General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Monklands Pharmacy, 108-112 Deedes Street, AIRDRIE, Lanarkshire, ML6 9AF

Pharmacy reference: 1042188

Type of pharmacy: Community

Date of inspection: 04/03/2020

Pharmacy context

This is a pharmacy on a main road between the towns of Airdrie and Coatbridge. The pharmacy opens 365 days per year and opens late every evening, being open 9am to 9pm most days. It provides the usual services under the Scottish Pharmacy First scheme. These include the minor ailments service and provision of treatments using health board Patient Group Directions (PGDs). The pharmacy caters for people requiring their medicines dispensed into multi-compartment compliance packs. These help them take their medicines safely. And the pharmacy also supports people on supervised medicines.

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 not all met	1.2	Standard not met	The pharmacy team members do not regularly record errors they make whilst dispensing. And the pharmacy does not review its dispensing errors to identify root causes to help prevent such errors happening again.
		1.7	Standard not met	The pharmacy does not always properly segregate and destroy its confidential waste. And it does not always protect people's privacy.
2. Staff	Standards not all met	2.1	Standard not met	There are not enough suitably qualified and trained staff to provide the services offered by the pharmacy.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy does not properly check the expiry date of medicines on the shelves. Nor does it properly manage the storage of all its medicines.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance **Standards not all met**

Summary findings

The pharmacy identifies and manages some of the risks to its services. But they do not make records of most of the errors they make whilst dispensing. And they don't analyse this information to help them reduce the risk of similar mistakes in the future. And they do not effectively protect the privacy and confidentiality of people. There is a comprehensive set of written procedures to support team members. But these are out of date. And no team members have signed them within the last two years to confirm they have read them. The pharmacy could do more to encourage feedback from people using the pharmacy. The team members are aware of how to protect children and vulnerable adults from harm.

Inspector's evidence

The pharmacy was a large size with a good-sized retail area and a large dispensary. The bench and shelf space were adequate for the work being undertaken. The checking bench overlooked the front counter and allowed effective supervision. And there was a separate room for the preparation and storage of multi-compartment compliance packs. The pharmacy had a set of Standard Operating Procedures (SOPs). And these had last been authorised and reviewed in 2016 and were thus out of date. All the pharmacy team members had signed the SOPs to show they had read and understood them. But no one had signed them more recently than early 2017, with the majority signing in 2016. The pharmacy team members were mostly following the SOPs. But there were instances where they were not. Examples included not recording all errors made while dispensing which would help pharmacy team members to identify opportunities to improve safety. The pharmacy team members did not regularly record near misses but did record dispensing errors that reached patients. The last recorded near misses were in May 2019. Five were recorded that month. The last dispensing error recorded was January 2019. There was no regular review and learning from these errors as there was no formal review process. A dispensing error had resulted in prochlorperazine and prednisolone being separated on the shelves. But such examples of improvement were rare. Few of the errors that reached patients had root cause analyses to determine how they had happened. And how to prevent such mistakes happening again. There was nothing in the pharmacy to inform people on how to provide feedback or complain. And there was little evidence of pharmacy team members using feedback to drive improvement.

The pharmacy had professional indemnity insurance until 30/04/2020. Controlled drug (CD) records were not always complete. Several records of patient-returned CD destructions lacked a pharmacist signature. A check of actual versus theoretical CD stock showed that the figures agreed with each other. However a balance check for methadone showed an underage without a reason for the discrepancy. And this was being investigated at the request of the inspector. Many patient-returned CD items were awaiting destruction from over one year ago. Some items had been entered in the register and then scored out with no explanation. The private prescription records were complete although it was noted that two private Schedule four CD prescriptions for chlordiazepoxide and diazepam were not signed. The pharmacy recorded fridge temperatures on average two out of three days. And all recorded temperatures were in the required range of two to eight degrees Celsius. The Responsible pharmacist log was complete. There was a register for specials medicine and it was complete and up to date.

Person identifiable information for at least three patients was in the general waste bin, in the form of

several labels and a blank repeat prescription slip with the patient's name and address. The record of a patient on a multi compartment compliance pack was clearly on view in the consultation room. The pharmacy shredded confidential waste on site. People waiting at the counter could not read computer screens. Or read details of prescriptions awaiting collection in the dispensary. Pharmacy team members had had training on information governance. The pharmacy had written RPS guidance for pharmacy team members on safeguarding. And this helped them to look after vulnerable people. And team members had read this guidance and could give examples of safeguarding. The pharmacist was Protection of Vulnerable Groups (PVG) registered. And had completed the NHS Education Scotland (NES) training on child and adult protection. But the pharmacy had poor awareness of operation of the PVG scheme and were unsure if they had registered any interest with Disclosure Scotland for locum pharmacists they employed. So they didn't know if the locums they used were on the banned list or not.

Principle 2 - Staffing **Standards not all met**

Summary findings

There are not enough suitably qualified pharmacy team members to provide the services on offer. The pharmacy supports team members in their development by providing some time during the working day for training. But this is not planned and team members have limited access to training materials. This means training can sometimes be ad hoc. So team members might lack the skills they need. The pharmacy team members feel comfortable raising concerns if they need to. But they dont have any documented, regular annual reviews and appraisals and no formal training plans. There is a lack of a culture of learning and improvement.

Inspector's evidence

On the day of inspection there were : Two part-time pharmacists (one in the morning and one in the afternoon); one dispenser, two trainee MCAs and a delivery driver. There were not enough suitably qualified team members on the day of the inspection to complete the work. One member of the pharmacy team was absent, and another had just recently left. Efforts had been made to recruit replacements but there were few candidates available. The lack of staff showed up in the inability to complete regular tasks such as date checking and the destruction of patient-returned controlled drugs. Team members undertook ad-hoc training when opportunities arose from Health Board courses or manufacturer’s training material. Recent examples included training on endorsing using the online endorsing system. The pharmacy supported training by providing some time during the working day to complete it. There were no regular formal annual appraisals. The pharmacist determined what training the pharmacy provided. But this was somewhat ad hoc. There were no training plans, and no team member had a record of their training.

There were no regular staff meetings and staff could not provide examples of concerns they had raised or of improvements they had implemented. Pharmacy team members were confident in their role and pharmacy team members felt they could raise any concerns or ideas with the pharmacy manager. The pharmacy team members had no concerns about targets they were set for services. The lack of learning from dispensing errors and the lack of feedback from patients shows that there is not a culture of learning in the pharmacy. There is, however, a culture of openness and honesty.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are clean and spacious. But the dispensary is somewhat untidy and cluttered. The pharmacy has a consultation room that it can use so that people can have private conversations with the pharmacist. And the pharmacy protects the premises against unauthorised entry.

Inspector's evidence

The dispensary was large and clean and had enough available bench space. The benches had stacks of baskets containing repeat prescriptions waiting for checking. The premises were clean and well-lit and well presented, but the dispensary was somewhat cluttered and untidy. Temperatures were comfortable. Shelving was not always well ordered which did not help with the date checking process and to reduce picking errors. The consultation room was used as an office but had a small sink for handwashing alongside a desk and chairs. The premises were protected from unauthorised entry.

Principle 4 - Services **Standards not all met**

Summary findings

Although the pharmacy uses a range of safe working techniques pharmacy team members do not regularly check the expiry dates of medicines. And they don't always store medicines in a way that they are suitably labelled and packaged. The pharmacy has sufficient materials to brief people receiving valproate medication. But it could not provide evidence of record keeping for such assessments. Working practices include baskets to keep items together whilst dispensing. And audit trails to track dispensing. The pharmacy has arrangements for dealing with medicine recalls. And keeps records of actions taken.

Inspector's evidence

Entry to the premises was through front doors, both with level access and power assisted opening. And the counters were low in height for those in wheelchairs. There was no hearing loop on the counter for those with a hearing impairment. The pharmacy promoted the services it offered via leaflets in-store and posters in the window. Stickers were in use for fridge lines but not CDs awaiting collection. And post it notes were used to alert pharmacy team members to anyone who the pharmacist wished to speak to. Most prescriptions did not have any form of alert or information sticker on them.

Safe working practices included the use of baskets to keep items all together. All medicines had audit trails of 'dispensed by' and 'checked by' signatures, including those in multi compartment compliance packs. There were extra labels and cards from the valproate pregnancy prevention programme (PPP). But there was no evidence of a review of existing valproate patients. There was little knowledge of the guidance and posters available for preparing for corona virus infection control and little training of staff on how to respond to a patient presenting with concerns. Staff had been advised to ensure they washed their hands regularly throughout the day. No posters were on display for corona virus.There were a large number of multi-compartment compliance packs, with enough room to store them. And to dispense the packs. Packs had accurate descriptions of the medicines they contained. And the pharmacy provided patient information leaflets at the start of each four weekly cycle. All compliance packs had both a ‘checked by’ and ‘dispensed by’ signature. And the pharmacy issued most packs one week at a time as requested by the prescriber. However, some three to four patients requested that they receive four weeks at a time and there were no records of risk assessment, informed consent or agreement from the GP. The pharmacy offered a delivery service. And kept records of controlled drug deliveries, with signatures, and of other deliveries made. Some items were left unattended at the request of the patient and as noted above these were missing risk assessments, and informed consent from the patient. The driver did not leave medicines in the van overnight. Where a person was not at home the driver would leave a card asking them to contact the pharmacy to re-arrange delivery.

There was no timetable for date checking The pharmacy had not regularly completed date checking. And there were several out of date medicines on the shelves. These included Pregabalin, Majoven and Venlafaxine as well as Levetiracetam liquid which had no recorded date of opening. All other liquids with a short shelf life once opened had the date of opening recorded. Some other packs, e.g. co-careldopa and aciclovir, did not have batch numbers or expiry dates on the packs due to the tabs being torn off. The pharmacy had records available that showed that drug recalls and alerts were regularly received and acted upon. And it kept records of the actions taken. There was poor awareness of the implementation of the Falsified Medicines Directive, and staff knowledge was poor. No equipment was

yet in place to support this.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has sufficient equipment for the services it offers and it keeps such equipment well maintained to provide accurate measurement.

Inspector's evidence

The pharmacy had a range of measuring equipment including glass measures with separate marked ones for use with methadone only. It also had a carbon monoxide meter to support people on smoking cessation therapy. The local health board calibrated this meter. The pharmacy had access to the British National Formularies for both adults and children, and had online access to a range of further support tools.

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.