

Registered pharmacy inspection report

Pharmacy Name: Westwood Square Pharmacy, 16 Westwood Square, EAST KILBRIDE, Lanarkshire, G75 8JQ

Pharmacy reference: 1042251

Type of pharmacy: Community

Date of inspection: 05/12/2019

Pharmacy context

This is a community pharmacy in a shopping precinct. It dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. The pharmacy offers a repeat prescription collection service and a medicines' delivery service. It also provides substance misuse services and dispenses private prescriptions. The pharmacy team advises on minor ailments and medicines' use. And supplies a range of over-the-counter medicines. It offers a smoking cessation service.

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 does not have a system in place to learn from things that go wrong. It does not support the pharmacy team to record errors. And it does not support them to learn from their mistakes. This means that it does not routinely assess the safety and quality of services provided.
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 not all met

Summary findings

The pharmacy uses working instructions to help it provide safe services. But it does not review them on a regular basis. And this means it may not be following the most up-to-date pharmacy practices to keep services safe and effective. The pharmacy team members discuss mistakes that happen when dispensing. But as they don't record the details it is difficult for the team to identify patterns in the mistakes. So, they may miss opportunities to improve and reduce the risk of further errors. People using the pharmacy can raise concerns. But the pharmacy does not tell people how they can complain about the services they receive. And this means it may not be able to put things right when it needs to. The pharmacy keeps the records it needs to by law. And it trains the team members to keep confidential information safe. It understands its role in protecting vulnerable people. And team members know to refer concerns to the pharmacist for immediate action.

Inspector's evidence

The pharmacy used working instructions to define the pharmacy processes and procedures. And the team members had signed them to confirm they understood their roles and responsibilities. But the procedures had expired in February 2018. And the pharmacist had not carried out a review to identify practice changes since 2016. The pharmacy team members signed the 'dispensed by' and 'checked by' boxes on the dispensing labels. And the pharmacist gave feedback about near-misses when dispensers failed to identify their errors. The pharmacy team did not record errors. And it did not carry out near-miss reviews to identify patterns and trends. The team members provided a few examples of change to manage dispensing risks. Such as separating risedronate 5mg and 30mg and losartan 12.5 mg and 25mg. But this was not a regular activity. And they only made improvements on an ad-hoc basis. The pharmacist managed the incident reporting process. And the pharmacy team knew when incidents happened and what the cause had been. For example, they knew that clarithromycin 500mg had been supplied against a prescription for 250mg. And this had been due to team members being used to the 500mg strength being prescribed most of the time and not carrying out an accuracy check. The pharmacist had provided training so that team members knew how to handle complaints and how to manage conflict. But they had not developed or implemented a policy for the team members to refer to. The pharmacy did not promote its complaints handling arrangements. And it did not inform people about how to complain.

The pharmacy maintained the pharmacy records it needed to by law. And the pharmacist in charge kept the responsible pharmacist record up to date. The pharmacy had public liability and professional indemnity insurance in place. And it was valid until July 2020. The pharmacy team kept the controlled drug registers up to date. And they checked and verified the balance of controlled drugs at the time of dispensing. But this meant they did not check slow-moving stock on a regular basis. The pharmacy team recorded controlled drugs that people returned for destruction. And the pharmacist and a team member recorded their name and signature against each destruction. The pharmacy provided a delivery service to housebound and vulnerable people. And made sure that people signed for their medication to confirm receipt. A sample of private prescriptions were up to date and met legal requirements. And specials records were kept up to date with details of who had received each supply. The pharmacists used patient group directions (PGDs) to improve access to medicines and advice. But a sample showed that the trimethoprim PGD had gone past its review date of November 2019. And the

Health Board was in the process of reviewing and updating the documents.

The pharmacy trained its team members to comply with data protection arrangements during induction. And they knew how to protect people's privacy and confidentiality. The pharmacy did not promote its data protection arrangements. And it did not inform people that it protected their personal information. The team members separated waste. And they used a shredder to dispose of confidential waste. The pharmacy archived its spent records. And it retained them for the standard retention period.

The protecting vulnerable group (PVG) scheme was not used to provide extra assurance that services were safely provided. And the superintendent pharmacist who worked full-time at the pharmacy, had not registered with the scheme. The pharmacist used a safeguarding policy to train the team members. And they knew to discuss any concerns they had with the pharmacist. For example, when someone had not been collecting their multi-compartment compliance pack on time. And a four-week prescription was lasting them six weeks. The pharmacist had contacted the social work department to ensure the person was provided with further support.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members have the right qualifications and skills for their roles and the services they provide. They complete ad-hoc training. And, they learn from the pharmacist to keep their knowledge and skills up to date. The pharmacy team members support each other in their day-to-day work. And they can speak up and make suggestions to improve how they work. The team members speak about mistakes at the time they happen. But they do not discuss the reasons for the mistakes together as a team. And this prevents them from learning from each other.

Inspector's evidence

The pharmacy had experienced growth over the past year. And it was dispensing more NHS prescriptions. The number of team members had remained at the same level. And the pharmacist carried out reviews to ensure that the pharmacy team continued to have the capacity and capability to provide its services. The pharmacist had recruited a new team member to replace someone that had left. And they had enrolled them onto the NVQ level 2 training course, so they were accredited to work in the dispensary. The pharmacist managed annual leave to ensure that the pharmacy maintained minimum levels. And the trainee and locum dispensers provided cover when necessary. A locum pharmacist provided cover every Friday. And they had been doing so for several years. Most of the team members had worked at the pharmacy for many years. And they were experienced and knowledgeable in their roles. The pharmacy kept some of the team's qualifications on-site. And the following team members were in post; one full-time pharmacist, one full-time pharmacy technician, one part-time trainee dispenser, two part-time medicines counter assistants (MCAs) and one part-time driver.

The pharmacy did not carry out individual performance reviews. And it did not provide regular structured training. But the pharmacist updated the pharmacy team whenever there were service changes or new initiatives. For example, the team members had recently learned about the falsified medicines directive (FMD), the valproate pregnancy protection programme (PPP) and the chronic medication service (CMS). The pharmacist supported trainees with their courses. And they were providing the trainee dispenser with protected learning time to help them make satisfactory progress.

The pharmacy did not use performance targets. And the team members were focussed on providing a professional service for the people that used the pharmacy. The team members felt empowered to raise concerns and provide suggestions for improvement. For example, the pharmacy technician had suggested adding controlled drugs to multi-compartment compliance packs at the time of supply and not at the time of first dispensing. And this had helped them to manage the risk of controlled drug items not being registered.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises is secure, clean and hygienic. It has a consultation room that is professional in appearance. And it is an appropriate space for people to sit down and have a private conversation with pharmacy team members.

Inspector's evidence

The pharmacy had a well-kept waiting area. And it provided seating for people whilst they waited to be attended to. The pharmacy provided a consultation room. And people could talk in private with the pharmacy team about their health concerns. The team members had arranged benches for the different dispensing tasks. For example, they dispensed prescriptions that people were waiting on near to the waiting area. And they used a separate side bench for routine prescriptions that they collected from the surgery. The pharmacist observed and supervised the medicines counter from the checking bench. And they could make interventions and provide advice when needed. 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 does not display service or health information for people to see. And this means it is not fully supporting people to access services they might benefit from. The pharmacy team members do not always provide supplementary information for people on multi-compartment compliance packs. And this means that it's not fully supporting vulnerable people who need extra help to take their medicines. The pharmacy has working instructions in place for its services. And these support the pharmacy team to work in a safe and effective way. The pharmacy sources, stores and manages its medicines appropriately. And the pharmacist keeps the pharmacy team up-to-date about high-risk medicines. This means that team members know when to provide people taking these medicines with extra information.

Inspector's evidence

The pharmacy had a step free entrance. And it provided unrestricted access for people with mobility difficulties. The pharmacy did not provide service information in the waiting area. And it did not display its opening hours in the window. The pharmacist and the pharmacy technician spoke to people about their medicines. And they made interventions when they had concerns about their welfare. For example, the pharmacist had referred a 65-year-old person who reported having blood in their urine. And they had called the surgery and completed the necessary forms so that a GP could quickly see them. The pharmacy team attached repeat slips to prescription bags when the surgery had printed extra instructions. For example, to remind people taking warfarin to have their blood tested.

The dispensing benches were organised. And the pharmacy team used dispensing baskets to keep prescriptions and medicines contained throughout the dispensing process. The pharmacy dispensed multi-compartment compliance packs for around 74 people. And the number of people registered with the service had increased by around 20 over the past year. The team members dispensed the packs on a Saturday when it was quieter. And they had read and signed working instructions to show they followed safe working practice. The team members used supplementary records to ensure service continuity. And to support safe systems of work. The team members isolated packs when they were notified about prescription changes. And they documented details of changes in the patient's notes. The team members did not supply patient information leaflets. And they did not annotate descriptions of medicines on the pack. The pharmacist dispensed and supervised methadone doses for around 13 people. And they obtained an accuracy check before they made a supply.

The team members kept the pharmacy shelves neat and tidy. And they kept controlled drugs in a well-organised cabinet with expired stock kept separated at the bottom of the cabinet. The pharmacy purchased medicines and medical devices from recognised suppliers. And the team members carried out regular stock management activities, highlighting short dated stock and part-packs during regular checks. The team members monitored and recorded the fridge temperature. And they demonstrated that the temperature had remained between two and eight degrees Celsius. The pharmacy accepted returned medicines from the public. And disposed of them in yellow containers that the health board collected.

The pharmacy team acted on drug alerts and recalls. For example, they had checked for ranitidine in November 2019 with stock quarantined and returned as instructed. But they did not retain an audit trail

to demonstrate they had acted on alerts and to show the outcome. The pharmacy had introduced the necessary resources to meet the Falsified Medicines Directive (FMD) requirements. But it had not implemented the system due to the limited number of packs they received that were FMD compliant. The pharmacist had briefed the team members about the valproate pregnancy protection programme. And they knew about the initiative and when to supply patient information leaflets and cards. The pharmacy dispensed valproate prescriptions for two people. And the pharmacist had spoken to them both to confirm they understood the safety implications.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services. And it keeps it clean and well-maintained.

Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the British National Formulary (BNF). It used crown-stamped measuring equipment. And the measures for methadone were highlighted and separated, so they were used exclusively for this purpose. The pharmacy kept cleaning materials for hard surface and equipment cleaning. And the pharmacy sink was clean and suitable for dispensing purposes. The pharmacy used a blood pressure monitor. And the team members confirmed it had been calibrated in the last year. But they could not confirm this to be accurate due to the absence of calibration records. The pharmacy stored prescriptions for collection out of view of the waiting area. And it arranged computer screens, so they could only be seen by the pharmacy team. The pharmacy team members used a portable phone. And they took calls in private when necessary.

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.