

Registered pharmacy inspection report

Pharmacy Name: A L Laing, Kantersted Road, Shetland, ZE1 0RJ

Pharmacy reference: 9010983

Type of pharmacy: Community

Date of inspection: 24/05/2019

Pharmacy context

The pharmacy is in Lerwick, the main town and port of the Shetland Islands. The pharmacy re-located in August 2018 and moved from the town centre to an edge-of-town location. The pharmacy dispenses NHS prescriptions and provides extra services. The main entrance provides access to the main consultation room. And a small side entrance provides access to a separate consultation area. The pharmacy supplies medicines in multi-compartmental medicine packs when people need extra help. And provide a delivery service to support housebound and vulnerable people.

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

The pharmacy team members complete training and work to professional standards. They provide safe services and look after people. And senior pharmacy members carry out checks to make sure the pharmacy is running safely. The pharmacy keeps some records of mistakes when they happen. But, this could be improved upon to make sure that services develop and improve. The pharmacy keeps the records it needs to by law. It understands its role in protecting vulnerable people. And it provides 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 pharmacist manager had been in post for around two years and was providing cover at the time of the inspection. The pharmacist had displayed the responsible pharmacist notice. And people could identify who was in charge.

The pharmacy team signed to confirm they followed standard operating procedures. And the procedures defined the pharmacy processes and staff responsibilities.

The pharmacy team signed most of the dispensing labels to show they had completed a dispensing task. But, they did not always sign multi-compartmental medicine packs.

The pharmacist checked prescriptions. And gave feedback to dispensers when they failed to identify their own errors. The pharmacist had started recording near-misses in April 2019. But was yet to carry out a formal near-miss review.

The pharmacy used a dispensing robot for most prescriptions. But it did keep bulk items, fridge products and controlled drugs inside the robot and these were dispensed by hand.

The pharmacist had identified labelling errors and quantity errors as being the most common due to human error. But, there was little evidence of change to manage the risks that had been identified.

The pharmacist managed the incident reporting process. And was in the process of investigating an incident that had been reported the day before the inspection visit. The pharmacist had identified the dispenser and the locum pharmacist responsible for the error. And had identified that fluticasone nasal spray had been supplied instead of fluticasone inhaler due to a labelling error. The pharmacist had documented the incident on the patient's PMR. But details of the incident could not be easily retrieved unless the patients name was known.

A complaints procedure ensured that staff handled complaints in a consistent manner. The pharmacy promoted the complaints process and displayed contact information to support people who wished to submit a complaint.

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. And had checked and verified the balance of controlled drugs twice in 2019. The pharmacy recorded controlled drugs that people returned for destruction. And the pharmacy team recorded their names once completed. The pharmacy team kept the private prescription register up to date and ensured it met legal requirements. The pharmacy team kept the specials records up to date. And recorded the name of the person who had received the medication.

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

The pharmacy used a 'confidential patient information and information accessibility procedure' to ensure the pharmacy team safeguarded confidential information. The pharmacy shredded confidential information. And archived spent records for the standard retention period. The pharmacy stored prescriptions for collection in drawers at the medicines counter. A pharmacy assistant had been reminded to keep confidential information out of sight of people whilst dispensing near to the waiting area. The pharmacy team used individual passwords to restrict access to patient medication records. And took calls in private using a portable phone when necessary.

The protecting vulnerable group scheme helped to protect children and vulnerable adults. And the pharmacy had registered the pharmacist with the scheme. The pharmacy team had read the Safeguarding Children and Young People in Shetland resource. And they knew to raise concerns when they recognised the signs and symptoms of abuse and neglect. The pharmacist spoke to the substance misuse team daily when they visited the pharmacy. And discussed people who were giving cause for concern.

Public liability and professional indemnity insurance were in place and were valid until 30/4/20.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacist updates the pharmacy team members when there are service changes. And this ensures they are up to date with new practices and procedures. The pharmacy monitors its staffing levels. And ensures it has the right number of pharmacy team members throughout the week. The pharmacy team are new into their roles. And have been enrolled onto the necessary training courses so that they provide safe and effective services. The pharmacist has a plan to supervise the trainees. And this ensures they are given extra support when it is needed. The pharmacy team members support each other in their day-to-day work. And they can speak up when there are problems.

Inspector's evidence

The work-load had increased since the pharmacy's relocation. The pharmacy had recruited extra staff and the staffing levels were adequate for the dispensing workload. There were no qualified dispensers working at the pharmacy. A full-time assistant had started working in the dispensary in August 2018 and was about to be enrolled onto the NVQ pharmacy services level 2 course. A part-time medicines counter assistant had been moved to the dispensary in September 2018. But had only been registered onto the NVQ pharmacy services level 2 course at the time of the inspection.

The pharmacist had planned to allocate protected learning time on a Monday and Thursday morning when it was quieter so that the trainees were supported.

A full-time trainee medicines counter assistant was working at the counter and another trainee who normally only worked on a Saturday was providing cover. This was due to the full-time medicines counter assistant being on a phased return from sick leave. The trainee medicines counter assistants had completed their courses and were waiting on certificates of accreditation to be issued. The pharmacy team knew to provide notice of their annual leave. And the pharmacist was authorised to ask a sister branch for lunch-time cover if needed.

The pharmacy owner did not use targets to develop services. And staff did not feel pressure to offer services.

The pharmacy did not use an annual performance review to develop staff. And the pharmacist updated the pharmacy team whenever there were changes. For example, a trainee medicines counter assistant had been trained to provide safety messages when selling NSAIDs. And to advice people about 'the sick day rules' so they knew which medicines to stop during illness.

The pharmacy team members were expected to raise concerns and provide suggestions for improvement. But, they were unable to provide examples at the time of the inspection.

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

The pharmacy is a large, modern purpose-built facility. It is well-maintained and cleaned on a regular basis. And a large well-kept waiting area presented a professional image to the public. The pharmacy provided seating in the waiting area. And the consultation rooms were organised and professional in appearance.

The pharmacy had sited the dispensing robot at the back of the dispensary. And the dispensing benches were arranged so that the pharmacy team could easily load and retrieve products.

The pharmacist supervised the medicines counter from the checking bench. And could make interventions when needed.

A security alarm protected the pharmacy after hours. And CCTV and panic buttons were available.

The pharmacy had effective lighting. And the ambient temperature provided a comfortable environment from which to provide services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible to people with mobility difficulties. It displays its opening times in the window. But does not always provide easy access to patient information leaflets. This may mean that people do not know what services and extra support is available to them. The pharmacy carries out dispensing in a safe and effective way. And ensures that people do not run out of their medicines. The pharmacy dispenses multi-compartmental medicine packs. But it does not always supply extra information to support people and their carers. The pharmacy provides an NHS prescription collection and delivery service. This ensures extra support is provided to people who need help with their medicines. The pharmacy sources, stores and manages its medicines. It updates the pharmacy team about high-risk medicines. And this means that team members know when to provide people with extra information.

Inspector's evidence

A ramped entrance provided support to people with mobility difficulties. The pharmacy had installed an automatic door, and this provided extra support. The pharmacy displayed its opening hours in the window. But, only provided a limited range of patient information leaflets for self-selection. With most being kept in the consultation room.

The pharmacy team used dispensing baskets. And kept prescriptions and medicines contained throughout the dispensing process. The pharmacy team attached warning labels to prescription bags to communicate key messages to each other. For example, using controlled drug and fridge labels so that the pharmacy team were alerted to add those items at the time of supply.

The pharmacy dispensed a significant number of serial prescriptions. But, the pharmacy team were not managing the dispensing well. The standard operating procedure did not adequately inform the pharmacy team when dispensing should be carried out. And prescription supplies were seen to be overdue. The pharmacist confirmed that she monitored people, and had advised the GPs when people were not suitable for serial prescription dispensing.

The pharmacist had taken over dispensing from a rural dispensing practice. And had been providing extra support to people who needed to have their doses adjusted.

The pharmacy provided multi-compartment medicine packs for people who needed extra support. And two pharmacy assistants took it in turn to dispense the devices. The assistants used a tracker to manage the work-load, and this avoided people going without medication. The pharmacy did not use supplementary patient medication records to manage the service. And the pharmacist checked each prescription before handing to the assistants to be dispensed. The prescriptions were not endorsed to show they had been checked. And this meant there was a risk that changes could go unnoticed. The pharmacy team did not always supply patient information leaflets. But they did provide descriptions of medicines.

The pharmacy provided a delivery service to housebound and vulnerable people. And made sure that people signed for controlled drug prescriptions to confirm receipt.

The pharmacy team kept the pharmacy shelves neat and tidy. And purchased medicines and medical devices from recognised suppliers.

The pharmacy team carried out manual stock checks. And ensured that enough stock was ordered to manage the risk of shipping disruptions and orders not being sent.

The pharmacy kept controlled drugs in two cabinets. And used a separate cabinet to store expired stock and returned medication to avoid selection errors. The pharmacy team carried out regular stock management activities. And checked expiry dates before medicines were placed into the dispensing robot. The dispensing robot assigned each pack a shelf life of one year. And the dispensing team checked the dates each month and removed expired stock.

The pharmacy team monitored and recorded the fridge temperature. And demonstrated that the temperature had remained 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 pharmacist entered all new prescriptions for methadone onto the Methameasure system. And sometimes asked the pharmacy assistants to check the entries. The pharmacy assistants were authorised to dispense doses using the Methameasure. And supplied the doses directly to people without the need for a final accuracy check.

The pharmacy team had maintained an audit trail of drug alerts and recalls up until February 2019. And they had recorded the outcome, and the date they checked for the affected stock. For example, they had last checked stocks of irbesartan in February 2019 with none found. The pharmacy could not provide examples of recent drug alerts and could not provide assurance they had been actioned.

The pharmacist had briefed the pharmacy team about the use of Valproate in women. And they knew about the pregnancy protection scheme and where to find safety leaflets and cards. The pharmacist had carried out an audit and had not identified women that were affected.

The pharmacy had trained staff to follow the falsified medicines directive. And although the pharmacy had updated its software, it was not yet capable of implementing the new directive.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services. The pharmacy team regularly checks the accuracy of equipment used to measure medicines, such as the one used for measuring the quantity of methadone for patients. The pharmacy team has access to a range of up to date sources on the clinical use of medicines. So, they can check the medicines are appropriate for patients when they need to.

Inspector's evidence

The pharmacy had been using a dispensing robot since August 2018. And a service contract was in place with an engineer carrying out checks at the start of the year.

The pharmacy had access to a range of up to date reference sources, including the British National Formulary (BNF). The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. And it had a separate range of measures for measuring methadone. And it had a separate range of measures for measuring methadone. The measures were marked for methadone and others were available for measuring other liquids such as antibiotics.

The pharmacy used a Methameasure machine. And the pharmacy team calibrated and cleaned the machine once a day to ensure it was accurate.

The pharmacy had a range of equipment for counting loose tablets and capsules. And a separate triangle was used for cytotoxic medication.

Cleaning materials were available for hard surface and equipment cleaning. And the pharmacy sink was clean and suitable for dispensing purposes.

The main entrance provided access to the main consultation room. And a separate side entrance provided access to a separate consultation area. This ensured that 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.