

Registered pharmacy inspection report

Pharmacy Name: Dalneigh Pharmacy, 30 Laurel Avenue, Inverness, Highland, IV3 5RP

Pharmacy reference: 9010458

Type of pharmacy: Community

Date of inspection: 26/08/2022

Pharmacy context

This is a community pharmacy in Inverness. It dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. The pharmacy provides substance misuse services and dispenses private prescriptions. Pharmacy team members advise on minor ailments and medicines use. And they supply over-the-counter medicines and prescription only medicines via 'patient group directions' (PGDs).

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 good working practices. And they manage dispensing risks to keep services safe. Pharmacy team members recognise and appropriately respond to safeguarding concerns. They suitably protect people's private information and keep the records they need to by law. Team members make records of mistakes and review the pharmacy's processes and procedures. They learn from mistakes and take the opportunity to improve the safety of services.

Inspector's evidence

The pharmacy had introduced processes to manage the risks and help prevent the spread of coronavirus. This included installing a plastic screen at the medicines counter that acted as a protective barrier between team members and members of the public. Team members were wearing face masks. And hand sanitizer was available for them to use throughout the day. Sanitizer was also located at the entrance for people to use as they arrived at the pharmacy. The company used documented working instructions to define the pharmacy's processes and standard operating procedures (SOPs). And team members annotated records when they had read and understood them. The superintendent pharmacist reviewed and approved the SOPs and kept them up to date. These included 'final accuracy checking', 'responsible pharmacist' and 'controlled drug' procedures which had been reviewed on 23/1/2021. The pharmacy employed two 'accuracy checking technicians' (ACTs), and the pharmacist annotated each prescription to confirm they had clinically checked and approved each prescription for checking. This provided the ACTs with the necessary authority to carry out final checks. Dispensers signed medicine labels to show who had 'dispensed' and who had 'checked' prescriptions. This meant the pharmacist and the ACTs were able to help individuals to learn from their dispensing mistakes. Team members recorded their own near miss errors. And the ACTs carried out a monthly review to identify patterns and trends. Recent reviews showed errors involving incorrect quantities and strengths. Team members had separated amlodipine and amitriptyline and the different strengths of trimethoprim to manage dispensing risks. Trainee team members also learned about their personal learning gaps and this informed their ongoing training. The pharmacy team referred to a notice board in the dispensary for updates. At the time of the inspection, it instructed team members to update the electronic delivery schedule whenever people arrived to collect their medication. This ensured the delivery drivers were updated at the same time. Team members knew to record dispensing incidents on a report template. It included a section to record information about the root cause of the incident and any mitigations to keep the dispensing process safe. The pharmacy provided information about its complaints procedure on a notice in the waiting area. And it received good feedback about its services on its social media page.

Team members maintained the records they needed to by law. And the pharmacy had public liability and professional indemnity insurances in place which expired on 25/9/2022. The pharmacist displayed a responsible pharmacist notice which was visible from the waiting area. And they kept the RP record up to date. It showed the name and registration details of the pharmacist in charge. Team members maintained the electronic controlled drug registers and kept them up to date. And they evidenced that they carried out balance checks every week. People returned controlled drugs they no longer needed for safe disposal. And team members used a CD destruction register to document items that the pharmacist signed. Team members filed prescriptions so they could be easily retrieved if needed. They

kept records of supplies against private prescriptions and supplies of 'specials' that were up to date. The pharmacy provided training so that team members understood data protection requirements and how to protect people's privacy. And they used a designated container to dispose of confidential waste. An approved provider collected the waste for off-site destruction. The pharmacy trained its team members to manage safeguarding concerns. And it provided a policy for them to refer to. This included a 'Safe Space' initiative that aimed to support people experiencing domestic abuse. Team members knew to speak to the pharmacist whenever they had cause for concern. And team members provided a few examples of when they had to speak to various agencies to protect vulnerable people that used the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members have the necessary qualifications and skills for their roles and the services they provide. And they work together well to manage the workload. The pharmacy team continues to learn to keep their knowledge and skills up to date. And they make suggestions to improve ways of working.

Inspector's evidence

The pharmacy's prescription workload had increased over the course of the pandemic. And team members were managing the workload without the need for extra resources. The superintendent pharmacist, who was a 'pharmacist independent prescriber' (PIP) worked at the pharmacy three days per week. And they were supported by three regular locum pharmacists. Part-time team members increased their hours when necessary. And the pharmacy shared staff with its sister branch that was around 10 miles away, when necessary. This provided cover for annual leave and other periods of absence. The pharmacy had maintained its normal opening hours throughout the pandemic and had not needed to close. Team members were mostly long-serving and experienced in their roles and included two part-time 'accuracy checking technicians' (ACTs), one full-time pharmacy technician, two full-time dispensers, two full-time trainee dispensers, one part-time trainee dispenser, two full-time trainee medicines counter assistants, one part-time medicines counter assistant (pharmacy student) and two part-time drivers. The pharmacy employed a registered nurse to provide vaccinations via 'patient group directions' (PGDs). The superintendent pharmacist checked the nurse's registration credentials and training qualifications to ensure they were valid and up to date. They also confirmed they had read and signed the relevant PGDs. The 'pharmacist independent prescriber' (PIP) worked alongside the nurse, prescribing vaccines following a consultation and risk assessment.

Team members discussed service improvements at a regular meeting. And they had agreed to introduce a rota with a detailed list of tasks for team members to refer to. They had also introduced aide memoires to highlight key tasks for trainees to refer to. This included tasks associated with multi-compartment compliance pack dispensing. The superintendent pharmacist encouraged team members to suggest improvements. And one of the ACTs had introduced new ways of working to improve multi-compartment compliance pack dispensing. The superintendent pharmacist also referred to the rotas to confirm that the skill-mix and staffing levels met the needs of the service. Team members discussed dispensing risks every month. And they were aware of patterns and trends such as errors with 'look-alike-sound-alike' (LASA) medications. This helped them introduce new safety improvements. The superintendent pharmacist supported team members to learn and keep up to date with service changes. And they provided protected time in the workplace for trainees that were enrolled on qualification training courses. Team members had access to online learning. And they completed modules every month which the superintendent pharmacist directed. In April 2022 the team completed 'safeguarding' training and in June 2022 they completed 'child protection' training. The superintendent briefed team members two at a time to ensure that part-time staff were included. And they had recently spoken to the pharmacy team about the needle exchange service.

Principle 3 - Premises ✓ Standards met

Summary findings

The modern purpose-built pharmacy premises are clean and secure. And they support the safe delivery of services. The pharmacy suitably manages the space for the storage of its medicines. And it has appropriate arrangements for people to have private conversations with the team.

Inspector's evidence

The pharmacy was in a modern purpose-built premises. Team members had organised the benches in the dispensary for different tasks. And they kept them tidy and free from clutter. A bench in a rear area was used to assemble multi-compartmental compliance packs. And separate checking benches were used by the pharmacists and the ACTs. Stock rooms were located at the rear of the pharmacy. And team members kept them neat and tidy. The pharmacist supervised the medicines counter from the dispensary and could intervene and provide advice when necessary. A sound-proofed consultation room was available for use. And it provided a confidential environment for private consultations. A separate booth was used to supervise consumption of some medicines. It had a protective barrier between team members and members of the public. Team members used the dispensary sinks for hand washing and the preparation of medicines. And they cleaned and sanitised the pharmacy on a regular basis to reduce the risk of spreading infection. This included frequent touch points such as keyboards, phones, and door handles. Lighting provided good visibility throughout, and the ambient temperature provided a suitable environment from which to provide services. A separate rest room provided the space for team members to remove their face masks without being at risk of spreading infection.

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 had a step-free entrance that provided unrestricted access for people with mobility difficulties. And it advertised its services and opening hours in the window. Team members kept stock neat and tidy on a series of shelves. And they used controlled drug cabinets to safely segregate stock items. The pharmacy purchased medicines and medical devices from recognised suppliers. And team members carried out date checking to help ensure stock kept was well within its expiry date. They recorded checks on a matrix to keep track of when future checks were due. Sampling showed that items were within their expiry date. Team members had signed the pharmacy SOP to confirm they understood the Pregnancy Prevention Programme associated with valproate medication. 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 used a glass-fronted fridge that was well-organised with stock well segregated. Team members monitored and documented the temperature. And they kept records to evidence the fridge was operating within the accepted range of 2 and 8 degrees Celsius. 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 so that it could be removed and quarantined straight away. And team members evidenced they had acted on a recent alert for Dysport medication which they recorded they had none of.

Team members used different coloured dispensing baskets to assemble medicines during dispensing. And this helped to manage the risk of items becoming mixed-up. They also helped to prioritise dispensing with red baskets used for 'walk-in' prescriptions. The pharmacy dispensed serial prescriptions for a significant number of people that had registered with the 'medicines: care and review' service (MCR). The pharmacy had a system in place for dispensing. And they retrieved prescriptions two weeks before they were due so they could order items in advance. The superintendent pharmacist had produced an aide memoir to be used when people collected their medication. It included questions to determine compliance with their prescribed medications and asked if they were experiencing side effects. The superintendent pharmacist had developed a needs assessment form to be used to identify people that needed extra help with their medicines. And they had trained team members to carry out assessments. The pharmacy supplied medicines in multi-compartment compliance packs. And the superintendent pharmacist had defined the dispensing process in a documented SOP. Team members referred to supplementary records that listed each person's current medication and dose times. And they checked for accuracy before they started dispensing packs. Descriptions of each medication and 'patient information leaflets' (PILs) were provided with the packs. The pharmacy provided a prescription delivery service. And it used an electronic system to record the deliveries it made. This provided an audit trail in the event of queries.

Team members used an automated dispensing system for instalments of some medicines. And the pharmacist carried out a clinical check and an accuracy check at the time new prescriptions were entered onto the system. They carried out another accuracy check at the time of supply. The pharmacy supplied medications via a collection point machine. And people could access the machine 24 hours a day at their own convenience. The superintendent pharmacist had completed a risk assessment. And they had excluded high risk medications such as controlled drugs and items that required refrigeration. Team members checked the machine for uncollected items which they removed after four days.

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 private 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, and they used separate measures for methadone. They had highlighted the measures, so they were used exclusively for this purpose. The pharmacy used an automated dispensing system to dispense methadone doses. The dispensers calibrated the pump once a day when locum pharmacists were providing cover. This ensured that measured doses were accurate. A blood pressure monitor was dated 8 July 2022. This showed when the machine was first used and when it was due to be replaced. The pharmacy supplied medications via a collection point. And the company that provided it was on hand to carry out repairs and support the pharmacy team when there were problems. The pharmacy stored prescriptions for collection out of view of the public waiting area. And it positioned the dispensary computers 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.