

# Registered pharmacy inspection report

**Pharmacy Name:** Spean Bridge Pharmacy, Invercauld House, Spean Bridge, Highland, PH34 4EP

**Pharmacy reference:** 9011794

**Type of pharmacy:** Community

**Date of inspection:** 01/07/2022

## Pharmacy context

This is a new community pharmacy in the centre of a village. It is a non-NHS pharmacy. And it has an NHS contract application pending. The pharmacy team advises on minor ailments and medicines' use. And supplies a range of over-the-counter medicines. The pharmacist independent prescriber (PIP) prescribes treatments using private prescriptions.

## 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

Pharmacy team members follow good working practices. And they show they are identifying and managing risks to keep services safe. The pharmacy keeps the records it needs to by law, and it suitably protects people's private information.

### Inspector's evidence

The pharmacy had introduced arrangements to manage the risks and help prevent the spread of coronavirus. Hand sanitizer was available at the entrance for people to use. And team members had access to hand sanitizer and face masks. The pharmacy used documented working instructions (SOPs) to define its processes and procedures. And team members had recorded their signatures to show they had read and understood them. The pharmacist owner had introduced the procedures in March 2022 when the pharmacy had first opened. They included SOPs for 'responsible pharmacist' procedures and for 'needle stick injuries' and 'exposure to blood and high-risk body fluids' for the pharmacy's vaccination service. The pharmacy had applied for an NHS contract. But this was still in progress which meant it could only dispense private prescriptions. These were mostly written by the pharmacist owner who was a qualified 'pharmacist independent prescriber' (PIP). Pharmacy team members signed medicine labels to show who had 'dispensed' and who had 'checked' prescriptions. This meant the pharmacist was able to identify team members to help them learn from their dispensing mistakes. Individuals were responsible for recording their own mistakes to help them reflect and identify the cause. Team members were aware of 'look-alike-sound-alike' (LASAs) medications. And they knew to take care when items for dispensing. The pharmacy did not display a notice or any information to explain how people could make complaints. But it had defined the complaints process in a documented procedure. Team members had evidenced they had read the procedure and knew how to effectively handle complaints.

The pharmacy maintained the records it needed to by law. It had public liability and professional indemnity insurances in place which were valid until March 2023. The pharmacist displayed a responsible pharmacist (RP) notice which was visible from the waiting area. The RP record was up to date and showed which pharmacist had been on duty when the pharmacy was operating. The PIP had developed and implemented private prescription templates. They used a specific template for vaccinations and another template for everything else. Records of supplies against private prescriptions were held electronically and kept up to date. The pharmacy trained its team members to protect people's privacy. They used a shredder to dispose of confidential waste. And they used a password to restrict access to the 'patient medication record' (PMR) system. The pharmacist and the pharmacy technician had completed 'NHS Education for Scotland' (NES) safeguarding training. And the pharmacy had introduced a 'safeguarding vulnerable adults and children' policy to provide a resource for team members to refer to. They had learned about the Ask for ANI (Action Needed Immediately) and Safe Space scheme. This ensured that team members knew how to help victims of domestic abuse. The pharmacist was registered with the protecting vulnerable group (PVG) scheme. This helped to protect children and vulnerable adults.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members have the necessary qualifications and skills for their roles and the services they provide. They are proactive at learning and complete training to keep their knowledge and skills up to date.

### Inspector's evidence

The pharmacist owner worked on site at the pharmacy. And they continued to work as a locum pharmacist in two NHS boards. They also worked as a 'pharmacy champion' across NHS Highland. This included being part of discussions to agree a consistent approach to service delivery in the area. For example, developing a Health Board approach for the supply of multi-compartment compliance packs. This helped the pharmacist to maintain and develop their knowledge of NHS services and initiatives. The pharmacy had not needed to arrange locum pharmacist cover since it opened in March 2022. But local pharmacists had approached the owner to register their interest in working at the pharmacy. The pharmacy had recently appointed a new part-time assistant. And they had been enrolled on the medicines counter assistant course, to help them learn to carry out their roles. The pharmacist was supporting the new team member and provided protected learning time in the workplace.

The pharmacist and the pharmacy technician kept their knowledge and skills up to date. For example, they had recently completed training so they could provide advice for skin conditions such as rosacea and acne. And they were able to provide products to treat them. The pharmacist was about to attend in-person flu vaccination training the following weekend. This would provide the necessary accreditation to provide the service. They had shadowed another pharmacist who was already providing a travel vaccination service. This had helped the pharmacist plan and implement the service they were offering. The pharmacy's PMR provider had delivered a full day's onsite training. As a result the pharmacist and the pharmacy technician were better informed of the system's capability and how they could use it to support the services they provided.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises adequately support the safe delivery of services. And the pharmacy appropriately manages the space for the storage of its medicines. The pharmacy has suitable arrangements for people to have private conversations with the team.

### Inspector's evidence

Team members had arranged the dispensing benches for different tasks. And they had segregated workstations to help maintain a safe distance from each. The dispensing benches were clutter free. And dispensing baskets kept prescription items well-contained. The pharmacist supervised the medicines counter from the dispensary and could intervene and provide advice when necessary. A sound-proofed consultation room was available. And it provided a confidential environment for private conversations. The pharmacist accessed the room from the dispensary. And a separate entrance led directly from the waiting area. The pharmacy was clean and well maintained. Team members cleaned and sanitised the pharmacy on a regular basis. Lighting provided good visibility throughout, and the ambient temperature provided a suitable environment from which to provide services. A sink in the dispensary was available for hand washing and the preparation of medicines. And a separate restroom was used for comfort breaks. This allowed team members to remove their face masks without being at risk of infections.

## 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 in place to identify and remove medicines that are not 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 ramped entrance and provided unrestricted access for people with mobility difficulties. And it advertised its services and opening hours at the front of the pharmacy. The pharmacy was located next to a large car and coach park. And a significant number of tourists visited the pharmacy for treatments. This included over-the-counter medicines and advice for travel sickness and pain relief. The pharmacist also prescribed 'prescription only medicines' (POMs). And they provided a private travel vaccination service. The pharmacist had developed a private prescription template for vaccinations. And they sent a copy of the prescription with all the relevant information to the person's GP so they could update their medical record. Evidence of letters that had been emailed to GP clinical inboxes were seen. The pharmacist had also developed a private prescription template for the other treatments they prescribed. And they sent a copy of the prescription to the person's GP so they could update their medical record. They provided examples of treatments they had prescribed and the evidence they had seen to ensure supplies were safe. This included someone who was 'wheezy' and presenting with an empty Evohaler. Another example was someone from outside the UK who was wheezy but had no evidence of their medication. The pharmacist prescribed treatment and recorded the person's passport number, hotel details and telephone number on the PMR system. The pharmacist had good working relationships with the GPs in the area. And they were able to contact them to confirm what medication people were prescribed if they themselves did not know.

The pharmacy purchased medicines and medical devices from recognised suppliers. And team members carried out a documented expiry date check once a month. Sampling showed that items were well within their expiry date. Team members kept stock neat and tidy on a series of shelves. And a controlled drug cabinet was available should it be needed in the future. The pharmacy had a fridge which team members kept organised. They monitored and documented the temperatures daily. And were able to evidence the fridge was operating within the accepted range of 2 and 8 degrees Celsius. Team members knew about valproate medication and the Pregnancy Prevention Programme. The pharmacist knew to speak 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 had not needed to dispose of pharmaceutical waste bins due to the short period of time since it had opened. But the pharmacist knew they would have to arrange an approved provider to do so in the future. Drug alerts were prioritised, and team members knew to check for affected stock so that it could be removed and quarantined straight away. Team members could show recent emails for drug alerts and what the outcome of checks had been.

## 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). The pharmacist had purchased a new blood pressure monitor in March 2022. And they kept a record of the implementation date, so they knew when next to calibrate it. The pharmacist had also purchased equipment to test for diabetes. And they kept a record to show they had completed the necessary 13-week calibrations. The pharmacy stored prescriptions for collection out of view of the waiting area. And it positioned the dispensary computers in a way to prevent disclosure of confidential information. A portable phone was in use. And this allowed team members to carry out conversations in private if needed. The pharmacy had a 100ml crown-stamped measuring cylinder available for use. And cleaning materials were available for hard surface and equipment cleaning. The sink was clean and suitable for dispensing purposes. And 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.