

Registered pharmacy inspection report

Pharmacy Name: Lomond Pharmacy, 1 Liquorstane Building,
Falkland, Cupar, KY15 7FH

Pharmacy reference: 9011729

Type of pharmacy: Community

Date of inspection: 14/06/2023

Pharmacy context

The pharmacy is in the rural village of Falkland in Fife and has recently moved premises. Its main services include dispensing NHS prescriptions and selling over-the-counter medicines. It supplies some people with medicines in multi-compartment compliance packs to help people to remember to take their medicines. And it delivers medication to people's homes. The pharmacist is an independent prescriber and delivers the NHS Pharmacy First Plus service to treat common clinical conditions.

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 suitably manages risk to help team members provide safe services. And they mostly keep the records they must by law. They keep people's private information safe. And they know what to do to help protect the health of vulnerable people. They discuss mistakes they make when dispensing. But they do not regularly record these mistakes to help with their learning and to help reduce the risk of a similar mistake happening again.

Inspector's evidence

The pharmacy had a set of comprehensive standard operating procedures (SOPs) to help team members manage risks. But these had not been reviewed since 2018. Team members read the SOPs relevant to their role and completed a record of competence signature sheet to confirm their understanding of them. They advised that they read these regularly to refresh their knowledge but there was not an updated signature sheet to confirm this. Team members were observed working within the scope of their roles. They were aware of the responsible pharmacist (RP) regulations and of what tasks they could and couldn't do in the absence of an RP.

Up until the change of pharmacy premises, the pharmacy had recorded near misses, which were errors identified before the person received their medicines. The last records seen were from May 2022. But team members confirmed that they still discussed errors with the pharmacist when they happened and implemented changes to reduce the risk of the same error occurring. This included a recent error involving gliclazide and glipizide which were located beside each other on the medicine's storage shelving. Team members had separated the products and alerted the rest of the team. The pharmacy had a process for recording dispensing incidents, which are errors identified after the person has received their medicines. The incidents were recorded on a paper log and reviewed by the superintendent pharmacist (SI). There was a basket containing details of an error involving the incorrect strength of atorvastatin. The RP advised that this was due to be written on to the paper incident log and that this would be completed. There was no formal review of near misses or dispensing incidents so team members may miss opportunities to learn from these errors. The pharmacy had a complaints policy and the team aimed to resolve any complaints or concerns informally. But if they were not able to resolve the complaint, they would escalate to the SI.

The pharmacy had current indemnity insurance. The RP notice displayed contained the correct details of the RP on duty, and it could be seen clearly from the retail area. The RP record was generally compliant, some missed sign-out entries were observed on the sample of the register examined. The pharmacy had a paper controlled drug (CD) register and the entries checked were in order. It checked the physical stock levels of CDs against the balances recorded in the CD register regularly. There was a record of patient returned CDs in a register and this was maintained to date. The pharmacy held certificates of conformity for unlicensed medicines and full details of the supplies were included to provide an audit trail. Accurate records of private prescriptions were maintained.

Team members were aware of the need to keep people's information confidential and they were observed speaking quietly with people in the retail area. Confidential information was stored in staff-

only areas of the pharmacy. It collected confidential waste in dedicated bags which were collected periodically by a third-party contractor for secure destruction. There was no privacy notice on display. Pharmacy team members had completed some learning associated with protecting vulnerable people. And they had access to contact details for relevant local agencies. The pharmacist was a member of the Protecting Vulnerable Groups (PVG) scheme and had completed additional safeguarding training via NHS Education for Scotland (NES). The driver also had a PVG.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough suitably skilled team members to manage its workload and it suitably reviews its staffing profile when there are changes in workload. Team members have the correct training for their role and complete some regular training to maintain their knowledge and skills. They receive some feedback about how they are performing and know who to raise concerns with should they need to.

Inspector's evidence

At the time of the inspection the RP was the superintendent pharmacist (SI). The RP was supported by two part-time dispensers. The pharmacy also employed an additional part-time dispenser, a part-time medicines counter assistant and two part-time delivery drivers. The joint owner of the pharmacy worked as RP on the SI pharmacist's regular day off. Team members had all completed accredited training for their roles. And their certificates of qualification were on display in the pharmacy. They were observed working well together and managing the workload. The workload had been increasing since moving to the new premises, so the staffing levels had recently been reviewed and an additional staffing vacancy was being created. Planned leave requests were managed so that only one team member was absent at a time. Team members were able to rotate tasks so that all tasks could be completed effectively during absence periods.

Team members completed ongoing training that was relevant to their role such as training relating to dispensing of valproate containing medicines. They were provided with protected learning time to complete this training. The pharmacist and dispenser had recently attended face to face training for delivery of a private ear wax service and they were observed when delivering the service as part of the sign off process. The SI had informal meetings with all staff members where they discussed any learnings from near misses or dispensing incidents and recent drug alerts. The team felt comfortable to raise any concerns to their SI. They did not have formal appraisal meetings with the SI, but they received feedback as they worked. The pharmacy did not have a whistleblowing policy in place. The team were set some targets to achieve including for pharmacy services. They felt they were achievable and supported providing a safe service to people.

Team members were observed asking appropriate questions when selling medicines over the counter and referring to the pharmacist when necessary. They explained how they would identify repeated requests from people for medicines subject to misuse, for example, codeine containing medicines. And that they would refer repeated requests to the pharmacist.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are maintained appropriately. And the pharmacy makes improvements to its layout to help ensure it continues to provide its services safely and effectively. The pharmacy has a suitable consultation room where people can have a confidential conversation with a pharmacy team member.

Inspector's evidence

The pharmacy had recently moved to new premises that were secure and maintained to a high standard. It was clean and organised throughout. The pharmacy workspace was well organised with designated areas for completion of pharmacy tasks and suitable storage of prescriptions. The storage space had been recently reviewed due to an increase in workload and additional shelving installed to help store stock medicines and prescriptions. There was a separate area to the rear of the pharmacy to dispense medicines into multi-compartment compliance packs. The pharmacy was cleaned and there was a log showing when this had been completed. The medicines counter could be clearly seen from the dispensary which enabled the pharmacist to intervene in a sale when necessary. The good-sized consultation room was suitably equipped and fit for purpose. This space allowed team members to have private conversations with people. The consultation room was lockable to prevent unauthorised access when not in use.

There was a clean, well-maintained sink in the dispensary used for medicines preparation and there were other facilities for hand washing. The pharmacy kept heating and lighting to an acceptable level in the dispensary and retail area. There were chairs in the retail area that provided a suitable waiting area for people receiving clinical services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services which are easily accessible for people. It manages its services well and provides some information to help people take their medicines properly. The pharmacy receives its medicines from reputable sources and carries out regular checks to ensure they are fit for purpose. But it doesn't keep records of the temperature of its fridges. So, it doesn't have reliable audit trails to show these medicines are fit to supply.

Inspector's evidence

The pharmacy had level access with a manual door. The door handle was low so could be accessed by people using a wheelchair. Some pharmacy services were displayed in the window. The pharmacy did not display its opening hours on the exterior of the pharmacy and so people may not know when they can access the pharmacy. The team kept a range of healthcare information leaflets for people to read or take away, these included information on the NHS Pharmacy First Service and Medicines: Care and Review (MCR) service.

The dispensary had separate areas for labelling, dispensing, and checking of prescriptions. Team members used dispensing baskets to store medicines and prescriptions during the dispensing process to prevent them becoming mixed-up. Team members signed dispensing labels to maintain an audit trail. The pharmacy had the ability to provide owing's slips to people when it could not supply the full quantity prescribed but did not routinely provide these. This meant people did not always have a record of medicines they had not yet received. Team members contacted the prescriber if a manufacturer was unable to provide medication prescribed to source an alternative. The pharmacy offered a delivery service and kept records of completed deliveries. The driver kept an additional record of all CD deliveries.

Team members demonstrated a good awareness of the Pregnancy Prevention Programme (PPP) for people in the at-risk group who were prescribed valproate, and of the associated risks. They knew to apply dispensing labels to the packs in a way that prevented the written warnings on the packs from being covered up. The pharmacy supplied patient information leaflets and patient cards with every supply. And they always supplied valproate in the original manufacturer's pack. Team members used various alert stickers to attach to prescriptions for people's dispensed medicines. They used these as a prompt before they handed out medicines to people which may require further intervention from the pharmacist.

Team members managed the dispensing of serial prescriptions as part of the Medicines: Care and Review (MCR) service. The prescriptions were stored under the date the prescription supply was due. This allowed the team to dispense medicines in advance of people collecting. The MCR prescription supplies were collected by people at the local GP practice. The GP practice would inform the pharmacy when people had collected their medicines. This allowed the pharmacy to monitor compliance. The NHS Pharmacy first service was popular. This involved supplying medicines for common clinical conditions such as urinary tract infections under a patient group direction (PGD). The pharmacist could access the PGDs electronically and had paper-based copies. The pharmacist was also an independent prescriber and provided the NHS Pharmacy First Plus service where they could prescribe for common clinical conditions. They kept paper and electronic records of all consultations and a copy of the prescription.

These were shared with the GP practice. The pharmacist and one dispenser had recently started providing a private earwax removal service. They carried out a consultation using a hand-held electronic device and took photographs as part of the consultation. They obtained consent from people utilising the service to share data with their GP.

A large proportion of the pharmacy's workload involved supplying some people's medicines in multi-compartment compliance packs. This helped people better manage their medicines. Team members used medication record sheets that contained a copy of each person's medication and dosage times. They were responsible for managing the ordering of people's repeat prescriptions and reconciled these against the medication record sheet. They documented any changes to people's medication on the record sheets, but this did not always contain who had initiated the change. The packs were dispensed using labels and there was no description of what medicines looked like added to these packs. The team advised that they would contact people if there were any changes to the medication in their pack. The pharmacy supplied people with patient information leaflets, so they had access to up-to-date information about their medicines. The compliance packs were signed by the dispenser and RP so there was an audit trail of who had been involved in the dispensing process.

The pharmacy obtained its stock medicines from licensed wholesalers and stored them tidily on shelves. Team members had a process for checking expiry dates of the pharmacy's medicines. Short-dated stock which was due to expire soon was highlighted and rotated to the front of the shelf, so it was selected first. The team advised that they were up to date with the process and had an audit trail to demonstrate completion. A random selection of medicines were checked and no out-of-date medicines were found to be present. The team marked liquid medication packs with the date of opening to ensure they remained suitable to supply. The pharmacy had a medical grade fridge to store medicines that required cold storage which was operating within the correct temperature range. This had recently been replaced to an under the counter storage fridge to provide more space for shelving in the dispensary as stock holding of medicines requiring cold storage was low. The team had access to a paper log to record the fridge's maximum and minimum temperatures but there were no records to view. The RP acknowledged that recording the temperature of the fridge daily was an area of improvement. The pharmacy received some medicine alerts electronically through email and some were received from the wholesaler. The team actioned the alerts and kept a printed record of the action taken. They returned items received damaged or faulty to manufacturers as soon as possible.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to support the safe delivery of its services. It maintains its equipment to ensure it remains fit for purpose and safe to use. And its team members use the equipment appropriately to protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources including the British National Formulary (BNF), the BNF for children and the NHS Fife Pharmacy First Formulary. There was also access to internet services. The pharmacy had a range of CE marked measuring cylinders which were clean and safe for use. They had access to an electronic tablet device and equipment for the private ear syringe service which was serviced regularly by the external provider.

The pharmacy stored dispensed medicines awaiting collection, in a way that prevented members of the public seeing people's confidential information. The dispensary was screened, and computer screens were positioned to ensure people couldn't see any confidential information. The computers were password protected to prevent unauthorised access. The pharmacy had cordless telephones so team members could move to a quiet area to have private conversations with people.

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.