

# Registered pharmacy inspection report

**Pharmacy Name:** I. J. Allan Pharmacy, 4 Muirhouse Road,  
MOTHERWELL, Lanarkshire, ML1 2LS

**Pharmacy reference:** 1042575

**Type of pharmacy:** Community

**Date of inspection:** 19/05/2021

## Pharmacy context

This is a community pharmacy on a parade of shops in Motherwell. 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	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. And this supports the team members to provide safe and effective services. The pharmacy has a system in place to learn from its mistakes. Team members discuss dispensing errors and make some improvements to avoid the same things happening again in the future. The pharmacy keeps most of the records it needs to by law. It keeps confidential information safe, and team members securely dispose of personal information when it is no longer required.

### Inspector's evidence

The pharmacy had arrangements 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 two 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. Pharmacy 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 since the previous inspection on 26/09/2019. Team members had recorded their signatures to show they understood and followed them.

The pharmacy had risk management procedures in place, and team members signed medicine labels 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 dispenser's signatures, and the pharmacist's signatures on the packs. The pharmacy had improved its near-miss processes since the last inspection and patterns and trends were discussed amongst the team. Near-miss records were unique to each dispenser, and this helped the pharmacist identify individual learning needs and support team members to improve. The pharmacy also used the records to identify the risks associated with environmental factors. 'Look alike soundlike' (LASA) shelf edge caution labels were in use to highlight selection errors such as ciprofloxacin/clarithromycin. But the labels did not always match the stock on the shelf due to layout changes.

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 in the same book it used to record private prescriptions. But it did not always produce a comprehensive account of the incident to include the root cause, the learnings and the improvements to prevent a recurrence. The pharmacy used a complaints policy and provided training so that team members were effective at handling complaints. It did not display a complaint notice or invite customers to provide feedback to encourage people to discuss their concerns so they could make improvements where appropriate. The pharmacy had received mostly positive feedback about the 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. It kept its private prescription forms in good order, and it kept 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 30/04/2022. The pharmacy used paper versions of controlled drug registers, and a sample showed they were kept up to date. Team members checked and verified the balance of controlled drugs at the time of each transaction. The pharmacist identified slow-moving stock and checked and verified the balance once a year. A representative of NHS Lanarkshire had recently carried out an authorised destruction of expired controlled drug stock. A controlled drug destruction register was being used to record controlled drugs that people returned for disposal. Two part-time drivers provided a prescription delivery service. This 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. Spent labels were attached to A4 sheets before being shredded using a shredding machine. This managed the risk of the label glue sticking to the blades in the machine and causing it to break. Since the last inspection, the pharmacy had introduced a safeguarding policy to protect children and vulnerable adults. This included a list of contact numbers for relevant agencies. Team members knew to speak to the pharmacist whenever they had cause for concern.

## 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 fluctuated over the past year due to coronavirus, but it had recently stabilised to what it had been before. The pharmacy had made some changes to the way it worked. This was due to the local surgeries sending large bundles of prescriptions, and people arriving soon after to collect their medication. The consultation room was only being used in exceptional circumstances. It was mostly being used to create extra capacity for dispensing tasks. The pharmacy had not needed to increase the number of team members it employed to safely meet the needs of its services. Team members were long-serving and experienced in their roles and responsibilities. The following people were in post at the pharmacy; one full-time pharmacist, one part-time pharmacist, one full-time pre-registration pharmacist, one part-time accuracy checking technician, one full-time trainee pharmacy technician, two full-time dispensers, two part-time dispensers, two delivery drivers and one part-time non-pharmacist student that worked on a Saturday. The pre-registration pharmacist was at the end of their training year. They had been working under the supervision of the pharmacist/tutor and had achieved all of their training objectives. They were due to sit the registration assessment in July 2021.

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. Following a review of the pharmacy's policies and procedures, they had read the updated documents to ensure they were up to date with the working practices at the pharmacy. Since the last inspection they had discussed the Pregnancy Prevention Programme to protect for people in the at-risk group who were prescribed valproate, and of the associated risks. Team members felt empowered to raise concerns and provide suggestions for improvement. Following an increase in the number of people being issued with 'instalment prescriptions', team members had introduced a new process to help them keep track of when supplies were due. A card system listed around 40 people and the day they were due to collect their supply. This helped team members to identify compliance issues and to discuss concerns with prescribers.

## 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 increased its workspace by only using the consultation room in exceptional circumstances. This had increased its capacity for dispensing tasks. It also provided team members with more workspace to keep their distance from each other for longer periods of time. Dispensary benches had been arranged for different tasks. A dedicated bench at the rear of the dispensary was being used to assemble and check multi-compartment compliance packs and for general dispensing, but not at the same time. One of the pharmacists used a separate room off to the side of the dispensary. And the second pharmacist observed and supervised the medicines counter from the checking bench. They could intervene and provide advice when necessary. The pharmacy was clean and well maintained. Team members cleaned the pharmacy throughout the day to reduce the risk of spreading infection. A sink was available for hand washing and the preparation of medicines. Lighting provided good visibility throughout the pharmacy, and the ambient temperature provided a suitable environment from which to provide services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides services which are easily accessible. And it generally manages its services well to help people receive appropriate care. The pharmacy gets its medicines from reputable sources and it stores them properly. It has procedures in place to manage safety concerns about medicines. Team members carry out checks to make sure medicines are in good condition and suitable to supply. They dispense medicines according to the Pregnancy Protection Programme requirements. This ensures that supplies 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 and power assisted door which provided unrestricted access for people with mobility difficulties. The pharmacy purchased medicines and medical devices from recognised suppliers. Team members had introduced a new date-checking process since the last inspection. They checked stock at the beginning of each month, and highlighted products that were due to expire within the next six-months. Short-dated stock was added to a list which was referred to each time they carried out checks. The date checking system was effective and no out-of-date medicines were found after a check of around 12 randomly selected medicines. The pharmacy used two fridges to comply with manufacturer's storage requirements. One of the fridges was used only to store insulin. Team members monitored and recorded the fridge temperatures every morning. The records showed that the temperature had remained between two and eight degrees Celsius. The pharmacy had safe working practices in place to manage the risk of dispensing errors. It used dispensing baskets to manage the risk of items being mixed-up during assembly. And it kept dispensing benches organised and clutter-free. Team members kept the pharmacy shelves neat and tidy to manage the risk of selection errors. And two controlled drug cabinets were organised so that stock could be easily seen. 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. They left medicines on the person's doorstep before moving away and waiting to ensure they were taken safely inside.

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 had undertaken a risk assessment since the last inspection. They had identified people taking valproate and had spoken to them to ensure their doctor made them aware of the risks of taking the medication. The pharmacist knew to contact prescribers if they received new prescriptions for people in the at-risk group. The pharmacy had extra patient information leaflets for valproate, and knew that the packs had extra warning cards that they could use. The pharmacy supplied medicines in multi-compartment compliance packs. The number of people it supplied packs to had not increased since before the pandemic. Team members used supplementary records to help them manage dispensing. Information included individual cards with a list of the persons' current medication and dose times. Team members checked prescriptions against the records before they started dispensing the packs. Queries were discussed with the relevant prescriber and records were updated following changes. The pharmacist checked original containers before medicines were de-blistered and added to the compliance packs. Team members provided patient information leaflets, but they did not annotate descriptions of medicines in the pack. 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 and waited 72 hours 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.



## 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. Separate measures were used for methadone doses. 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 cordless phones, so that team members could have conversations with people in private. The pharmacy kept 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.