

Registered pharmacy inspection report

Pharmacy Name: Village Pharmacy, 34 Main Street, Cumbernauld Village, GLASGOW, Lanarkshire, G67 2RX

Pharmacy reference: 1042434

Type of pharmacy: Community

Date of inspection: 30/05/2019

Pharmacy context

This is a pharmacy on the main street of the village of Cumbernauld. It dispenses a large volume of prescription items per month, including for people receiving medicines in multi-compartmental compliance packs. It also supports people receiving supervised methadone doses. It provides the usual services found under the local health board Pharmacy First Scheme, including the minor ailments service. It provides a needle exchange 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 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 Services, including medicines management	Standards not all met	4.3	Standard not met	Out of date medicines are present in stock as there is no effective arrangement in place for removal of all expired medicines. And stock medicines are not always appropriately packaged or labelled.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has some systems in place for the management of risk, but the pharmacy team members do not make best use of them. The written procedures are not up to date or signed and authorised by the current superintendent or responsible pharmacist. Not all staff members have signed the procedures within the last two years. And they are not fully followed. The pharmacy team members do not record most near misses, and those that they do record lack detail. The pharmacy informs people how to provide feedback about its services. But it does not actively seek feedback so may miss opportunities to drive improvement. The pharmacy mostly keeps records required by law. The pharmacy protects people's privacy and confidentiality. Staff are aware of how to protect children and vulnerable adults from harm. But there is a lack of support and training to assist them.

Inspector's evidence

The pharmacy was medium sized with both a good-sized retail area and a large dispensary with good bench and shelf space around a central island. The checking bench overlooked the front counter and allowed effective supervision. The pharmacy had a set of standard operating procedures (SOPs) some of which were out date and in need of review. They had been properly authorised by the previous superintendent, who had now left. But the new superintendent had not signed them. All but one member of staff had signed them to show they had read and understood the SOPs, but in some instances, this was last in 2016. In the main the pharmacy team members were following the SOPs but there were instances where they were not. Examples included infrequent recording and review of near misses, with only one recorded in 2019.

There were also issues around date-checking of stock. The pharmacy team members could not give recent examples of actions taken following a near miss. And there was limited evidence of review of near misses. Recording of near misses was more frequent in 2018. But such records still lacked detail about actions taken to prevent recurrence.

The pharmacy informed people via a notice to speak to their pharmacist if they had a complaint about NHS services. There were no other means of promoting feedback. And there was little evidence of improvement resulting from customer feedback.

Professional indemnity insurance was in place until 20 February 2020. Controlled drug (CD) records were complete, and there had been regular balance checks. A check of actual versus theoretical stock showed agreement. All records of patient-returned controlled drugs (CDs) had a pharmacist signature and most also had a witness signature. The private prescription records were complete. The pharmacy made emergency supplies under the Community Pharmacy Urgent Supply (CPUS) scheme and records were complete. Fridge temperatures were recorded daily. And the temperatures recorded were within the required range. The responsible pharmacist log was complete.

People standing at the counter could not see patient details on prescriptions awaiting collection. No computer screens could be seen by people outside the dispensary. Pharmacy team members shredded people's confidential waste on site. And they were aware of the need to keep such waste separate. The pharmacy had no written guidance on safeguarding to provide support to staff. But the pharmacist was

Protection of Vulnerable Groups (PVG) registered. And had completed the NHS Education Scotland (NES) training on child and adult protection. The pharmacy team members were unable to give examples of safeguarding.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are suitable numbers of qualified staff to provide the services on offer. Pharmacy team members can provide a range of services. And they have access to some training once qualified. But there is no process of appraisal to identify ongoing training needs. There is some time in the working day to allow the pharmacy team members to further develop their skills. There is some evidence of learning from feedback and errors. But this is inconsistent. Pharmacy team members are comfortable to provide feedback and the owner responds to this.

Inspector's evidence

On the day of inspection there were two pharmacists working there, (part time). There was a separate pharmacist on in the morning and the afternoon. There were two dispensers, one full time and one part time and one full time trainee medicine counter assistant.

There were enough suitably qualified staff on the day of the inspection. Although pharmacy team members reported having some training, they found it hard to give specific examples. The last training recorded was in 2018. This was on a range of internal issues around stock management, tidiness and dispensing multi-compartmental compliance packs. This had arisen out of several near misses. There were no formal training plans nor was there always time in store to complete training. There was no appraisal system in place to help identify training needs. And there were no training plans.

Pharmacy team members were confident they could provide feedback to the responsible pharmacist (RP) and the superintendent. But they were unable to give examples of ideas for improvement that they had come up with, or of feedback that they had provided on concerns or issues. Pharmacy team members did not feel under undue pressure to meet targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is secure and very clean and tidy. There is good provision of facilities to protect people's privacy and confidentiality.

Inspector's evidence

The pharmacy was medium sized with both a good-sized retail area and a large dispensary with good bench and shelf space and a central island. The checking bench overlooked the front counter and allowed effective supervision.

The premises were very clean and tidy. The pharmacy team members kept benches clear of clutter and shelves were well organised. The premises were well lit and temperatures were comfortable. Controlled drug security was generally good.

There was a consultation room and also a treatment room. Until recently an allied health professional used the treatment room to provide healthcare services. The rooms were of a good size and were well equipped. The consultation room backed onto the dispensary. And this allowed for discrete administration of supervised substance misuse services.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy offers a wide range of services to meet the needs of local people. It uses a range of safe working techniques. These include baskets to keep items together. And audit trails to track dispensing. There are adequate arrangements for the supply of multi-compartmental compliance packs. The pharmacy doesn't have a robust process for checking the expiry dates of its medicines. And it doesn't always store its medicines in the appropriate packaging or with the appropriate labelling. So, there is a risk the pharmacy could supply medicines that are not fit for purpose. The pharmacy has good arrangements for dealing with medicine recalls.

Inspector's evidence

Entry to the premises was through a street level door. And the counters were low in height for those in wheelchairs. There were no hearing loops on the counter for those with hearing difficulties. The pharmacy promoted the services it offered by leaflets in-store and posters in the window.

Safe working practices included the use of baskets to keep items all together and audit trails of "dispensed by" and "checked by" signatures. The pharmacist had a range of materials to provide extra information to people who were receiving valproate. This ensured such patients knew how to take their medication properly.

The system for dispensing multi-compartmental compliance packs had its own specific standard operating procedure (SOP). No packs contained descriptions of medications, so it would be difficult to identify medicines in the pack. But all had a completed "dispensed by" and "checked by signature". This provided an audit trail in case of any issues.

The pharmacy offered a delivery service. And it kept records of people's signatures, obtained on receipt of delivery of controlled drug items. There was no signature obtained for normal delivery of prescription only medicines. But the driver recorded the status of the delivery on the delivery sheet. This showed when he made a delivery to a patient. And whether he put this delivery through the letter box. Such deliveries had patient consent and a basic risk assessment confirming the absence of children and pets.

There was a system in place for date checking. But the inspector found three items highlighted as short-dated that the pharmacy had not removed from the shelf upon expiry. There were three bottles of decanted tablets that did not have the expiry date or batch number of the medicine recorded on the label. There were numerous examples where the pharmacy team members had mixed batches and brands of medicines in the one container. This presented the risk of supplying medicines past their expiry date. And not being able to identify batches of medicines if being recalled.

Drug recalls and alerts were regularly received and acted upon. The pharmacy had identified people on valproate and assessed them for risk of pregnancy. There were enough materials available to provide guidance to any patient in the at-risk group presenting with a prescription for valproate. The pharmacy had not yet installed the hardware needed to support the Falsified Medicines Directive (FMD). And

there was no staff training or SOPs about its use provided. So, none of the features of FMD were yet being used.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had a range of glass measuring equipment which was ISO or Crown stamped. 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.

People standing at the counter could not see patient details on prescriptions awaiting collection. No computer screens could be seen by people outside the dispensary

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.