

# Registered pharmacy inspection report

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

**Pharmacy reference:** 9010656

**Type of pharmacy:** Community

**Date of inspection:** 01/10/2020

## Pharmacy context

This is a community pharmacy beside other shops in the town of Buckie. 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. This pharmacy was inspected during the COVID-19 pandemic.

## 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 team members follow written processes for all services to ensure they provide them safely. The pharmacy makes suitable changes to its procedures to help reduce the risks to people during the pandemic. Team members record mistakes to learn from them. And they review these and make changes to avoid the same mistakes happening again. The pharmacy keeps all the records that it needs to by law and keeps people's private information safe. Team members know how to protect vulnerable people.

### Inspector's evidence

The pharmacy had put strategies in place to keep people safe from infection during the COVID-19 pandemic. It had screens up at the medicines counter and hand sanitiser at the premises entrance for people to use as they entered. The pharmacy encouraged people to socially distance and only allowed two people on the premises at any time. Most people coming to the pharmacy wore face coverings. Team members were observed to remind people who were not wearing them. They did this in a very natural and confident way. Sometimes people forgot and needed reminded. Occasionally someone explained that they had difficulty wearing a face covering and team members accepted that graciously. Most of the time team members could socially distance from each other but they all wore masks all the time as a precaution. They also washed and sanitised their hands regularly and frequently. And cleaned surfaces and touch points first thing in the morning, last thing in the afternoon and several times during the day – this was observed to happen continuously. A team member cleaned the consultation room immediately after use. The pharmacy manager had carried out a personal risk assessment with each team member to identify any risk that may need to be mitigated in the pharmacy. No such risks had been identified.

The pharmacy had standard operating procedures (SOPs) which were followed for all services. Pharmacy team members had read them, and the pharmacy kept records of this. The pharmacy manager had reviewed the SOPs since the last inspection and made amendments to improve clarity and accurately reflect procedures. Staff roles and responsibilities were recorded on individual SOPs. The pharmacy manager had recently changed these to roles rather than individuals' names which made them more flexible and useable. Team members could describe their roles and accurately explain which activities could not be undertaken in the absence of the pharmacist. The pharmacy managed dispensing, a high-risk activity, well, with coloured baskets used to differentiate between different prescription types and separate people's medication. The pharmacy had a business continuity plan to address maintenance issues or disruption to services.

Team members used near miss logs to record dispensing errors that were identified in the pharmacy, known as near miss errors. They also recorded errors reaching people to learn from them. The pharmacy had changed how it recorded errors recently, now using the same template as another branch. This ensured that all relevant data was captured to enable the team to analyse the circumstances of the error. They reviewed all near misses and errors each month and introduced strategies to minimise the same error happening again. There had been a few errors during the pandemic. The team had recorded them to learn and made some changes to minimise the risk of the same mistakes happening again. No one had suffered any harm as a result of an error. Changes included separating strengths of the same medicine, attaching labels to shelves to highlight some items,

and the involvement of two team members when bagging-up bulky items such as food supplements. The pharmacy had a complaints procedure and welcomed feedback. During the pandemic people had given a lot of positive feedback to the pharmacy and several 'thank-you' cards were observed.

The pharmacy had an indemnity insurance certificate, expiring 30 April 21. 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. Team members signed any alterations to records, so they were attributable. 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 contract of employment. They segregated confidential waste for secure shredding. No person identifiable information was visible to the public. Team members had 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 (Protection of vulnerable groups) registered.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough qualified team members to safely provide its services. Team members have access to training material so they have the skills that they need for their roles. And they keep well informed of new services and products, ensuring they offer people timely and effective advice and treatment. The pharmacy gives team members time for training during the working day. They use their knowledge and professional judgement to deliver services safely. Team members know how to raise concerns if they have any and can make suggestions and share information to improve services.

### Inspector's evidence

The pharmacy had the following staff: one full-time pharmacist manager and a relief pharmacist working Saturdays and who sometimes provided 'double cover' one day per week. They were supported by two full-time dispensers, two part-time medicines counter assistants, and a Saturday only team member who had completed medicines' counter training and was working on a dispensing course. The pharmacy gave him time at work to complete course work. Team members displayed their certificates of qualification in the pharmacy. Typically, there were two or three team members working at most times. At the time of inspection there were three. They were able to manage the workload.

The pharmacy provided learning time during the working day for team members to undertake regular training and development. They all had access to 'training matters', electronic modules. They had their own log-in, so when they completed training it was recorded. Despite being under pressure during the pandemic, team members had completed a few modules on different topics including muscle pain and gastro-intestinal symptoms. This was an improvement since the previous inspection when training and development was not established, and a team member was not trained for the role. All team members had completed the NES (NHS Education for Scotland) training for the recently introduced Pharmacy First Service. This meant that all team members could deliver this service within their competency. The pharmacy empowered them to do this.

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. When the pharmacist identified an error, he discussed it with the team member involved, but openly in front of others which helped the whole team learn from incidents. The relief pharmacist sometimes shared information and incidents from the other local branches for all to learn from. And some processes were shared across branches e.g. the use of an error reporting form which was an improvement from the way errors were previously recorded. Team members could make suggestions and raise concerns to the manager or superintendent pharmacist (SI). Examples included suggestions of different ways of working to enable social distancing in the dispensary and moving stock to improve accessibility and reduce risk of selection errors. All team members engaged in discussions throughout the working day. The pharmacy had responded to areas for improvement on the last inspection report to improve processes, for example the SOPs had been reviewed and amended to

make them easier to use and more accurately reflect process in the pharmacy. The company had a whistleblowing policy that team members were aware of.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are safe and clean and suitable for the pharmacy's services. The pharmacy has suitable facilities for people to have conversations with team members in private. The pharmacy is secure when closed.

### 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. There were sinks in the dispensary, staff room and toilet. These had hot and cold running water, soap, and clean hand towels. Team members cleaned surfaces and touch points first thing in the morning, last thing in the afternoon and several times during the day.

People were able to see activities being undertaken in the dispensary. And pharmacy team members described some interruptions because of this. But they were used to this arrangement and so were people using the pharmacy. So it was not as big an issue as it had been previously. Team members managed people's expectations, and people now knew that the team was concentrating and would acknowledge them soon. The pharmacy had a consultation room with a desk, chairs, sink and computer. The door closed providing privacy. The room was large enough that social distancing was manageable. And the pharmacist spoke to people discreetly at the medicines counter. Temperature and lighting were comfortable at the time of inspection.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy helps people to easily use its services. It provides safe services and the pharmacist makes relevant changes to ways of working so people continue to safely access services during the pandemic. Team members support people by providing them with important information and advice to help them use their medicines safely. 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 on a variety of topics including community information. The pharmacy could provide large print labels for people with impaired vision. The pharmacy provided a delivery service when necessary, using the team members from the nearby branch.

Pharmacy team members followed a logical and methodical workflow for dispensing. They used coloured baskets to differentiate between different prescription types and separate people's medicines and prescriptions. The pharmacist often labelled so he could undertake a clinical check before medicines were dispensed. Team members worked at separate benches to enable social distancing as much as possible. And they worked in positions that meant they were less likely to interruption from people in the retail area, to reduce lapses in concentration. 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 using a documented owings system.

Some people received medicines from 'Medicines Care Review' (MCR) serial prescriptions. The pharmacy dispensed these when people requested them. It kept records including dates of supply so that the pharmacist could monitor compliance. Occasionally if he was concerned, he discussed an issue with GP practice. The pharmacy managed the dispensing of multi-compartment compliance packs on a four-weekly cycle with four assembled at a time, at least a week before the first pack was due to be supplied. 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. 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 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. They also discussed 'sick day rules' with people on certain medicines, so that people could manage their medicines when they were unwell. The pharmacy team members had received training to enable them to provide this information. The pharmacy followed the service specifications for NHS services and patient group directions (PGDs) were in place for unscheduled care, pharmacy first (treatment of urinary tract infections), smoking cessation and the



supply of emergency hormonal contraception. The pharmacist had continued to provide these services throughout the pandemic. To reduce time people spent in the pharmacy he spoke to people by phone rather than in the pharmacy. If people came to the pharmacy requesting a service, he asked them to return to their car to phone if that was appropriate. The team then dispensed any medication which people could collect with minimum time on the premises. This had worked well. The pharmacist also followed private PGDs for flu vaccination, which was starting for the season. He described how he would be delivering flu vaccination, observing social distancing as much as possible and wearing PPE. All team members were trained to deliver the Pharmacy First service and were empowered to do so within their competence and under the pharmacist's supervision. They used the sale of medicines protocol and the formulary to respond to symptoms and suggest treatment. They referred to the pharmacist as required.

The pharmacy obtained medicines from licensed wholesalers such as 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 had any training yet. 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. The pharmacy had a list on the fridge door of storage requirements of medicines after supply. The pharmacy kept a range of palliative medicines although it was not part of the palliative care network. This increased availability of these medicines to people who might require them urgently. The pharmacist dispensed some instalments weekly and another team member checked them, then they were stored on labelled shelves in a controlled drugs (CD) cabinet. The pharmacist supervised the self administration of some medicines in the consultation room and it was cleaned immediately after. Team members regularly 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 and kept records. 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. It 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 usually used with people accessing its smoking cessation service. But for infection control it was not being used during the pandemic. 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. A few months previously it had broken. A team member notified the superintendent pharmacist who delivered a replacement later that day. Team members were observed to clean equipment immediately after use e.g. the telephone.

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 did not leave 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.