained medicines from licensed wholesalers such as Alliance and AAH. The pharmacy stored medicines in original packaging on shelves, in drawers and in cupboards. And team members used space well to segregate stock, dispensed items, and obsolete items. The pharmacy stored items requiring cold storage in two fridges and team members monitored and recorded minimum and maximum temperatures daily. They took appropriate action if there was any deviation from accepted limits. Team members regularly checked expiry dates of medicines and those inspected were found to be in date. The pharmacy protected pharmacy (P) medicines from self-selection. Team members followed the sale of medicines protocol when selling these.

The pharmacy actioned Medicines and Healthcare products Regulatory Agency (MHRA) recalls and safety alerts on receipt and kept records. Team members contacted people who had received medicines subject to patient level recalls. They returned items received damaged or faulty to suppliers as soon as possible.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to deliver its services. And it looks after this equipment to ensure it works.

Inspector's evidence

The pharmacy had resources available including current editions of the British National Formulary (BNF) and BNF for Children. It had Internet access allowing online resources to be used.

The pharmacy kept equipment required to deliver pharmacy services in the consultation room where it was used with people accessing its services. This included a carbon monoxide monitor maintained by the health board, which team members were not currently using to reduce the risk of spreading infection. They kept crown-stamped measures by the sink in the dispensary, and a separate marked one was used for water. The pharmacy used an automated system and pump for measuring methadone solution. Team members cleaned the pump at the end of each day and poured test volumes each morning when they set it up. The pharmacy team had clean tablet and capsule counters in the dispensary.

The pharmacy mostly stored paper records in the dispensary and rear area inaccessible to the public. It stored prescription medication waiting to be collected in a way that prevented patient information being seen by any other people in the retail area. Team members used passwords to access computers and did not leave them unattended unless they were locked.

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.