

# Registered pharmacy inspection report

**Pharmacy Name:** Fort Augustus Pharmacy, Great Glen Trading Centre, FORT AUGUSTUS, Inverness-Shire, PH32 4DD

**Pharmacy reference:** 1116137

**Type of pharmacy:** Community

**Date of inspection:** 05/11/2024

## Pharmacy context

This is a community pharmacy located inside a service station, in the village of Fort Augustus, Inverness-shire. Its main services include dispensing NHS prescriptions and selling over-the-counter medicines. The pharmacy provides medicines in multi-compartment compliance packs to help people take their medicines at the right times. And it supplies medicines to people living in care homes.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	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. And team members follow written safe working practices. They learn from dispensing mistakes and make changes to improve the safety of services. The pharmacy keeps the records they need to by law. Team members understand their role in helping to protect vulnerable people. And their role in protecting people's confidentiality.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) to support its team members to work safely and effectively. SOPs were paper based and stored in a folder. They were reviewed by the superintendent pharmacist (SI) every two years. The sample of SOPs seen were overdue their review date which was 2023. They included SOPs about the responsible pharmacist (RP) regulations, management of controlled drugs (CDs) and management of private prescriptions. Team members had read the SOPs and completed a signature competence sheet to show they had read and understood them. The roles and responsibilities of team members were clearly documented. And team members accurately described which activities they could or couldn't undertake in the absence of the RP.

Team members kept records of dispensing mistakes identified within the pharmacy, known as near misses. They were encouraged to record the near miss at the time it happened as a method of reflection following a mistake. Mistakes identified after a person received their prescription, known as dispensing incidents, were recorded on an online system, and then reviewed by the SI. The RP explained they were new to the role as pharmacy manager having commenced employment eight weeks prior to inspection. Since they commenced employment, they had not identified any dispensing mistakes within the pharmacy. And the last near miss recorded was in August 2024. A team member described actions they have taken to mitigate the risk of dispensing mistakes occurring, by separating strengths of the same medicines on shelves, and medicines that have similar packaging, to help prevent selection errors. The pharmacy had a pharmacist who worked on a contract, they were an independent prescriber. Following inspection, the SI explained they were planning to conduct a clinical audit of their prescribing decisions. The audit included capturing information about common trends in prescribing. This would allow the pharmacist independent prescriber (PIP) to analyse the data and identify any gaps in their scope of practice.

The pharmacy had a complaints procedure. Team members were trained to manage complaints, and they aimed to do so informally. However, if they could not resolve the complaint, they would refer to the RP or SI to initiate the formal complaints procedure.

The pharmacy had current professional indemnity insurance. It displayed an RP notice that was visible from the retail area and reflected the correct details of the pharmacist on duty. And the RP log held electronically was mostly complete, with minor omissions of when the RP ceased duties at the end of the day. Team members maintained paper-based CD registers. Records seen were complete with running balances. Team members aimed to complete a CD balance check of the physical quantity in stock once a month. However, the last documented CD balance check was in June 2024. A random balance check on the physical quantity of three CDs was correct against the balances recorded in the registers. The pharmacy had records of CDs people had returned for safe disposal. And it had the details

for the local Controlled Drugs Accountable Officer (CDAO). Records relating to private prescriptions and emergency supplies of medicines were up to date and accurate. The pharmacy held certificates of conformity for unlicensed medicines. And details of supply were mostly included to provide a future audit trail.

Pharmacy team members were aware of the need to protect people's private information. The separated confidential waste for secure destruction by a third-party contractor off-site. The pharmacy had a chaperone policy and a safeguarding policy to protect vulnerable people. Team members described signs that would raise concerns and interventions they had made to protect vulnerable people. And they had contact details for local safeguarding agencies.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members have the necessary skills and qualifications to safely provide the pharmacy's services. They provide support to each other as they work. And they feel comfortable raising concerns should they need to.

### Inspector's evidence

The pharmacy employed one part-time pharmacist who was the pharmacy manager. They commenced employment eight weeks prior to inspection. A full-time pharmacy technician and a full-time dispenser. A second pharmacist who was part of the company relief staff provided cover on some days throughout the week. And a pharmacist independent prescriber (PIP) was contracted to work within the pharmacy for several months. The pharmacy team was small and at the time of inspection only two members of the team were working. They were observed to be managing the workload well and provided support to each other as they work. The pharmacy manager managed annual leave requests to ensure staffing levels remained sufficient to manage the workload safely. And contingency cover was available during periods of absence, should they need it.

The pharmacy did not have an official appraisal process. But team members had regular informal discussions to review progress and identify any individual learning needs. Team members had development plans in place and were supported to learn and develop further. The dispenser was in the process of being enrolled on a pharmacy technician accredited qualification training. And the pharmacy technician was undertaking accredited qualification training to become an accuracy checking pharmacy technician (ACPT). Team members undertaking accredited qualification training received protected learning time. And protected learning time was provided for specialist training. The RP explained they were undertaking training to administer influenza vaccinations. And the PIP had undertaken extensive specialist training to be able to provide a weight management service to people of the local community. The RP explained as they were new to their role, they had planned to arrange staff training for specific services the pharmacy offered such as, Community Palliative Care Network and a smoking cessation service. Team members asked appropriate questions when selling over-the-counter medicines and referred to the pharmacist when required. And they explained how they would handle repeated requests for medicines liable to misuse such as codeine-containing medicines. By referring to the RP for supportive discussions.

There was a whistleblowing policy in place that team members were aware of. And team members explained they would feel comfortable raising professional concerns with the RP or SI, should they need to. The RP had regular contact with the SI and felt well supported in their role. There were no targets set for the pharmacy.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are suitable for the services it provides. They are clean, secure and provide a professional image. And the pharmacy has a suitable space where people can have private conversations with a member of the pharmacy team.

### Inspector's evidence

The pharmacy premises were located at the rear of a service station retail store. There was a small well-presented retail area that led to a healthcare counter and dispensary. The healthcare counter acted as a barrier to prevent unauthorised access to staff only areas. The dispensary was screened in a way that allowed the pharmacist to supervise activities within the retail area and they could easily intervene in a sale if necessary. The dispensary was of adequate size, with enough work bench space for its team members to work safely. It was well-organised with medicines stored neatly around the perimeter of the dispensary. It had a sink with access to hot water for professional use and handwashing. There was a separate small area for storage of multi-compartment packs awaiting collecting. And for stock holding. Staff facilities were hygienic with access to hot and cold water. A team member described a current health and safety issue with the rear door of the pharmacy premises. A fire-resistant substance had started to leak from the inside of the door on to the floor. This was evident from observation as it had contaminated the carpet underneath the door. It had been reported and team members had secured the area whilst awaiting resolution.

The pharmacy had a consultation room. It was of good size, well-advertised and lockable. Lighting and temperature were kept to an appropriate level throughout the premises.

## Principle 4 - Services ✓ Standards met

### Summary findings

Pharmacy team members manage and provide the services safely and effectively. And it makes them easily accessible to people. The pharmacy sources its medicines from recognised suppliers. And team members carry out checks to ensure they keep medicines in good condition.

### Inspector's evidence

The pharmacy had good physical access by means of an open front door. It advertised its opening hours on the front wall. And information about services available in the local community such as dental services. There was a range of healthcare leaflets for people to read or takeaway including information about suicide awareness, influenza vaccinations and bowel cancer. The pharmacy provided large print labels to help people with visual impairments take their medicines safely. And it had access to an interpreter service to communicate with people who did not use English as their first language. The pharmacy obtained medicines from recognised wholesalers. And it stored them appropriately in the manufacturer's original packaging. The pharmacy used one fridge to store its medicines and prescriptions awaiting collection that required cold storage. And team members recorded the temperature daily to ensure it was operating within the recommended limits of between 2 and 8 degrees Celsius. Team members checked the expiry dates of medicines regularly and they recorded their actions on a date checking matrix. Records seen showed date checking was up to date. And a random sample of 20 medicines showed none had expired.

The pharmacy used baskets during the dispensing process to separate people's prescriptions and prevent medicines from becoming mixed up. And they signed medicines labels to show who had dispensed and checked each medicine to provide an audit trail for future reference. Team members attached stickers to the outside of the bags of dispensed medicines to indicate it contained a fridge line, CD or higher-risk medicine that required further counselling. They had knowledge of the Pregnancy Prevention Programme, and they were aware of the risks associated with supplying valproate-containing medicines and topiramate-containing medicines. The always supplied valproate-containing medicines in the manufacturer's original packaging and supplied patient information leaflets (PILs) and patient alert cards with each supply. The pharmacy received Medicines Healthcare and Products Regulatory Agency (MHRA) patient safety alerts and product recalls via email. The RP was responsible completing the necessary actions required. And they kept electronic records of this. The RP explained they were trying to be more sustainable and use electronic records where appropriate rather than paper-based records. Team members supplied owing's slips to people when they could not supply the full quantity of a medicine prescribed. And they contacted the prescriber when a manufacturer was unable to supply a medicine, to arrange an alternative treatment.

The pharmacy supplied medicines in multi-compartment compliance packs when requested to help people take their medicines properly. Team members worked to a four-week cycle to allow them sufficient time to resolve any queries relating to people's medicines. They kept an electronic progress record of when a prescription was ordered from the GP practice, when it was received and when it was collected from the pharmacy. Some people collected a monthly supply of multi-compartment compliance packs. Team members completed a risk assessment on an individual basis to ensure it was suitable to supply the medicines this way. And they kept records of this. The pharmacy maintained a record of people's current medicines and administration times on a master sheet. This was checked

against prescriptions before dispensing. Team members recorded details of any changes to medicines, such as if a medicine strength was increased or decreased on the master sheet. They attached backing sheets to each pack which included details such as specific mandatory warnings for each medicine, directions for use and a description of what each medicine looked like. Patient information leaflets (PILs) were supplied monthly. But a team member explained some people had requested not to receive them. Team members signed dispensing labels on multi-compartment compliance packs to show who had dispensed and checked them. On the sample of packs seen an audit trail wasn't always included. The absence of an audit trail may make it difficult for team members to resolve any queries in the future. This was discussed at the time of inspection and the RP provided assurances it would be addressed following inspection. The pharmacy provided medicines to people living in care homes. Care home staff were responsible for submitting requests for medicines required and did so using an order form. Pharmacy team members performed a data accuracy check on prescriptions received against the order form before assembly. And they provided paper-based medication administration charts to be used by care home staff.

Due to the pharmacy being in a location where tourists visited, the NHS Pharmacy First service was popular. The pharmacist provided medicines for conditions such as urinary tract infections under a Patient Group Direction (PGD). Team members used consultation forms to gather relevant information before referring to the pharmacist for treatment. The PIP provided the NHS Pharmacy First Plus service and treated several common clinical conditions including those affecting the ear, nose and throat. A team member explained the PIP provided private prescriptions to some people which included a weight management service. They conducted face-to-face consultations, or by video or telephone where appropriate, and obtained consent to contact the person's GP practice to verify their medicines before providing treatment. In an instance where a person's GP could not be contacted a member of the pharmacy team would request evidence to confirm the current medicines the person takes such as a repeat prescription list or dispensed boxes of medicines. The PIP worked within their own competence and referred to a scope of practice document. This listed medicines which were suitable to be prescribed, supporting information, resources and guidelines. And it defined when prescribing would not be appropriate. The PIP held consultation records electronically and these records included physical observations and discussions with people which included side effects and how the medicine worked. The PIP undertook review consultations and updated the records accordingly. The pharmacy was part of the Community Palliative Care Network. The pharmacist attended online training and had plans to attend further training. They worked under a service specification and medicines list to ensure people had access to palliative care medicines. They were supported by health board colleagues and received up-to-date information to be able to provide the service safely.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Pharmacy team members have access to the appropriate equipment that is fit for use. And generally, they use the equipment appropriately to protect people's confidential information.

### Inspector's evidence

The pharmacy had access to internet services, to allow team members to obtain up-to-date resources and guidelines to support them in their roles. Such as the British National Formulary (BNF) and local health board formulary.

There was a set of clean CE-stamped measuring cylinders. There was a range of equipment for use in the consultation room to support the pharmacist in delivering the NHS Pharmacy First Plus service and private prescribing service. This included a blood pressure monitor, in-ear thermometer, and electric weighing scales. Electrical equipment was visibly free from wear and tear. And single use earpieces were available for each person.

Prescriptions awaiting collection were stored in a retrieval area behind the healthcare counter. There was a risk person-identifiable information could be seen from the prescription retrieval area if people were in the waiting area. This was highlighted at the time of inspections. The RP explained they had the same concerns and they had plans to expand or move the retrieval area completely. Computers were password protected and positioned in a way that prevented unauthorised view. And a cordless telephone was in use to allow confidential conversations in a quieter area.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✓</span> <b>Excellent practice</b>	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.
<span style="color: green;">✓</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✓</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.