

Registered pharmacy inspection report

Pharmacy Name: Kirkmuirhill Pharmacy Ltd., 56 Thornton Road,
Kirkmuirhill, LANARK, Lanarkshire, ML11 9QE

Pharmacy reference: 1042561

Type of pharmacy: Community

Date of inspection: 04/12/2019

Pharmacy context

This is a community pharmacy on a parade of shops in Kirkmuirhill. 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 not all met	4.2	Standard not met	The pharmacy does not have adequate safeguards to ensure that multi-compartment compliance pack dispensing is as safe as it needs to be. It does not provide working instructions. And it does not use supplementary records to ensure service continuity. The pharmacy does not use a system to identify and manage the risks associated with dispensing multi-compartment compliance packs. And it is unable to identify team members responsible when dispensing practice needs to be improved.
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. But the procedures had expired in October 2018. And the pharmacist had not carried out a review to identify practice changes since 2016. The working instructions were kept on the pharmacy's computer desktop. And the team members confirmed they had read the procedures. But, they had not provided signatures or any other documented evidence to show they understood and followed them. The pharmacy team members did not always sign the 'dispensed by' and 'checked by' boxes on the dispensing labels. And the pharmacist was only able to give feedback about near-misses when they knew who had been responsible for an error. 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 salbutamol devices to manage the risk of selection errors with easibreathe and metered dose inhaler devices. But this was not a regular activity. And they only made improvements on an ad-hoc basis. The pharmacist managed dispensing incidents. And, they had not received any reports in the past year, with the last incident recorded in February 2017. The pharmacy used a complaints policy to ensure that staff handled complaints in a consistent manner. But it did not provide people with information about the complaints process. The pharmacy had used a complaints box in the past. And, the team members reported that feedback had been mostly positive.

The pharmacy maintained the legal 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 May 2020. The pharmacy team members kept the electronic controlled drug registers up to date. And they checked and verified the balance of controlled drugs once a month and at the time they dispensed them. The team members 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 it made sure that delivery driver asked people to sign for their medicines 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 their 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 pharmacy used the protecting vulnerable group (PVG) scheme to help protect children and vulnerable adults. And the pharmacist had registered with the scheme. The pharmacy had not developed or adopted a policy. And it had not trained its team members to recognise the signs and symptoms of abuse and neglect. But, the team members knew when to refer to the pharmacist. For example, when people did not present for doses that required on-site supervision. And they contacted and informed the community addictions team when this happened.

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. Pharmacy team members feel comfortable making suggestions to help improve pharmacy services.

Inspector's evidence

The pharmacy's work-load had remained stable over the past year. And the pharmacy team was well established. The team members were experienced. And they were knowledgeable about their roles and responsibilities. The pharmacy had recruited a new team member around a year ago. And this had provided back-fill for a dispenser who had reduced their hours. The pharmacy kept some, but not all of the team's qualifications on-site. And the following team members were in post; one full-time pharmacist, one full-time dispenser (manager) working across two pharmacies, one full-time dispenser working across two pharmacies, two full-time dispensers and one part-time dispenser. The manager planned annual leave in advance. And they allowed only one team member to take leave at the one time. The pharmacy team members provided cover for each other. And a sister branch provided cover when needed, and this was reciprocated.

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). One of the dispensers had worked at the pharmacy for around a year. And the pharmacist had provided them with protected learning time to complete the NVQ pharmacy services level 2 course.

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, one of the dispensers had set up a Facebook page. And they were posting information to keep people up to date. For example, about the pharmacy's opening times in advance of statutory holidays. And providing information about health conditions, for example, how to keep healthy in winter.

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 rear bench at the back of the pharmacy to dispense routine prescriptions they had 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 not all met

Summary findings

The pharmacy mostly provides its services in a safe and effective manner. But it does not use working instructions or supplementary records for dispensing multi-compartment compliance packs. And this means that pharmacy team members are not adequately supported to carry out complex dispensing tasks. The pharmacy advertises its services well and it obtains its medicines from reputable sources. It stores and manages its medicines safely and securely.

Inspector's evidence

The pharmacy had a step-free entrance which provided unrestricted access for people with mobility difficulties. The pharmacy displayed its opening hours in the window. And it displayed healthcare information leaflets in the waiting area and in the consultation room. The pharmacy team members did not use dispensing baskets. But they kept the dispensing benches organised and clutter-free. The team members kept the pharmacy shelves neat and tidy. And they kept controlled drugs in a cabinet that was organised to manage the risk of selection errors. The pharmacy purchased medicines and medical devices from recognised suppliers. And the team members carried out date-checking twice a year. The team members monitored and recorded the fridge temperatures. And they demonstrated that the temperature had remained between two and eight degrees Celsius.

The pharmacy team members dispensed multi-compartment compliance packs for around 65 people. But the pharmacy had not defined the dispensing process and it did not provide working instructions for the pharmacy team to follow. The pharmacist had nominated a dispenser to manage the dispensing process. But they had not provided supplementary records to support the processes and to inform the rest of the pharmacy team when the lead dispenser was absent. The dispensers did not sign the 'dispensed by' box on the dispensing label. And the pharmacist did not sign to show they had carried out the final accuracy check. And the pharmacy was unable to provide feedback to team members when they needed to learn and improve their dispensing practice. The team members knew to isolate packs when they were notified about prescription changes. And they attached notes to the packs until a new prescription was received. The team members annotated descriptions of medicines in the pack. But they did not supply patient information leaflets. The pharmacy team dispensed methadone doses for around 13 people each day. And they obtained an accuracy check at the time of dispensing and again at the time of supply.

The pharmacy team members accepted returned medicines from the public. And they disposed of them in yellow containers that the health board collected. The pharmacy held a wholesale dealers' licence. But they had not undertaken any activity for the past two to three months. The pharmacy team acted on drug alerts and recalls. For example, they had checked for ranitidine in November 2019 with no stock found. 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 they had not implemented the system. 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 cards. The pharmacy had not received any prescriptions. And it had not dispensed valproate for people affected by the programme.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment available, which it generally maintains as required. And, it manages and uses the equipment in ways that protect people's confidentiality.

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. But it had not adequately highlighted and separated the methadone measures, so they were used exclusively for this purpose. The pharmacy used a methadone pump. And the team members calibrated the pump once a week to make sure they measured accurate doses. The pharmacy kept cleaning materials for hard surface and equipment cleaning. And the pharmacy sink was clean and suitable for dispensing purposes. 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. The pharmacy used a blood pressure monitor. And the team members confirmed it had been last calibrated in the last two years. But, they could not confirm this to be accurate due to the absence of calibration records.

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.