

# 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:** 22/04/2021

## 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. It provides the usual services under the Scottish Pharmacy First Plus scheme. These include the minor ailments service and provision of treatments using health board Patient Group Directions (PGDs). The pharmacy dispenses medicines into multi-compartment compliance packs for some people to help them take their medicines safely. And the pharmacy also supports people on supervised medicines. 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 identify and manage the risks to their provided services. And they make records of most of the errors they make whilst dispensing. There is some evidence of analysis and review of these errors to prevent recurrence. They effectively protect the privacy and confidentiality of people. There is a comprehensive set of written procedures to support team members complete their tasks. 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. Due to the pandemic the pharmacy team members were all wearing masks. There were screens on the counter and alcohol gel available for both members of the public and team members. The pharmacy was large but social distancing was difficult due to the centre island. Numbers of people allowed into the pharmacy were restricted to three, and there was sufficient space in the front shop to allow them to socially distance. There were posters available to support team members and patients on virus infection control including 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.

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). All the pharmacy team members had signed the SOPs to show they had read and understood them. The pharmacy team members were mostly following the SOPs. But there were instances where they were not. Examples included not having a daily communications book since Jan 2021. The pharmacy is open extended hours and has varied shift patterns for team members. This means it is difficult to get all staff together for a joint briefing. They had started the communications book after the last inspection and this it allowed staff to be briefed as soon as they came on shift. The pharmacy team members did regularly record near misses and dispensing errors that reached patients. The last recorded near misses were in April 2021. There were approximately 50 errors recorded that month. There was a regular review on a one to one basis between the individual dispensers and the Superintendent Pharmacist (SI) and some learning from these errors. However there was no formal review process that brought all the errors together for analysis. 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 30/04/2021. Controlled drug (CD) records were complete with evidence of weekly balance checks. A check of the oxycodone 10mg balance showed it was correct. The private prescription records were complete. The pharmacy recorded fridge temperatures on a daily basis. 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.

The pharmacy had introduced a waste contract with BIFFA which ensured confidential waste was securely removed from the pharmacy. There were designated waste bins containing secure sacks for

confidential destruction, and no confidential waste was found in the normal waste bins. Pharmacy team members had had training on information governance. The pharmacy had written Royal Pharmaceutical Society (RPS) guidance for pharmacy team members on safeguarding along with a list of local safeguarding contact numbers. And this helped them to look after vulnerable people. 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.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough suitably qualified and trained team members to safely provide the services it offers. The pharmacy supports team members in their development by providing some time during the working day for training. Training is provided regularly and the records are kept up to date. The pharmacy team members feel comfortable raising concerns if they need to.

### Inspector's evidence

On the day of inspection there were : One pharmacist working 9am to 9pm, with a second support pharmacist coming in in the afternoon (The superintendent attended the pharmacy when informed of the inspection); five part-time dispensers, three trainee Medicine Counter Assistants (MCAs) and a delivery driver. There were enough suitably qualified team members on the day of the inspection to complete the work. Efforts had been made to recruit replacements and these had been successful. Team members undertook ad-hoc training when opportunities arose from Health Board courses or manufacturer's training material. There were regular examples throughout the year, and two of the MCAs were undergoing training with the NPA. The pharmacy supported training by providing some time during the working day to complete it. The pharmacist determined what training the pharmacy provided. And this was somewhat ad hoc.

There were no regular all staff meetings but staff could provide examples of concerns they had raised or of improvements they had implemented. Two such examples were adding an additional pharmacy label on to original pack stock on the shelf, where the packaging was very similar to other medicines, to help prevent picking errors. And moving painkillers in the dispensary to increase room for bags of completed medicines awaiting collection. 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. There was 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. Medicines on the shelving were well ordered which was an improvement from the previous inspection. And this helped 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. Confidential facilities were used when appropriate and requested, and arrangements had been made for those still receiving supervised medicines in the pandemic to have privacy.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy uses a range of safe working techniques and pharmacy team members regularly check the expiry dates of medicines. They store medicines in a way that ensures they are suitably labelled and packaged. The pharmacy has sufficient materials to help support people taking higher-risk medicines. The pharmacy has robust arrangements for dealing with medicine recalls. And it keeps records of the actions it takes.

### 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 awaiting collection. And post it notes were used to alert pharmacy team members to anyone who the pharmacist wished to speak to. There was a separate corridor with a plastic screen in place, where such consultations could take place safely and with required social distancing.

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). 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. All empty original packs were kept until the next prescription arrived so that there was traceability for all compliance pack items. The pharmacy offered a delivery service. And kept records of controlled drug deliveries, with signatures, and of other deliveries made. During the pandemic the driver signed in place of the patient so as to minimise the risk of cross infection. 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. Records were kept of all deliveries including controlled drugs, which were kept for the required period.

There was a timetable for date checking The pharmacy had regularly completed date checking. And there were no out of date medicines on the shelves. All other liquids with a short shelf life once opened had the date of opening recorded. 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.

## 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 Formulaires for both adults and children, and had online access to a range of further support tools. People waiting at the counter could not read computer screens. Or read details of prescriptions awaiting collection in the dispensary.

### What do the summary findings for each principle mean?

Finding	Meaning
 <b>Excellent practice</b>	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.
 <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
 <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.