

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: 13/05/2021

Pharmacy context

This is a community pharmacy at the centre of Cumbernauld village. It dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. And it offers a medicines' delivery service to vulnerable people. The pharmacy provides substance misuse services and dispenses private prescriptions. The pharmacy team members advise on minor ailments and medicines' use. And they supply a range of over-the-counter 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	1.1	Standard not met	The pharmacy does not have a system in place for reviewing and updating its policies and procedures. This means it cannot provide assurance that it is adequately identifying and managing the risks with its services.
		1.2	Standard not met	The pharmacy does not have a system in place to assess the safety and quality of the services it provides. This means it cannot provide the necessary assurance that its policies and procedures are effective at managing the risks at the pharmacy.
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	The pharmacy does not safeguard the safety and security of all of its medicines. It does not have effective arrangements in place to identify and remove out of date medicines. And stock medicines are not always appropriately packaged or labelled. There is a lack of assurance to show that medicines requiring refrigeration are kept at the correct temperature.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy has policies and procedures to help it manage the risks with its services. But they are out of date and team members haven't updated their knowledge of them since they were last updated. This means it does not adequately identify and manage all the risks associated with its services. The pharmacy makes some improvements when mistakes happen. But it does not have an effective system in place to learn about new risks at the pharmacy. The pharmacy has arrangements in place help keep members of the public and team members safe during the Covid-19 pandemic. It keeps the records it needs to by law, and it keeps confidential information safe. Team members securely dispose of personal information when it is no longer required.

Inspector's evidence

The pharmacy had introduced new arrangements to manage the risks and help prevent the spread of coronavirus. A poster on the entrance door reminded people visiting the pharmacy to wear a face covering as required by law. Another notice informed them the waiting area could only accommodate a maximum of two people to allow them to maintain a safe two-metre distance from each other. People were seen to be following the guidelines without any instruction from the pharmacy team members. Hand sanitizer was available in the waiting area and throughout the dispensary.

A plastic screen was in place at the medicines counter. This acted as a protective barrier between team members and members of the public. Pharmacy team members were wearing face masks throughout the inspection. They used a separate downstairs area as a rest room and organised themselves so only one person used it at a time so they could remove their face mask. The pharmacy used working instructions to define the pharmacy's processes and procedures. But the dates on the procedures showed they had not been updated since the previous superintendent pharmacist left in 2017 or since the last inspection in May 2019. There was no way of knowing if the current superintendent had reviewed the procedures to confirm the pharmacy's working practices were managing the risks at the pharmacy.

Sampling showed the controlled drugs and dispensing procedures had been reviewed in October 2017. Team members could not find the multi-compartment compliance pack dispensing procedure in the folder where they expected it to be. This was later found by the owner in an electronic folder. Team members recorded their signatures to show they followed the procedures, and this showed they had not read them since they were last updated. The pharmacy had risk management procedures in place to help it learn from its mistakes. Team members signed medicine labels to show who had 'dispensed' and who had 'checked' each prescription. This helped them to learn about their near-miss errors through feedback, and to avoid the same mistakes in the future.

Team members had recorded a few near misses in 2020, but they had not recorded any in 2021. They were able to provide examples of some changes they had made to prevent recurring errors such as separating tramadol/trazodone, so they were kept well-away from each other. They had re-organised shelves to manage the risk of selection errors with nitrofurantoin tablets/capsules and codeine containing products. The pharmacy did not keep records of dispensing incidents. And it was unable to provide evidence of learnings or improvements to manage the risk of a recurrence. The

pharmacy trained its team members so they were effective at handling complaints. But it did not use a documented procedure and team members did not have anything to refer to. A complaints notice was displayed at the medicines counter with contact details should people wish to complain. The pharmacy had received mostly positive feedback about the level of service it had provided throughout the pandemic.

The pharmacy maintained the 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 they were valid until 28 February 2022. The pharmacy kept its controlled drug registers up to date, and team members checked the balance of controlled drugs three or four times a month. Expired stock awaiting destruction was kept well away from other stock. Loose-leaf sheets were used to record controlled drugs that people had returned for destruction. Records showed the RP had witnessed destructions carried out by a dispenser.

The pharmacy provided a prescription delivery service. This helped vulnerable people and those that were shielding to stay at home. Due to the pandemic, the delivery driver didn't ask people to sign for receipt of their medication, but kept a record of the deliveries in the event of queries. The driver left items on people's doorstep and waited until they were safely taken inside. The pharmacy provided training so that team members understood data protection requirements and how to protect people's privacy. It displayed a notice to inform people about how it used or processed their information, and team members used a shredder to dispose of confidential waste and spent records. A copy of the safeguarding policy was not available until the owner was on-site and this was found in an electronic folder. Team members were aware of some of the signs of abuse and neglect, and the pharmacist was registered with the protecting vulnerable group (PVG) scheme. This helped to protect children and vulnerable adults. Team members knew to speak to the pharmacist whenever they had cause for concern. For example, the delivery driver monitored vulnerable people and informed the pharmacist when he had concerns. And team members spent time talking to vulnerable people who regularly used the pharmacy to make sure they kept well.

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 complete training as and when required. And, they learn from the pharmacist to keep their knowledge and skills up to date. Pharmacy team members speak-up and make suggestions to help improve pharmacy services.

Inspector's evidence

The pharmacy's prescription workload had increased over the past year due to coronavirus and the number of people visiting the pharmacy had decreased. The delivery driver collected bundles of prescriptions from the surgeries and this had helped the team members to manage the workload without having to recruit extra team members. The pharmacy team was well-established and included; one full-time pharmacist, three part-time dispensers, one pharmacy student who worked every Saturday and one part-time delivery driver. Following contact tracing for the coronavirus, team members had been instructed to self-isolate all at once. The superintendent pharmacist had provided cover and one of the dispensers had increased their hours to full-time so there was adequate cover until the others were able to return to work.

The pharmacy did not carry out individual performance reviews and did not provide regular structured training. It provided training on an ad-hoc basis to ensure team members were up to date or improved in their roles. For example, within the last year the pharmacist had arranged an out of hours training session about multi-compartment compliance pack dispensing, and the interim measures needed when people were admitted to hospital. Team members had kept up to date with the relevant coronavirus guidance. This included how to keep themselves and other people safe. Most of the pharmacy team had been vaccinated against coronavirus. They were not carrying out Covid-19 lateral flow testing. Team members understood the need for whistleblowing and felt empowered to raise concerns when they needed to. They provided feedback so that services could improve. Recently one of the dispensers had suggested changing the arrangements for collecting the bundles of prescriptions from the surgeries. Instead of the dispensers collecting the bundles at lunchtime, the delivery driver collected them first thing in the morning. This had helped them to better manage their workload and to reduce the prescription turnaround time.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, tidy, secure and is well maintained. It has two sound-proofed rooms where people can have private conversations with the pharmacy team members. It has made suitable changes to its premises to help reduce the risk of spreading coronavirus.

Inspector's evidence

Team members had arranged the dispensing benches for different tasks and a separate downstairs area was available if needed. Workstations were at least two metres apart and team members could keep their distance from each other for most of the day. The pharmacist observed and supervised the main medicines counter from the checking bench and could intervene and provide advice when necessary. A sound-proofed consultation room was in use. And team members could speak to people in the room from the dispensary through an open hatch. It was well-equipped with hot and cold running water. And it provided a confidential environment to have private consultations.

A separate treatment room was also available, but it was not being used to see people. A sink in the dispensary was available for hand washing and the preparation of medicines. The pharmacy was clean and well maintained. Team members cleaned and sanitised the pharmacy at lunchtime and just before closing time to reduce the risk of spreading infection. Lighting provided good visibility throughout and the ambient temperature provided a suitable environment from which to provide services.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy gets its medicines from reputable sources. But it does not always store them safely. And it cannot always show that some medicines are being kept at the correct temperature. Team members carry out checks to make sure medicines are in good condition and suitable to supply. But the checks are not always effective at identifying medicines that have expired. The pharmacy provides services which are easily accessible. And it generally manages its services to help people receive appropriate care.

Inspector's evidence

The pharmacy advertised its services and opening hours in the windows at the front of the pharmacy, and it displayed a guide to local services at the medicines counter. Steps at the main entrance created access difficulties for some people with mobility problems. Team members provided an alternative arrangement and a rear exit door leading onto a close was used with people's agreement. The close led onto a large car park. The pharmacy used dispensing baskets to manage the risk of items being mixed-up. Dispensing benches were kept organised and clutter-free. Team members kept the pharmacy shelves neat and tidy, and the controlled drugs cabinet was organised to manage the risk of errors. The pharmacy purchased medicines and medical devices from recognised suppliers. The superintendent had introduced a procedure in 2020 for expiry date checking. Team members knew about the procedure. They carried out expiry date checks at the start of the month and used a highlighter pen on packs of short-dated medicines. A list was also kept and referred to during subsequent checks. Expired stock was found on the shelves after a check of around 30 medicines. Some had been highlighted and were on the list, such as betahistine 16mg which expired in April 2021. Nitrofurantoin 100mg was not on the list and expired in April 2021.

A large medical fridge was in use. Team members monitored and recorded the fridge temperatures, but records showed this to be a weekly activity and not on a daily basis. The records showed that the temperatures had remained between two and eight degrees Celsius. Team members were aware of the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They knew to contact prescribers if they received new prescriptions for people in the at-risk group. The pharmacist confirmed that packs had extra warning cards and that they supplied them alongside the medication.

The pharmacy was in the process of introducing an App for people to order their repeat prescriptions. Some people had started using the App and had provided positive feedback. The pharmacy used the system to email the surgeries to request new prescriptions. Some of the surgeries were using the system and the pharmacist was speaking to the other surgeries to support them to start using the new system. Team members were placing information about the App into prescription bags to encourage uptake. The pharmacy supplied medicines in multi-compartment compliance packs to a significant number of people. The number had increased over the past two years since the RP had worked there. Team members used a comprehensive range of supplementary records and trackers to manage dispensing. For example, a list of people with their due date was printed every day. This was used to retrieve assembled packs for collection and delivery. Packs for collection were placed in a designated drawer and team members signed the list when a pack was collected. The delivery driver signed the list

when he delivered a pack. Supplementary records which contained a list of the person's current medication and dose times were kept. And the pharmacist and the team members checked prescriptions against these records for accuracy before they started dispensing them. Queries were discussed with the relevant prescriber. The pharmacist also checked the original containers before medicines were de-blistered and added to the compliance packs. Controlled drugs were not dispensed into the packs and were only dispensed on the day they were supplied. The pharmacist used a PC70 form to record supplies. This helped them to check and verify supplies according to prescription requirements. Team members did not routinely annotate descriptions of medicines in the pack. And they only provided patient information leaflets to people that asked for them.

The pharmacist and the student pharmacist dispensed methadone doses a few days before they were due, and they were kept in the controlled drug cabinet for safe keeping. The pharmacist carried out an accuracy check at the time of dispensing and again at the time of supply. A range of posters were on display in the consultation room and this included information about naloxone treatment and HIV infections. The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste. Team members accepted unwanted medicines from people for disposal. They put on disposable protective gloves before handling the packages before processing the waste for destruction. Drug alerts were prioritised, and team members knew to check for affected stock so that it could be removed and quarantined. An electronic folder was used to keep alerts that had been received, reviewed and acted on when necessary.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy's equipment is clean and well-maintained. It takes precautions so that people can safely use its facilities when accessing its services during a pandemic.

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. Separate measures were used for methadone and a methadone pump was in use. Team members calibrated the pump before it was used to provide assurance it was measuring accurately. 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 members. The pharmacy had a cordless phone, so that team members could have conversations with people in private. The pharmacy used cleaning materials for hard surface and equipment cleaning. The sink was clean and suitable for dispensing purposes. Team members had access to personal protective equipment including face masks and gloves.

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.