

Registered pharmacy inspection report

Pharmacy Name: Milton Of Leys Pharmacy, Leys Square, INVERNESS,
IV2 6HF

Pharmacy reference: 1122567

Type of pharmacy: Community

Date of inspection: 02/04/2019

Pharmacy context

The pharmacy is on the outskirts of Inverness and has been providing pharmacy services since it first opened in 2014. The pharmacy dispenses NHS prescriptions. And supplies medicines in multi-compartment medicine devices to support people. The pharmacy offers a prescription collection and delivery service when needed.

Overall inspection outcome

✓ **Standards met**

Required Action: Improvement Action Plan

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 pharmacy has good information governance arrangements. The pharmacy team completes regular training and has the skills to keep confidential information safe.
		1.8	Good practice	The pharmacy has good safeguarding arrangements in place. And the team has the knowledge to identify the signs and symptoms of abuse and neglect. The pharmacy team acts to make sure they protect and support vulnerable people.
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 team completes training and works to professional standards. They provide safe services and look after people. The pharmacy keeps records of mistakes when they happen. And the pharmacist carries out checks to make sure the pharmacy is running safely. The pharmacy team discuss the need for safety improvements. And there is ongoing service improvement. The pharmacy keeps the records it needs to by law. It understands its role in protecting vulnerable people. And it undertakes regular training to keep confidential information safe. People using the pharmacy can raise concerns. And staff know to follow the company's complaints handling procedure. This means that staff listen to people and put things right when they can.

Inspector's evidence

A new responsible pharmacist had worked at the pharmacy since December 2018. The responsible pharmacist notice was visible from the waiting area. And displayed the name and registration number of the pharmacist on duty.

The pharmacy team signed to confirm they followed standard operating procedures. The procedures defined the pharmacy processes and staff responsibilities. Staff signed prescriptions to show they had completed a dispensing task. This included assembly and accuracy checking activities. The pharmacist checked prescriptions. And gave feedback to dispensers when they failed to identify their own errors. The dispensers sometimes recorded their own near-misses. But did not always identify the contributing factors. This meant that improvement action was not always identified and discussed.

The staff provided a few examples of change to manage near-misses. For example, they had added caution labels to bisoprolol 5mg/7.5mg/10mg shelves. And this managed selection errors. The pharmacist managed the incident reporting process. The pharmacy team knew when incidents had happened and what the cause had been. And they knew about the improvement action taken. The dispenser had started circling the strength on the container. And this made sure she completed the necessary checks.

A complaints policy ensured that staff handled complaints in a consistent manner. This increased the likelihood of the pharmacy team being able to resolve issues. And managed the need for people to escalate complaints. A notice informed people about the complaints process and provided contact details. It also invited any feedback that people may have.

The pharmacy maintained the legal pharmacy records it needed to by law. And the pharmacist in charge kept the responsible pharmacist record up to date. The pharmacy team kept the controlled drug registers up to date. The pharmacy had checked and verified the balances each month up until January 2019. But, there had been no checks since then. The pharmacy recorded controlled drugs that people returned for destruction. The staff destroyed the controlled drugs on a regular basis. And recorded their names once completed.

The pharmacists used patient group directions to improve access to medicines and advice. A sample fusidic acid patient group direction was valid until October 2020.

A sample of private prescriptions were up to date and met legal requirements. A sample of specials records were up to date. And the pharmacy team recorded the name of the person who had received the product. The previous pharmacist recorded Sativex in the controlled drug register. And had followed the good practice guidelines. But, the new pharmacist had not kept records since she had started working there.

The pharmacy team had completed data protection training in 2018. And had covered the general data protection regulations. The pharmacy displayed a confidentiality notice. And informed people that their personal information was safe. The pharmacy team used a shredder to dispose of confidential information. And they archived spent records for the standard retention period. The pharmacy stored prescriptions for collection out of view of the waiting area. And computer screens were not visible. The pharmacy team took calls in private using a portable phone when necessary. And used a computer password to restrict access to patient medication records.

The protecting vulnerable group scheme helped to protect children and vulnerable adults. And the pharmacy had registered the pharmacists to provide evidence of accreditation. The pharmacy team had signed to confirm they had read the safeguarding procedure. And they knew to raise concerns when they recognised the signs and symptoms of abuse and neglect. Staff were aware of vulnerable groups. And key contact details were available should a referral be necessary. The dispenser had referral someone who kept asking to buy co-codamol tablets. And the pharmacist had intervened and provided advice.

Public liability and professional indemnity insurance was valid until 6 May 2019.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy monitors its staffing levels. And ensures it has the right number of staff in its pharmacy teams throughout the week. The pharmacy encourages and supports staff to learn and develop. And provides access to training. The pharmacy team are trained to carry out their roles. But, at busy times the pharmacy team carries out activities they are not qualified for. The pharmacy team support each other in their day-to-day work. They can speak up and suggest service improvements. And they share ideas and learnings to keep services safe.

Inspector's evidence

The pharmacy work-load had increased over the past year. The pharmacist had completed a staffing review. And had appointed a new Saturday assistant.

The pharmacy did not keep staff qualifications on-site. And no evidence of accreditation was available. The pharmacy employed the following staff: one full-time responsible pharmacist; one full-time dispenser; one part-time trainee dispenser; one Saturday assistant; and one delivery driver. The dispenser was due to go on maternity leave in September 2019. And the pharmacist had arranged for an accredited checking technician to provide cover. The pharmacy allowed one member of staff to take annual leave at the one time. And part-time staff increased their hours to manage the work-load. The dispenser was on holiday the week after the inspection. And the pharmacy had brought forward dispensing tasks to manage the impact. The pharmacist had also instructed the delivery driver to provide cover. But, he had not completed the necessary training to do so.

The pharmacy did not carry out formal reviews with pharmacy team members. But, the pharmacy encouraged and supported staff to develop if they wished to do so. The pharmacist had enrolled the dispenser on the NVQ pharmacy services level 3. And would allow the dispenser to register as a pharmacy technician once qualified. The pharmacy provided some training. For example, the pharmacy team members had attended recent off-site training. And could tell people how to use their inhalers and devices to get the best out of their medicines.

The pharmacist updated pharmacy team members whenever there were changes or a need to do so. For example, the pharmacist had trained the dispenser to use a pharmaceutical resource. And the dispenser could find out details and facts about medicines herself.

The pharmacy team made suggestions for improvement. For example, they introduced a new form to tell people when their next prescription was due. They attached forms to prescription bags and kept copies for the pharmacy team to use.

The pharmacy team members kept up to date with mandatory training requirements. And had read about information governance and how to safeguard children and vulnerable people.

The pharmacist discussed queries with patients. And gave advice when handing out prescriptions.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean. And provide a safe, secure and professional environment for patients to receive healthcare.

Inspector's evidence

This was a large, modern, purpose-built pharmacy. And the pharmacy team maintained and cleaned it on a regular basis. The waiting area was spacious and furnished with seating. And information leaflets were available nearby for self-selection. A consultation room was available and kept professional in appearance.

The pharmacy team dispensed walk-in prescriptions near to the waiting area. And dispensed multi-compartment medicine devices at the rear of the pharmacy. The pharmacist supervised the medicines counter from the checking bench. And could make interventions when needed.

A security alarm and shutters protected the pharmacy after hours. And panic buttons and CCTV were available. The pharmacy had effective lighting in place. And the ambient temperature provided a comfortable environment from which to provide services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a range of services to the Inverness area. And provides dispensing services to care homes. The pharmacy displays its opening times and services in the window. And has a comfortable seated waiting area. The pharmacy provides information leaflets for self-selection. And provides extra support to people to take their medicines. It carries out dispensing in an organised manner. This means that services are safe and people do not run out of their medicines. The pharmacy sources, stores and manages medicines. And updates the pharmacy team about high-risk medicines. This means that team members know when to provide people with additional information.

Inspector's evidence

The pharmacy had level access. This meant that people with mobility difficulties could access the pharmacy without restriction. The pharmacy displayed its opening hours at the front of the pharmacy. And service information was available. The pharmacy delivered prescriptions to anyone who asked. And made sure that people signed for prescriptions to confirm receipt. This included controlled drug deliveries.

The pharmacy was modern and spacious. And the pharmacy team had organised the benches so that dispensing was safe. The pharmacy team used dispensing baskets. And kept prescriptions and medicines contained throughout the dispensing process. The pharmacy team attached labels to prescription bags to communicate important messages. For example, staff knew when to refer people to the pharmacist. This included people who needed advice about changes to their prescriptions. And people who were suitable for the chronic medication service.

The chronic medication service was well-managed with around 30 serial prescriptions in the system. And a systematic approach ensured that the pharmacy team dispensed prescriptions on time. The pharmacist monitored people using the service. And had spoken to someone who was using too many salbutamol inhalers. A taxi-driver had told the pharmacist he wasn't feeling well. And the pharmacist had found-out that the doctor had increased his doxazosin dose. The pharmacist had provided advice to reduce the dose and make an appointment with the GP.

The pharmacy dispensed multi-compartment medicine devices for around 22 people. The pharmacy team members took it in turn to dispense these each week. And used trackers to manage the workload. This ensured that people did not go without their medication. The pharmacy team members recorded prescription changes on the electronic patient medication record. And recorded their initials for future reference. The pharmacy team supplied patient information leaflets. But, descriptions were not always added to the multi-compartment medicine device label. The pharmacy team dispensed multi-compartment medicine devices for a care home. The pharmacy team used a planner to keep track

of when prescriptions were due at the pharmacy. And when supplies were due at the care home. The pharmacy team used a separate bench to assemble them. And managed the work-load so they dispensed around three devices each day over a three-week period.

The pharmacy purchased medicines and medical devices from recognised suppliers. And kept the pharmacy shelves and drawers neat and tidy. This was manageable due to the large size of the dispensary. The pharmacy kept controlled drugs in two well-organised cabinets. And this avoided selection errors. For example, staff used one of the cabinets to segregate patient returned medication.

The pharmacy team carried out regular stock management activities. And highlighted short dated stock and part-packs. The pharmacy team monitored and recorded the fridge temperatures. And demonstrated that temperatures had been between two and eight degrees.

The pharmacy team accepted returned medicines from the public. And disposed of them in yellow containers that the health board collected.

The pharmacy team acted on drug alerts and recalls. And recorded the outcome and the date they checked for affected stock. For example, they had checked for stocks of valsartan in March 2019. But, had not filed the documentation in the drug alert folder.

The pharmacist had briefed the pharmacy team about the use of valproate in women. And the pharmacy team knew about the pregnancy protection scheme. The pharmacy team knew where to get the safety leaflets and cards should they need to. The pharmacist had reviewed the patient medication records. And confirmed the pharmacy was not supplying valproate to people who may become pregnant.

The pharmacy team knew about the falsified medicines directive. And had read and signed the company's standard operating procedures. The pharmacy had installed a 2D bar-code scanner. But had not used it. The pharmacy was yet to take delivery of medicines with a 2D bar-code printed on the container.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. Up-to-date resources on the clinical use of medicines is available to the pharmacy team. So, they are able to check if medicines are appropriate for patients if they need to.

Inspector's evidence

The pharmacy used CE quality stamped measures for measuring liquids. And counting triangles were available.

Cleaning materials were available for hard surface and equipment cleaning. And hand washing solution was available. The pharmacy sink was clean and suitable for dispensing purposes.

Reference sources were available. For example, the current copy of the BNF and BNF for children were in use.

A consultation room and separate hatch were available. And the pharmacy protected people's privacy and dignity.

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.