

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: 16/05/2022

Pharmacy context

This is a community pharmacy in the village of Cumbernauld, Glasgow. The pharmacy sells over-the-counter medicines, dispenses NHS prescriptions, and offers the Pharmacy First service. And it delivers medicines for some people to their homes. The pharmacy supplies some people with their medicines in multi-compartment compliance packs to help them take their medicines. The inspection was completed 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
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 met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy suitably identifies and manages the risks with its services. The pharmacy team members follow written procedures to help them safely carry out tasks. They keep the records they need to by law, and they safely keep people's private information. The team is adequately equipped to manage any safeguarding concerns. Team members discuss and record details of mistakes they make while dispensing. And they regularly review them to help team members identify common trends or patterns.

Inspector's evidence

The pharmacy was inspected during the COVID-19 pandemic. It had several procedures in place to help manage the risks and to help prevent the spread of coronavirus. The pharmacy had hand sanitiser placed in several areas around the dispensary to promote good hand hygiene. Team members were not wearing face coverings when the inspection began but did when asked by the inspector to do so. There was plastic screen at the pharmacy counter to act as a protective barrier between team members and people visiting the pharmacy. The pharmacy had a set of written standard operating procedures (SOPs). These provided information to help team members carry out various tasks, including dispensing and record keeping. The pharmacy reviewed the SOPs every two years. Team members described their roles within the pharmacy and the processes they were involved in. And there was evidence the team members had read and understood the SOPs relevant to their roles.

The pharmacy had a process to record and report near miss errors made by its team members during the dispensing process. The responsible pharmacist (RP) informed the dispenser of the error and asked them to rectify the mistake as soon as possible. Team members recorded details of the error, the time and date of error, and a reason why the error might have happened. They regularly discussed the near misses discussed any ways the team could change the way it worked to improve patient safety. Team members had identified a series of near miss errors involving the mix-up between gabapentin and pregabalin. The pharmacy kept a dispensary duty log on the computer. This allowed clear identification of which team members were present on which days. The pharmacy kept records of any dispensing errors that had reached people. The team completed an electronic incident report form. The pharmacy had a concerns and complaints procedure. Any complaints or concerns were verbally raised with a team member. If the team member could not resolve the complaint, it was escalated to the SI's office.

The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist (RP) notice displayed the name and registration number of the RP on duty. Entries in the RP record were kept in line with legal requirements. Team members knew which tasks they could and could not do in the absence of the RP. The pharmacy made records of supplies against private prescriptions. The pharmacy kept CD registers and to make sure they were accurate, each month the pharmacy audited CD registers against physical stock. During the inspection the balance of three randomly selected CDs were checked. The balances were correct. The pharmacy had a CD destruction register to record CDs that people had returned to the pharmacy.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. The team placed confidential waste into a separate basket to avoid a mix up with general waste. The waste was periodically destroyed by the team using a shredder. Team

members understood the importance of securing people's private information. The pharmacy had a formal procedure to help the team raise any concerns they may have about the safeguarding of vulnerable adults and children. The RP was registered with the protecting vulnerable group (PVG) scheme. Team members gave examples of hypothetical situations where they would raise concerns to the RP. For example, the delivery driver monitored vulnerable people he delivered medicines to and informed the RP if he had any safeguarding concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members have the necessary qualifications and skills to provide the pharmacy's services. They manage the workload well and support each other as they work. They feel comfortable raising concerns, giving feedback and suggesting improvements to provide a more effective service.

Inspector's evidence

At the time of the inspection, the RP was the pharmacy's resident pharmacist and superintendent pharmacist (SI). A full-time pharmacy assistant, two part-time pharmacy assistants and a trainee pharmacy assistant supported the RP during the inspection. One of the company directors, who had additional administrative responsibilities arrived during the inspection to provide additional support to the team. The pharmacy employed a part-time delivery driver who was not present during the inspection. Locum pharmacists worked on the days when the RP was absent. The pharmacy's dispensing workload had steadily increased over the course of the COVID-19 pandemic. The number of people visiting the pharmacy had initially decreased at the start of the pandemic but had started to increase over the last few months. Team members were working well, and they were not seen dispensing prescriptions under any significant time pressures. Team members seen during the inspection were experienced in their roles and most of them had been working at the pharmacy for several years. They demonstrated a good rapport with many people who visited the pharmacy and were seen appropriately helping them manage their healthcare needs. Team members worked additional hours to cover any planned or unplanned absences and the pharmacy could seek additional support from another pharmacy owned by the directors if required.

The pharmacy didn't carry out individual performance reviews and didn't provide regular structured training. It did however, provided out-of-hour training on an ad-hoc basis to ensure team members were up to date or improved in their roles. For example, the RP had arranged a training session on the use of a third-party app that people could use to order their repeat prescriptions via the pharmacy.

There was a team WhatsApp group where team members could keep up to date with work related information provided by the directors and the RP. For example, the RP informed team members when medicines were out of stock. Team members also attended ad-hoc team meetings which were organised by the RP. The team usually held these meetings when the pharmacy wasn't particularly busy. Team members discussed various topics during the meetings including daily tasks, near miss errors and staff rotas. The meetings were also an opportunity for team members to suggest ways the pharmacy could improve its services and raise any professional concerns. Team members felt comfortable giving feedback or raising concerns. And they felt confident their thoughts would be considered. For example, the team had recently rearranged the area where it stored dispensed medicines. The rearrangement allowed for an additional area for the team to store larger items and the changes had made the area tidier. The pharmacy didn't have a whistleblowing policy in place. The team was not set any performance related targets to achieve.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises clean, secure, and well maintained. It has a suitable, sound-proofed room where people can have private conversations with the pharmacy's team members.

Inspector's evidence

The pharmacy was clean, well maintained and professional in appearance. Benches were generally kept tidy and well organised. The pharmacy's floor space was mostly clear from obstruction. There were clearly defined areas used for the dispensing process and there was a separate bench used by the RP to complete the final checking process. The pharmacy had plenty of space to store its medicines. There was a private, sound-proofed consultation room available for people to have private conversations with team members. The room contained two seats and was large enough for two people to appropriately socially distance from each other when in use. There was a 'treatment room' next to the consultation room. It was being used as an additional dispensing area for the dispensing of multi-compartment compliance packs.

The pharmacy had separate sinks available for hand washing and for the preparation of medicines. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. Team members controlled access to restricted areas of the pharmacy. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its services accessible to people. And it manages its services well to help people look after their health. The pharmacy correctly sources its medicines, and it completes regular checks of its medicines to make sure they are in date.

Inspector's evidence

People had access into the pharmacy through the main entrance door. The pharmacy advertised some of its services and its opening hours in the main window. Steps at the front entrance created some difficulty for some people. For example, people who used wheelchairs, or had prams. The pharmacy provided large print labels to people with a visual impairment. Team members had access to the internet which they used to signpost people requiring services that the pharmacy didn't offer. There were seats available in the retail area for people to use while they waited for their prescriptions to be dispensed. The pharmacy offered the NHS Pharmacy First service. Through the service, team members supplied people with medicines for various conditions such as impetigo and urinary tract infections. The pharmacy held up-to-date patient group directions (PGDs) for the service, and it retained all records of supplies. The RP gave examples of using the Urgent Supply PGD to ensure patients did not go without medication if what they were prescribed was not available. For example, supplying a person with two Rabeprazole 10mg tablets when the 20mg tablets were out of stock. 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 demonstrated the advice they would give in a hypothetical situation, including checking people were enrolled on a pregnancy prevention programme if they fit the inclusion criteria. The pharmacy had a supply of leaflets and other material that provided information that the team could give to people to take away with them.

Team members used various stickers to attach to bags containing people's dispensed medicines. They used these as an alert before they handed out medicines to people. For example, to highlight interactions between medicines or the presence of a fridge line or a CD that needed handing out at the same time. Team members signed the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. They used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. The pharmacy had owing slips to give to people when the pharmacy could not supply the full quantity prescribed. But when these situations occurred the team didn't always provide people with an owing slip. And so, people may not have had a record of what medicines they were outstanding. The pharmacy kept a record of the delivery of medicines to people.

The pharmacy used a third-party App for people to use to order their repeat prescriptions. People had started using the App and had provided positive feedback. The pharmacy used the system to request new prescriptions from local GP surgeries. It also notified people when their prescription was ready to collect. The delivery driver notified the team when a delivery was made to a person registered with the app. A notification was then sent via the app to the person confirming delivery had been made.

The pharmacy supplied medicines in multi-compartment compliance packs to several people. The team dispensed the packs in the pharmacy's treatment room. This helped team members dispense the packs away from the retail area to reduce the risk of distractions. Team members used master sheets which

contained a list of the person's current medication and dose times. Team members checked prescriptions against the master sheets before the dispensing process started to make sure they were accurate. Team members discussed any queries with the relevant prescriber. They recorded details of any changes such as dosage increases or decreases on the person's master sheet and their electronic record. The pharmacy supplied the packs with patient information leaflets. But it didn't supply the packs with descriptions of the medicines to help people identify them. For example, 'orange, round, tablet'.

The pharmacy stored pharmacy (P) medicines behind the pharmacy counter. It stored other medicines in their original packaging on shelves, in drawers and in cupboards. The pharmacy had clearly numbered sections for medicine storage and used an up-to-date date-checking matrix. Team members described the process for highlighting stock that would expire within six months. These items were highlighted with a yellow label and the details added to a database. The team checked the database at the start of each month to ensure the team removed stock due to expire from the shelves. No out-of-date medicines were found after a random check of around 20 randomly selected medicines. The pharmacy had medical waste bins, sharps bins and CD denaturing kits available to support the team in managing pharmaceutical waste. It used a medical grade fridge to store medicines that needed cold storage. The team kept daily records of the fridge temperature ranges. And a sample of the record showed the fridge was operating within the correct range.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services. And it uses its equipment appropriately to protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources. The pharmacy used a range of CE quality marked measuring cylinders. It stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. It suitably positioned computer screens to ensure people couldn't see any confidential information. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members could have conversations with people in private. 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.