

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: 14/04/2021

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. 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 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 acts to help keep members of the public and team members safe during the Covid-19 pandemic. It has policies and procedures in place for most of the services it provides. But it does not have a policy or procedure to safeguard children and vulnerable adults. Thus team members may not be clear in their roles and responsibilities and when they need to raise concerns. Team members discuss dispensing mistakes and make improvements to avoid the same errors happening again. But they do not keep records of their discussions or the improvements that they make to show the outcomes of their risk management processes. The pharmacy keeps most of the records it needs to by law. But it does not keep a record of supplies against private prescriptions as it is legally required to. Team members know to keep confidential information safe. And they securely dispose of personal information when it is no longer required.

Inspector's evidence

The pharmacy had procedures in place to manage the risks and help prevent the spread of coronavirus. These included a poster on the entrance door reminding people visiting the pharmacy to wear a face covering as required by law. People visiting the pharmacy were asked to wait outside the pharmacy if there were more than four people in the retail area. 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. Markings on the floor of the retail area helped people to socially distance. The pharmacy's team members were wearing masks throughout the inspection. The pharmacy used working instructions to define the pharmacy's processes and procedures. The manager had reviewed and updated the procedures in January 2019 following the previous inspection in December 2019. The procedures were kept on the pharmacy's computer desktop, and team members had recorded their signatures to show they understood and followed them.

The pharmacy had risk management procedures in place, but team members did not always sign the medicine label to show who had 'dispensed' and who had 'checked' each prescription. The pharmacy used a series of shelves to store multi-compartment compliance packs that were ready for supply. Sampling showed the dispenser's signature, there was no pharmacist's signature, and there was a lack of assurance to show that the pack had been approved by a pharmacist for supply. The pharmacy had improved its near-miss processes since the last inspection and patterns and trends were discussed amongst the team. An electronic recording system was used, but on inspecting the records only two near-miss errors could be seen. The manager explained they had been having difficulties accessing the system and planned to contact the provider for assistance. Examples of learnings and changes were provided and included shelf-edge caution labels to highlight selection risks such as pravastatin/paroxetine and meloxicam/mirtazapine. Team members had also separated gabapentin and pregabalin to physically manage the selection risk. Although the pharmacy recorded near-miss errors and made changes to manage dispensing risks, it did not record the improvements it made to show its risk management processes were effective. The pharmacy recorded dispensing incidents on the same electronic form. And it showed two recent incidents including information about the changes

made to prevent the same mistake happening again in the future. The pharmacy used a complaints policy and provided training so that team members were effective at handling complaints. And it had received mostly positive feedback about the service it had provided throughout the pandemic.

The pharmacy maintained most of the records it needed to by law, and the pharmacist in charge kept the responsible pharmacist record up to date. It kept its private prescription forms in good order, but it did not keep records of the supplies it made as it was legally required to. The pharmacy had public liability and professional indemnity insurance in place and they were valid until May 2021. The pharmacy used electronic controlled drug registers, and a sample showed they were kept up to date. The pharmacy manager checked and verified the balance of controlled drugs once a month. And expired stock awaiting destruction had been placed in a labelled bag at the bottom of the controlled drug cabinet well away from stock. A notebook was being used to record controlled drugs that people returned for destruction. The entries did not reflect the small quantity in the cabinet that was seen at the time of the inspection.

The pharmacy had increased the capacity of its delivery service during the Covid-19 pandemic. This had helped vulnerable people and those that were shielding to stay at home. The pharmacy provided training so that team members understood data protection requirements and they knew how to protect people's privacy. The pharmacy did not display a notice or inform people about how it used or processed their information. A shredder was used to securely dispose of confidential waste and spent records were securely retained for the necessary period of time. 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. The pharmacy had not developed or adopted a safeguarding policy for child protection or for protecting vulnerable adults since the last inspection. And the pharmacy manager explained they took a common-sense approach to safeguarding. The pharmacy had not defined how it would manage concerns such as those vulnerable people who repeatedly failed to collect their weekly multi-compartment compliance pack on time.

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 workload had changed over the past year due to coronavirus. This was due to the local GPs issuing prescriptions for two/three months' worth of medication at a time instead of the usual monthly prescriptions. The pharmacy had made some changes to the way it worked, but it had not needed to increase the number of team members it employed. Team members were long-serving and experienced in their roles and responsibilities. The pharmacy had contracted a third-party driver to deliver prescriptions due to an increase in demand for a delivery service. The pharmacy manager had trained the driver to follow the pharmacy's procedures to ensure the service was safe and effective. The following team members were in post at the pharmacy; one full-time pharmacist, two full-time dispensers one of whom was the pharmacy manager. Copies of qualifications were retained on-site to provide evidence of training. A sister branch was located around seven miles away, and the team members provided cover for each other when it was possible. The superintendent pharmacist had retired in December 2020 but continued to provide cover when needed. For example, to cover the provisionally registered pharmacist (Pro-Reg) for three weeks prior to their registration assessment. The Pro-Reg had been working at the pharmacy since December 2020. Their induction had identified some knowledge and skills gaps. For example they hadn't used the PMR system and had been supported to do so. The Pro-Reg had access to the superintendent pharmacist and a long-serving pharmacist manager at the sister branch if they needed extra support in their roles.

The pharmacy did not carry out individual performance reviews and it did not provide regular structured training. Team members had kept up to date with the relevant pharmacy guidance. This included how to keep themselves and other people safe during the pandemic. For example, carrying out twice-weekly Covid-19 testing to confirm they were free from the virus. A new procedure for dispensing multi-compartment compliance packs had been introduced, and the dispensers had been trained on how to follow the processes. Team members felt empowered to raise concerns and provide suggestions for improvement. For example, one of the dispensers had set up a Facebook page. They posted information to keep people up to date with services. This had helped at the start of the year when NHS Test and Protect had instructed most of the pharmacy team to self-isolate. The superintendent pharmacist and the pharmacy manager were able to remain at work and keep the service operating over the two-week isolation period. People had been understanding and tolerant when prescription turnaround times had been slower than usual.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had been refurbished and modernised in February 2020 after the previous inspection in December 2019. This had significantly increased the size of the dispensary's workspace. Workstations were at least two metres apart and team members could keep their distance from each other for most of the day. Dispensary benches had been arranged for different tasks, and a dedicated bench was being used to assemble and check multi-compartment compliance packs. A new sound-proofed consultation room was in use and a small window provided access from the dispensary to further reduce contact if needed. A sink was available for hand washing and the preparation of medicines. The pharmacy was clean and well maintained. Team members cleaned the pharmacy regularly to reduce the risk of spreading infection. The pharmacy had new lighting, and this provided good visibility throughout. The pharmacist observed and supervised the medicines counter from the checking bench, and they could intervene and provide advice when necessary. The ambient temperature provided a suitable environment from which to provide services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy sources and stores its medicines properly and completes checks to make sure they are in date. It has procedures in place to manage safety concerns about medicines. But there is a lack of assurance to show the procedures are effective and affected medicines are promptly removed from stock. Team members are trained to dispense medicines into multi-compartment compliance packs for some people to help them take their medicines correctly. This ensures that dispensing processes are safe and effective.

Inspector's evidence

The pharmacy advertised its services and opening hours in the windows at the front of the pharmacy. It had a step-free entrance which provided unrestricted access for people with mobility difficulties. One chair was being used to restrict access to the dispensary. Sometimes people used it when they needed to rest. They faced outwards towards the waiting area when they sat down. Only a few leaflets were available for self-selection and these included information about the NHS Pharmacy First Service. The pharmacy had introduced dispensing baskets since the last inspection, and this managed the risk of items being mixed-up. Dispensing benches were organised and clutter-free. Team members kept the pharmacy shelves neat and tidy, and a new large controlled drugs cabinet was well-organised to manage the risk of selection errors. The pharmacy purchased medicines and medical devices from recognised suppliers. The pharmacy manager had recently carried out an expiry date of all stock. They had attached yellow stickers to highlight products that were due to expire within the next six-months. The expiry date check was planned to be repeated in six-months' time. No out-of-date medicines were found after a check of around 12 randomly selected medicines. A new medical fridge was in use, and the responsible pharmacist monitored and recorded the fridge temperatures every morning. The records showed that the temperature had remained between two and eight degrees Celsius.

The pharmacy kept a record of the delivery of medicines to people. Due to the pandemic, the delivery driver didn't ask people to sign for receipt of their medication. The driver left the medicines on the person's doorstep before moving away and waiting to watch them pick up the medicines. 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. The pharmacist confirmed they were currently only dispensing prescriptions for males. They knew to contact prescribers if they received new prescriptions for people in the at-risk group. The pharmacy did not have extra patient information leaflets for valproate, but the pharmacist confirmed that packs had extra warning cards that they could use. The pharmacy supplied medicines in multi-compartment compliance packs to 68 people, this was an increase of three people since the last inspection. The packs were provided either weekly or every four weeks depending on people's ability to manage their medicines. A new procedure had been introduced since the last inspection and team members had been trained to follow it. The same dispenser managed the prescriptions and assembled the packs. And the pharmacy manager provided cover when required. Supplementary records which contained a list of the person's current medication and dose times had been introduced since the last inspection. Prescriptions were checked against the

master records for accuracy before the dispensing process started. Any queries were discussed with the relevant prescriber. Team members annotated descriptions of medicines in the pack and supplied patient information leaflets.

The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste. The pharmacy manager explained that the responsible pharmacist at the sister branch received drug alerts and shared them with the pharmacy. But they were unable to provide evidence of the drug alerts they had received or acted on. The pharmacy held a wholesale dealers' licence. But they had not undertaken any activity since the start of the pandemic.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy's equipment is clean and well-maintained. It uses equipment appropriately to protect people's confidentiality. 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. A separate measure had been labelled for methadone doses. The pharmacy had replaced the methadone pump, and the new pump had been in use for around two months. The pump was calibrated 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 kept cleaning materials for hard surface and equipment cleaning under the sink. 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.