

Registered pharmacy inspection report

Pharmacy Name: Websters Pharmacy, 8 Duthie Road, Tarves, ELLON, Aberdeenshire, AB41 7JX

Pharmacy reference: 1106239

Type of pharmacy: Community

Date of inspection: 17/07/2023

Pharmacy context

The pharmacy is on the high street in the rural village of Tarves in Aberdeenshire. Its main services include dispensing of NHS prescriptions, and it dispenses some medicines in multi-compartment compliance packs to help people take their medicines properly. And it delivers medicines to some people's homes. Team members advise on minor ailments, and they deliver the NHS Pharmacy First service.

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 appropriately manages the risks associated with the services it provides for people. Its complete set of written procedures help the team carry out tasks consistently and safely. And the written procedures have an accompanying risk assessment. Team members record and learn from the mistakes that they make when dispensing. And they generally keep the records they need to by law up to date. Team members know how to help support vulnerable people and protect their welfare.

Inspector's evidence

The pharmacy had a range of up-to-date standard operating procedures (SOPs) to help team members manage risks. The SOPs were kept electronically, and team members had printed copies to refer to. The pharmacy's superintendent (SI) reviewed the SOPs on a yearly basis. Team members had read the SOPs relevant to their role and signed a record of competence to confirm their understanding. Risk assessments were completed and documented for all SOPs and NHS services provided. Team members were aware of their roles and responsibilities and were observed working within the scope of their roles. They were aware of the responsible pharmacist (RP) regulations and of what tasks they could and couldn't do in the absence of an RP.

The pharmacy had a process to record any mistakes identified during the dispensing process, these mistakes were known as near misses. They were recorded on a paper-based near miss record. Pharmacy team members explained that an error would be highlighted to them by the pharmacist, and it was their responsibility to enter it onto the record. This allowed them to reflect on the mistake. The team also completed a monthly patient safety report where an analysis of errors was recorded and discussed at a team meeting. A common trend found from this analysis included an increase in the incorrect dispensing of medicines which looked or sounded alike (LASA). The team had separated the most common LASAs, for example to Maxidex and Maxitrol eyedrops, to reduce the recurrence of this type of error. Team members also recorded details of any errors which were identified after the person had received their medicines, known as dispensing incidents. These incidents were recorded in the pharmacy, shared with the local Health Board, and were then reviewed by the superintendent (SI). A quick response (QR) code was displayed in the retail area to allow people to provide feedback and rate their experience of pharmacy services. The team aimed to resolve any complaints or concerns informally. But if they were not able to resolve the complaint, they would escalate to the pharmacist manager or SI.

The pharmacy had current professional indemnity insurance. The RP notice displayed contained the correct details of the RP on duty and it could be viewed from the retail area. The RP record was generally compliant, there were some missed sign-out entries observed on the sample of the record examined. From the sample seen the pharmacy's controlled drug (CD) registers were completed correctly. The RP and a team member completed running balance checks weekly. This helped to identify any issues such as missed entries. A physical balance check of a randomly selected CD matched the balance in the register. The pharmacy kept complete records of CDs returned to the pharmacy. The pharmacy held certificates of conformity for unlicensed medicines and full details of the supplies were included to provide an audit trail. Records of private prescriptions were not up to date as some private prescription supplies dating back to December 2022 were not recorded, and therefore an accurate audit trail was not maintained.

Team members were aware of the need to keep people’s private information secure. They were observed separating and shredding confidential waste. The pharmacy stored confidential information in staff-only areas of the pharmacy. Pharmacy team members had completed learning associated with their role in protecting vulnerable people. They understood their obligations to manage safeguarding concerns and were familiar with common signs of abuse and neglect. They knew to discuss their concerns with the pharmacist and had access to contact details for relevant local agencies. The pharmacist was a member of the Protecting Vulnerable Groups (PVG) scheme.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has sufficient team members to manage its workload and provide its services safely and effectively. The pharmacy supports its team members to keep their skills and knowledge up to date. And they have the right qualifications and knowledge for their role. The team works well together and communicates effectively. And team members are comfortable providing feedback and raising concerns should they need to.

Inspector's evidence

The pharmacy employed a full-time pharmacist manager who was completing their independent prescribing qualification. There were two full-time dispensers, a part-time dispenser, medicines counter assistant, sales assistant, and delivery driver. Most team members had all completed accredited training for their role and their certificates of qualification were on display in the pharmacy. But a recent team member was yet to be enrolled on an accredited training course due to some absence. There was a training plan in place, which included enrolment on a accredited training course. The team were observed working well together and managing the workload. A task rota was displayed in the dispensary to help team members manage responsibilities. Planned leave requests were managed so that only one team member was absent at a time. Team members were able to rotate tasks so that all tasks could be completed effectively during absence periods. Part-time staff members supported by working additional hours during periods of planned leave and there was relief dispenser support available.

Team members also completed regular ongoing training that was relevant to their role such as training relating to seasonal ailments such as hay fever treatment and over-the-counter consultation skills. They also completed ongoing training relating to the NHS Pharmacy First Service. Team members used quiet periods of time whilst working to complete training. They engaged in a yearly formal appraisal process where they had the opportunity to identify individual learning needs. Team members were observed asking appropriate questions when selling medicines over the counter and referring to the pharmacist when necessary. They explained how they would identify repeated requests from people for medicines subject to misuse, for example, codeine containing medicines. And that they would refer repeated requests to the pharmacist.

The team attended daily informal team meetings where they discussed alerts and any learnings from near misses or dispensing incidents. But these meetings were not documented. The meetings provided an opportunity for team members to discuss workload priorities. Team members felt comfortable to raise any concerns with their pharmacist manager in the first instance. They also felt comfortable to raise any concerns with the pharmacy owner and SI, who both visited the pharmacy regularly. There were targets set for some pharmacy services that were reviewed quarterly. And team members did not feel under pressure to achieve these.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided and are appropriately maintained. The pharmacy has a suitable consultation room for people to have confidential conversations with a pharmacy team member. But the team uses this as storage and so this somewhat limits its use.

Inspector's evidence

The pharmacy premises were clean and maintained to a high standard. The dispensary was small but team members had enough space to dispense medicines. There were clearly defined areas used for the dispensing process and there was a separate centrally positioned bench used by the RP to complete the final checking process. The medicines counter could be clearly seen from the checking area which enabled the pharmacist to intervene in a sale when necessary. The pharmacy had enough space to store its medicines. A consultation room was clearly signposted however this was being used for storage and could not be accessed easily. Team members advised that they would clear this space if it was required to be used for a private conversation. There were chairs available in the retail area that provided a suitable waiting area.

There was a clean, well-maintained sink in the dispensary used for medicines preparation and there were other facilities for hand washing. The pharmacy kept the room temperature to an acceptable level. And there was bright lighting throughout.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a wide range of services to support local people's health needs. It manages its services well and they are accessible to people. The pharmacy receives its medicines from reputable sources and stores them appropriately. The team carries out checks to help ensure they are safe to supply to people. Overall, the pharmacy supplies and sells pharmacy medicines appropriately.

Inspector's evidence

The pharmacy had level access with a manual door. It displayed its opening hours and pharmacy services on the exterior of the premises. The team also kept a range of healthcare information leaflets for people to read or take away. These included information on sepsis, smoking cessation, and tick removal.

The dispensary had separate areas for labelling, dispensing, and checking of prescriptions. Team members used baskets to store medicines and prescriptions during the dispensing process to prevent them becoming mixed-up. Team members signed dispensing labels to maintain an audit trail. They provided owing's slips to people when they could not supply the full quantity prescribed. And they contacted the prescriber when a manufacturer was unable to supply a medicine. Team members kept a record card for every owing where they recorded the manufacturer contacted, the expected date of arrival of the medicine and there was a section to record notes of additional actions taken. This enabled the team to answer any queries more easily from people awaiting an owing. The pharmacy offered a delivery service and kept records of completed deliveries.

Team members demonstrated an awareness of the Pregnancy Prevention Programme (PPP) for people in the at-risk group who were prescribed valproate, and of the associated risks. They explained how they would highlight any prescriptions for valproate for the attention of the RP. They knew to apply dispensing labels to the packs in a way that prevented covering up the written warnings on them. The RP was aware that they had one person who had been prescribed valproate who was in the at-risk group. They spoke with the person and confirmed that they had a PPP in place and recorded the outcome on the patient medication record. Team members used various alert stickers to attach to prescriptions for people's dispensed medicines. They used these as a prompt before they handed out medicines to people which may require further intervention from the pharmacist.

Team members managed the dispensing of serial prescriptions as part of the Medicines: Care and Review (MCR) service. The prescriptions were stored according to the date they were due, and people telephoned the pharmacy to advise that they required their next prescription supply. This allowed the team to dispense medicines in advance of people collecting and to manage requests for non-repeat medicines. The NHS Pharmacy first service was popular. This involved supplying medicines for common clinical conditions such as urinary tract infections under a patient group direction (PGD). The pharmacist could access the PGDs electronically and had paper-based copies. And they retained a copy of the consultation record form. The pharmacy had around 30 people who received their medicines in a multi-compartment compliance packs to help them to remember to take their medicines. Team members used medication record sheets that documented each person's medication and dosage times. Team members were responsible for managing the ordering of people's repeat prescriptions. They documented any changes to people's medication on the record sheets and who had initiated the

change. This ensured there was a full audit trail should the need arise to deal with any future queries. The packs were annotated with detailed descriptions which allowed people to distinguish between the medicines within them. Team members also recorded the batch number and expiry dates on the medicines within the packs in case of a product recall so that the medicine could be more easily identified. The pharmacy supplied people with patient information leaflets, so they had access to up-to-date information about their medicines. The compliance packs were signed by the dispenser and RP so there was an audit trail of who had been involved in the dispensing process.

The pharmacy obtained its stock medicines from licensed wholesalers and stored them tidily on shelves. It extemporaneously made a cough mixture for sale within the pharmacy. Team members advised that this product was only sold to symptomatic patients following extensive questioning and referral to the pharmacist. They were aware that the product contained a medicine that may be liable to abuse and the RP restricted sales accordingly. Some concerns regarding the extemporaneous production of this medicine were followed up with the SI, who removed the product from sale within the pharmacy and other pharmacies within the group whilst he investigated the concerns. Team members had a process for checking expiry dates of the pharmacy's medicines. This was completed weekly. Short-dated stock which was due to expire soon was highlighted with stickers and was rotated to the front of the shelf, so it was selected first. The team advised that they were up to date with the process and there was an audit trail to demonstrate completion. A random selection of medicines were checked and all medicines were found to be in date. The team marked liquids with the date of opening to ensure they remained suitable to supply. The pharmacy had a medical grade fridge to store medicines that required cold storage. The team kept records of the fridge's maximum and minimum temperatures which showed the fridge to be operating within the correct range. The pharmacy received medicine alerts electronically through email. The team actioned the alerts and kept a printed record of the action taken. A sample examined was for a recent recall for sildenafil 100mg. They returned items received damaged or faulty to manufacturers as soon as possible.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to support the safe delivery of its services. It maintains its equipment to ensure it remains fit for purpose and safe to use. And its team members use the equipment appropriately to protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources including the British National Formulary (BNF) and the BNF for children. And there was access to the NHS Pharmacy First formulary. The pharmacy had a range of CE marked measuring cylinders which were clean and safe for use. There were separate cylinders to be used only for dispensing water which were marked. This helped reduce the risk of contamination. The pharmacy had a set of clean, well-maintained tablet and capsule counters.

The pharmacy stored dispensed medicines awaiting collection, in an area that prevented members of the public seeing people's confidential information. There was a step up to the dispensary behind the retail counter, and computer screens were positioned to ensure people couldn't see any confidential information. The computers were password protected to prevent unauthorised access. The pharmacy had cordless telephones so team members could move to a quiet area to have private conversations with people.

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.