

Registered pharmacy inspection report

Pharmacy Name: Buckpool Pharmacy, 12 St. Andrews Square,
Buckpool, Buckie, Moray, AB56 1BU

Pharmacy reference: 9010656

Type of pharmacy: Community

Date of inspection: 09/03/2020

Pharmacy context

This is a community pharmacy beside other shops in a town. It dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. The pharmacy offers a repeat prescription collection service. It also provides substance misuse services and dispenses private prescriptions. The pharmacy team advises on minor ailments and medicines' use. And supplies a range of over-the-counter medicines. It offers the NHS smoking cessation service and seasonal flu vaccination.

Overall inspection outcome

Standards not all 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	N/A	N/A	N/A
2. Staff	Standards not all met	2.2	Standard not met	The pharmacy does not train all team members for their role. And it does not provide on-going training and development to keep team members' knowledge up-to-date.
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 has written processes for team members to follow to ensure services are provided safely. Team members record mistakes to learn from them. And they make some changes to make services better. The pharmacy keeps all the records that it needs to by law. And it keeps people's private information safe. Team members help to protect vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which the pharmacy manager had recently reviewed and re-written some. Some pharmacy team members had read some of them, and the pharmacy kept records of this. Others were planning to undertake this over coming weeks. Some SOPs had staff names on them instead of roles e.g. team members authorised to order controlled drugs (CDs) by requisition. This meant that appropriately trained team members including relief/locum pharmacists may not be authorised to undertake some tasks according to the SOP. And some SOPs included incorrect details e.g. named the NHS CD authorised witness as the NHS CD accountable officer. The pharmacy team members' roles and responsibilities were recorded on a SOP which had an appendix clarifying which tasks each role could undertake. The company did not follow the same processes in all its pharmacies. A relief pharmacist working at the time of inspection was observed to ask the team how it did certain tasks. Team members could describe their roles and accurately explain which activities could not be undertaken in the absence of the pharmacist. The pharmacy identified dispensing as a high-risk activity, and used coloured baskets used to differentiate between different prescription types and separate people's medication. The pharmacy had a business continuity plan, but this was only available electronically and was not personalised for this pharmacy. So, it would not be accessible during disruption to power or the internet. And it may not have enough detail relevant to this premises to address the issues encountered. The pharmacy did not display the show material recommended by the NHS and government regarding the COVID-19 virus outbreak. Team members had discussed it but did not have strategies in place to address the issues related to people presenting at the pharmacy with symptoms. (The inspector gave advice.)

Team members used near miss logs to record dispensing errors that were identified in the pharmacy. They also recorded errors reaching patients to learn from them. They did not regularly or routinely review these to identify patterns/trends. So, they were missing learning opportunities. This had been highlighted at the previous inspection when standard 1.2 was not met. At that time the pharmacy was not recording incidents. The pharmacy did analyse some individual incidents e.g. it discovered a Medikinet tablet was missing. This resulted in a process change. Two team members now checked CD invoices, dispensed CDs and signed labels. So, labels for CDs had three signatures including the pharmacist carrying out the final check.

The pharmacy had a complaints procedure. Team members described examples of dispensed medicines not being ready when people expected them. This was usually due to people's misunderstanding of the time required between ordering prescriptions and collecting dispensed medicines. The pharmacy had not put anything in place to address this. But team members always explained to people how long their prescription would take.

The pharmacy had an indemnity insurance certificate, expiring 30 April 20. The pharmacy displayed the

responsible pharmacist notice and accurately kept the following records: responsible pharmacist log; private prescription records including records of emergency supplies and veterinary prescriptions; unlicensed specials records; controlled drugs (CD) registers with running balances maintained and regularly audited; and a CD destruction register for patient returned medicines. The pharmacy recorded date expired CDs on a separate page of the electronic register, so the running balances did not include these. The pharmacy backed up electronic patient medication records (PMR) each night to avoid data being lost.

Pharmacy team members were aware of the need for confidentiality. They had all read a clause in their employment contract. They segregated confidential waste for secure shredding. No person identifiable information was visible to the public. Team members had also read a SOP on safeguarding. They knew how to raise a concern locally and had access to contact details and processes. The pharmacist was PVG registered.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy has enough team members, but one has not received training for the role. This was identified during the previous inspection and has not been addressed. The pharmacy does not provide team members with training material or protected learning time for continuing learning and development. This could mean that they do not have the knowledge or skills they need to deliver pharmacy services. They know how to raise concerns if they have any.

Inspector's evidence

The pharmacy had the following staff: one full-time pharmacist manager and a part-time pharmacist working Saturdays, a full-time pre-registration pharmacist, two trained dispensers, two part-time trained medicines counter assistants, and an untrained Saturday assistant. This was highlighted as an issue following the previous inspection. He had worked in the pharmacy for almost two years. The pharmacy displayed team members' certificates of qualification. Typically, there were two or three team members working at most times. The pharmacy had double pharmacist cover one day per week to provide time for the manager to undertake paperwork and management activities e.g. reviewing and writing SOPs. Team members were able to manage the workload.

The pharmacy did not provide learning time or material for team members to develop their skills. The previous inspection had highlighted that there was no structured training or development and the pharmacist had described investigating different options available. But this had not been pursued. The pre-registration pharmacist had her mandatory half day per week for her own learning. And the pharmacist encouraged her to learn from situations in the pharmacy. During the inspection she shadowed the pharmacist during a consultation.

Team members were observed going about their tasks in a systematic and professional manner. They asked appropriate questions when supplying medicines over-the-counter and referred to the pharmacist when required. They demonstrated awareness of repeat requests for medicines intended for short term use. And they dealt appropriately with such requests.

Pharmacy team members understood the importance of reporting mistakes and were comfortable owning up to their own mistakes. They had an open environment in the pharmacy where they could share and discuss these. But as noted above they did not review them. And they did not share indents or learning across the company – this had also been highlighted at the previous inspection. The pharmacy did not have a structured approach for feedback or sharing within the organisation. And it did not hold meetings for the team or wider organisation. Team members stated they could make suggestions and raise concerns to the manager. They could not provide examples but gave appropriate responses to scenarios posed.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are safe and clean and suitable for the pharmacy's services. The pharmacy team members use a private room for some conversations with people. Other people cannot overhear these conversations.

Inspector's evidence

These were average-sized premises incorporating a retail area, open-plan dispensary and back shop area including storage space and staff facilities. The premises were clean, hygienic and well maintained. Part of the back-shop area was cluttered with items for disposal. It had been like this for several months. But this did not have an impact on people using pharmacy services. There were sinks in the dispensary, staff room and toilet. These had hot and cold running water, soap, and clean hand towels.

People were able to see activities being undertaken in the dispensary. And pharmacy team members described frequent interruptions because of this. Sometimes this had a negative effect on their accuracy and dispensing efficiency. The pharmacy had a consultation room with a desk, chairs, sink and computer which was slightly cluttered and untidy. Team members used this room for rest breaks. The door closed providing privacy. Temperature and lighting were comfortable at the time of inspection. But at the previous inspection the pharmacy had been very warm due to sun shining in large windows. Team members explained at the time that the pharmacy was going to install blinds to address this. But it had not been done. Team members explained that for the same reason the pharmacy was very cold in the winter, reaching 12°C. The pharmacy was going to provide fleeces for them to wear. But this had also not been done.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy helps people to ensure that they can all use its services. The pharmacy team provides safe services. Team members support people by providing them with information and suitable advice to help them use their medicines. And they provide extra written information to people taking higher risk medicines. The pharmacy obtains medicines from reliable sources and stores them properly.

Inspector's evidence

The pharmacy had good physical access by means of a level entrance and an automatic door. It listed its services and displayed posters promoting community events and information. It had leaflets available on a variety of topics. The pharmacy signposted people to other services such as travel services. It could provide large print labels for people with impaired vision.

Pharmacy team members followed a logical and methodical workflow for dispensing. They used baskets to separate people's medicines and prescriptions. The pharmacist often labelled which enabled him to undertake a clinical check. Team members dispensed on benches opposite each other, working sideways to the front shop to reduce distraction from people who could see them working. They moved dispensed medicines to one end of the dispensing benches for the pharmacist to take to the checking bench as he had the capacity to check. This avoided the checking bench becoming congested which could affect accuracy. The pharmacy had designated dispensing and checking areas. Team members initialled dispensing labels to provide an audit trail of who had dispensed and checked all medicines.

The pharmacy usually assembled owings later the same day or the following day. Some people received medicines from chronic medication service (CMS) serial prescriptions. The pharmacy dispensed these when people requested them and kept records of when they had been supplied. The pharmacy filed prescriptions alphabetically. The pharmacist used the electronic records to monitor compliance. Occasionally he was concerned that people were not collecting their medicines as they should, so he contacted the GP practice. Often the GP had made changes and not notified the pharmacy.

The pharmacy managed multi-compartment compliance packs on a four-weekly cycle with four assembled at a time. Both dispensers were trained and competent to do this. They kept records of progress for each person's medicines. And they kept records of changes. They used a bespoke template to record changes, including details of when the change was to be made and who requested it. Patient information leaflets (PILs) is were supplied to people who wanted them. The pharmacy kept records of people who did not want these regularly.

A pharmacist undertook clinical checks and provided appropriate advice and counselling to people receiving high-risk medicines including valproate, methotrexate, lithium, and warfarin. He or a team member supplied written information and record books if required. The pharmacy had put the guidance from the valproate pregnancy prevention programme in place. It did not supply valproate to anyone in the 'at risk' group. The pharmacy had also implemented the non-steroidal anti-inflammatory drug (NSAID) care bundle. Team members gave verbal and written information to people supplied with these medicines over-the-counter, or on prescriptions. The pharmacist also discussed 'sick day rules' with people on certain medicines, so that they could manage their medicines when they were unwell. The pharmacy followed the service specifications for NHS services and patient group directions (PGDs)

were in place for unscheduled care, pharmacy first, smoking cessation and emergency hormonal contraception. It also followed private PGDs for flu vaccination. Team members referred requests for the minor ailments service to the pharmacist or preregistration pharmacist. They gathered personal information and details of symptoms and preferred products before referring on.

Both pharmacists were fully trained and competent to deliver the seasonal flu vaccination. This had just come to an end at the time of inspection. The pharmacist or preregistration pharmacist delivered the smoking cessation service. People were supplied with nicotine replacement therapy or Champix® depending on preference and clinical needs.

The pharmacy obtained medicines from licensed wholesalers such as Phoenix, Alliance and AAH. It did not yet comply with the requirements of the Falsified Medicines Directive (FMD). The pharmacy had the equipment on the premises. But team members had not received training. The pharmacy stored medicines in original packaging on shelves, in drawers and in cupboards. It stored items requiring cold storage in a fridge and team members monitored minimum and maximum temperatures. They took appropriate action if there was any deviation from accepted limits. Team members checked expiry dates of medicines and those inspected were found to be in date. The pharmacy protected pharmacy (P) medicines from self-selection. Team members followed the sale of medicines protocol when selling these.

The pharmacy actioned Medicines and Healthcare products Regulatory Agency (MHRA) recalls and safety alerts on receipt. Team members contacted people who had received medicines subject to patient level recalls. They returned items received damaged or faulty to suppliers as soon as possible

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for the delivery of its services. The pharmacy looks after this equipment to ensure it works. Pharmacy team members raise concerns when equipment is not fit for purpose. And the pharmacy acts in a positive and appropriate way.

Inspector's evidence

The pharmacy had texts available including current editions of the British National Formulary (BNF) and BNF for Children. It had Internet access allowing online resources to be used.

The pharmacy kept a carbon monoxide monitor maintained by the health board in the consultation room where it was used with people accessing its smoking cessation service. It had crown stamped measures by the sink in the dispensary, and separate ISO marked ones in the back-shop area for methadone. The pharmacy team kept clean tablet and capsule counters in the dispensary and kept a separate marked one for cytotoxic tablets. The pharmacy had a shredder for confidential waste. It had broken earlier on the day of inspection. The pharmacy had notified the superintendent pharmacist who delivered a replacement during the inspection.

The pharmacy stored paper records in a cupboard in the consultation room and in the dispensary, so inaccessible to the public. It stored prescription medication waiting to be collected in a way that prevented patient information being seen by any other people in the retail area. Team members used passwords to access computers and never left them unattended unless they were locked.

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.