General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Connel Pharmacy, The Surgery, Connel, OBAN, Argyll, PA37 1PH

Pharmacy reference: 1091604

Type of pharmacy: Community

Date of inspection: 30/06/2022

Pharmacy context

This is a community pharmacy in a medical practice in Connel. It dispenses NHS prescriptions and private prescriptions including supplying medicines in multi-compartment compliance packs. Pharmacy team members advise on minor ailments and medicines use. And they supply over-the-counter medicines.

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

Pharmacy team members follow satisfactory working practices. And they show they are managing dispensing risks to keep services safe. The pharmacy documents its mistakes and team members learn from them to improve the safety of services. The pharmacy keeps the records it needs to by law, and it suitably protects people's private information.

Inspector's evidence

The pharmacy had introduced new processes to manage the risks and help prevent the spread of coronavirus. It shared the waiting area with the medical practice. And it provided sufficient space for people to keep a safe distance apart. Hand sanitizer was available at the entrance for people to use. And team members had access to hand sanitizer and face masks which they used throughout the day. The pharmacy had installed a plastic screen at the medicines counter. And it created a protective barrier between team members and people that used the pharmacy. The pharmacy had a set of written standard operating procedures (SOPs). And it had records to show that some of the team members had read them. This meant there was a lack of assurance to show that all team members had agreed to follow them. The pharmacist, who owned and worked at the pharmacy reviewed the SOPs, and a review date of May 2022 had been annotated on each of the documents. The procedures covered tasks such as the dispensing process including multi-compartment compliance packs, dealing with controlled drugs, and producing ‘medical administration records’ (MARs). Dispensers signed medicine labels to show who had ‘dispensed’ and who had ‘checked’ prescriptions. This meant the pharmacist was able to help individuals to learn from their dispensing mistakes. Dispensers recorded their own near miss errors on a sheet above one of the dispensing benches. And this helped them to identify risks associated with the dispensing process. Team members provided examples of improvements to manage selection risks. This included separating bisoprolol and bendroflumethiazide and cephalexin tablets and capsules. Team members knew to record dispensing incidents. And the pharmacy used a template report that included sections to record information about the root cause and any necessary improvements it had made.

The pharmacy trained its team members to manage complaints. And it had defined the complaints process in a procedure for team members to refer to. The pharmacy had current public liability and professional indemnity insurances in place which was valid until March 2023. And team members maintained the records they needed to by law. The pharmacist displayed a responsible pharmacist notice which was visible from the waiting area. And the RP record showed the name and registration details of the pharmacist in charge. Team members maintained the controlled drug registers and kept them up to date. And they carried out balance checks at the time of dispensing. This did not take account of slower moving stock. Team members had last recorded a full balance check in June 2021. People returned controlled drugs they no longer needed for safe disposal. And a destructions register showed the pharmacist had signed to confirm that destructions had taken place. Team members filed prescriptions and could easily retrieve them if needed. They kept records of supplies against private prescriptions and supplies of 'specials’ and they were up to date. The pharmacy trained its team members to protect people's privacy. It used a designated container to dispose of confidential waste. And an approved provider collected the waste for off-site destruction. Team members referred safeguarding concerns to the pharmacist. This included concerns about vulnerable people failing to collect their medication. The pharmacist attended various practice meetings. And they were aware of

vulnerable people when they collected their medication, such as those suffering from Dementia.

Principle 2 - Staffing ✔ Standards met

Summary findings

Pharmacy team members have the necessary qualifications and skills for their roles and the services they provide. The pharmacy proactively supports team members in-training to obtain the skills they need. And it provides relevant training as and when required to develop the necessary knowledge and skills for their roles.

Inspector's evidence

The pharmacy's workload had increased since the start of the pandemic. And the pharmacist owner, who worked at the pharmacy, had recently employed a part-time pharmacist which meant they were able to take time off. A pharmacy technician and two part-time dispensers also worked at the pharmacy. And another two dispensers who lived in the area provided cover when they were available. This was usually to cover holidays and other leave. The new pharmacist and dispenser had helped to update the pharmacy's SOPs. This had helped them to integrate into their new roles. Pharmacy team members discussed near-miss errors to help them learn about dispensing risks. And they agreed on improvements to manage the risk of them happening again in the future. The pharmacist kept the pharmacy team up to date with changes and new initiatives. This included training the dispensers to gather relevant information when people presented for treatments for urinary tract infections. The dispensers knew when to signpost people when they needed to be seen by a doctor. The pharmacy technician and the pharmacist ensured they maintained their knowledge and skills to carry out their roles. The pharmacy technician had recently read about semaglutide injections for type 2 diabetes. And they had passed on their knowledge to the rest of the pharmacy team. The pharmacist regularly attended Practice Based Small Group Learning (PBSGL) sessions. And they had recently attended a session on Lymes disease and gastro-intestinal symptoms.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises mostly supports the safe delivery of its services. And it manages the space for the storage of its medicines. The pharmacy has suitable arrangements for people to have private conversations with the team.

Inspector's evidence

The pharmacy’s workspace was restricted for the volume of dispensing it carried out. And the pharmacist had arrangements in place to make the best use of the available space to keep services safe. Team members placed assembled items in prescriptions bags in a tote for checking. And this managed the risk of items becoming mixed up and the risk of dispensing mistakes. Team members dispensed prescriptions for a care home in an upstairs room. And they locked the room whenever it was not in use. The pharmacist supervised the medicines counter from the checking bench. And they were able to intervene and provide advice when necessary. The pharmacy had a small consultation room beside the medicines counter. The room provided access to the dispensary and the door was left open. Team members kept some returned medicines there. And there was a risk that people could access the room and have unauthorised access to the medicines. Team members used a spare consultation room that belonged to the medical practice. The room provided more space than the pharmacy's consultation room. It was located opposite the pharmacy. A sink in the dispensary was available for hand washing and the preparation of medicines. And team members cleaned and sanitised the pharmacy at least once a day to reduce the risk of spreading infection. Lighting provided good visibility throughout. And the ambient temperature provided a suitable environment to store medicines and to provide services.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy gets its medicines from reputable sources, and it stores them appropriately. The team carries out checks to make sure medicines are in good condition and suitable to supply. And it has arrangements to identify and remove medicines that are no longer fit for purpose. The pharmacy provides services which are easily accessible. And it manages its services well to help people receive appropriate care.

Inspector's evidence

The pharmacy was in a medical practice. And there was good access for people with reduced mobility. Team members kept medicines neat and tidy on a series of shelves. And they used a controlled drug cabinet which was organised to safely segregate items. The pharmacy purchased medicines and medical devices from recognised suppliers. And team members were up to date with date-checking procedures to manage the risk of stock expiring. Sampling showed items were well within their expiry date. The pharmacy used a fridge and it safely segregated stock to manage the risk of selection errors. Team members monitored and documented the temperature. And they were able to evidence that the fridge was operating within the accepted range of 2 and 8 degrees Celsius. Team members knew about valproate medication and the Pregnancy Prevention Programme. The pharmacist spoke to people in the at-risk group about the associated risks. And team members knew to supply patient information leaflets and to provide warning information cards with every supply. The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste. The pharmacy prioritised drug alerts and team members knew to check for affected stock which were removed and quarantined straight away. A team member provided evidence to show they had checked a recent drug alert for Linofarce granules. The pharmacy supplied medicines in multi-compartment compliance packs for people that needed extra support with their medicines. And it had defined the assembly and dispensing process in a documented procedure. It dispensed medicines for people in a local care home. And it provided ‘medical administration records’ (MARs) to support the safe administration of the medicines. Team members used a tracker to manage the workload. This included when prescriptions were due in the pharmacy. And when medicines were needed back at the care home. The pharmacy did not employ a delivery driver. And the pharmacist delivered the items to the care home.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services and it uses its facilities to suitably protect people’s confidential information.

Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the British National Formulary (BNF). Team members used crown-stamped measuring cylinders. They used a separate measure for methadone. And had highlighted the measure to be used exclusively for this purpose. The pharmacy stored prescriptions for collection out of view of the public waiting area. And it positioned the dispensary computer in a way to prevent disclosure of confidential information. Team members could carry out conversations in private if needed. The pharmacy used cleaning materials for hard surface and equipment cleaning. The sink was clean and suitable for dispensing purposes. Team members had access to personal protective equipment including face masks.

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.