

Registered pharmacy inspection report

Pharmacy Name: Mcdade's Pharmacy Ltd, 88 Belville Street,
GREENOCK, Renfrewshire, PA15 4TA

Pharmacy reference: 1042883

Type of pharmacy: Community

Date of inspection: 05/03/2020

Pharmacy context

This is a community pharmacy on a main street in Greenock. It dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. It offers a repeat prescription collection service and a medicines' delivery service. And it provides substance misuse services and dispenses private prescriptions. The pharmacy team advises on minor ailments and medicines' use. And it offers a smoking cessation service.

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 team members follow the pharmacy's working instructions. And the pharmacy introduces new practices to keep services safe and effective. The pharmacy team members record some of the mistakes that happen whilst dispensing. And they use this information to learn and reduce the risk of further errors. But they do not always collect detailed information about the causes of mistakes to help inform the changes they make. The team members understand their role in protecting vulnerable people. And people using the pharmacy can raise concerns. But the pharmacy does not use a complaint handling procedure. And this may mean that the team members do not always handle complaints in a consistent manner. And complaints may not be resolved. The pharmacy keeps the records it needs to by law. And it provides training for the team on how to keep confidential information. It has controls in place to keep people's private information secure.

Inspector's evidence

The pharmacy used working instructions to define the pharmacy processes and procedures. And the superintendent had updated them following the previous inspection in July 2019. The team members had read and signed the new procedures. And this provided assurance that they followed them. The pharmacist displayed the responsible pharmacist notice. And people in the waiting area could identify the pharmacist in charge. The pharmacy team members signed dispensing labels to show they had completed a dispensing task. And the pharmacist gave feedback to dispensers who failed to identify their own errors. The pharmacy team had been recording their errors. But they had stopped doing so at the end of 2019. And this meant they were unable to provide assurance they were managing all the risks in the pharmacy. The pharmacist provided examples of change in light of near-misses. Such as separating trazadone/tramadol and prednisolone/gliclazide medication.

The pharmacist had introduced an incident reporting template since the last inspection. But they had not used it as they had not received reports of dispensing incidents. The pharmacy did not provide a complaints policy to help the team members handle complaints in a consistent manner. And it did not display information to help people to complain if they needed to. The pharmacy encouraged people to provide feedback about the services they received. And this had been mostly positive with no suggestions for improvement.

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 it was valid until 31 May 2020. The pharmacy team members kept the controlled drug registers up to date. And they carried out balance checks once a week, with methadone checked around three times a week. This was due to the level of service they provided and to account for the manufacturer's overage in each bottle. The pharmacist was about to introduce electronic controlled drug registers. And they planned to introduce working instructions for the team members to follow. The pharmacy team recorded controlled drugs that people returned for destruction. And the pharmacist and a team member recorded their name and signature against each destruction. 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. And a sample showed that the NHS Greater Glasgow

& Clyde Seasonal Influenza vaccination PGD was valid until August 2020.

The pharmacy displayed a notice to inform people about its data protection arrangements. And it informed people about how it kept their personal information safe. The company trained the team members during their induction to comply with its data protection arrangements. And they knew how to safely process and protect personal information. The team members used a shredder to dispose of confidential waste. And they archived spent records for the standard retention period.

The pharmacy used the protecting vulnerable group (PVG) scheme to help protect children and vulnerable adults. And it used working instructions so that the team members knew when to refer concerns to the pharmacist. The team members were aware of ongoing concerns. For example, they knew that the pharmacist was liaising with the GP and family members because of someone frequently calling the pharmacy to report they had run out of their medication.

Principle 2 - Staffing ✓ Standards met

Summary findings

The 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. The pharmacy team members support each other in their day-to-day work. And they can speak up and make suggestions to improve how they work.

Inspector's evidence

The pharmacy workload had increased by between 100 and 200 items per month since the last inspection. And the pharmacist provided assurance that the pharmacy team continued to have the capacity and capability to provide the services it offered. The pharmacy replaced team members when they left. And it had appointed a new trainee dispenser in January 2020 when a team member had retired. The other pharmacy team members were well-established. And they were experienced and knowledgeable in their roles and responsibilities. The pharmacy kept training qualifications on-site. And the following team members were in post; two full-time pharmacists, two full-time dispensers, two full-time medicines counter assistants and a Saturday dispenser. The pharmacy managed annual leave requests. And it maintained minimum levels by authorising only one team member to be off at the same time. The team members worked extra to provide cover. And they completed tasks in advance to help them manage their workload.

The pharmacy did not provide structured training. And the pharmacist briefed the team members to ensure they kept up-to-date and current in their roles. For example, they knew about the valproate pregnancy protection programme, the falsified medicines directive (FMD) and data protection procedures. The pharmacist had enrolled the new team members onto the NVQ pharmacy services level 2 course. And they had trained them to dispense multi-compartment compliance packs. The team member had read and signed the working instructions. And this supported them to carry out dispensing. The trainee was dispensing packs at the time of the inspection. And they demonstrated they had the necessary knowledge and skills.

The pharmacists were about to attend naloxone training and smoking cessation training that the health board was offering. And one of the pharmacists had completed health board training, so they were accredited to provide flu vaccinations against a new PGD. The pharmacists had been reading about Espranor. And they had learned that it is a new rapid-dispersing formulation of buprenorphine that is placed on the tongue.

The company did not use performance targets to grow the services it provided. The team members were focussed on speaking to people about the services when it was appropriate. And they did not feel undue pressure when carrying out their tasks. The pharmacy team members felt empowered to raise concerns and provide suggestions for improvement. For example, they had reviewed the prescription collection arrangements. And they had suggested going to one of the health centres on a Monday afternoon instead of the morning. And going to another health centre twice a week instead of only once. This had helped them improve their dispensing processes. And allowed them to dispense prescriptions earlier.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises provides separate areas for tasks. And this ensures the environment is safe. The premises is clean and hygienic. It has a consultation room that is professional in appearance. And it provides an appropriate space for people to sit down and have a private conversation with pharmacy team members.

Inspector's evidence

A waiting area presented a professional image to the public. And it provided seating and some patient information leaflets for self-selection. The dispensary was split into two areas. And the rear dispensary was used to assemble and store multi-compartment compliance packs. The front dispensary had adequate bench space and storage. And this helped the team members to work in safe and effective way.

The pharmacy had refurbished a large store-room located at the rear of the dispensary. And this area provided a suitable environment for dispensing. The pharmacist supervised the medicines counter from the checking bench. And they could make interventions when necessary. The pharmacy had effective lighting. And the ambient temperature provided a comfortable environment from which to provide services. The pharmacy provided a consultation room. And it was professional in appearance and provided a private area for people to speak to pharmacy team members.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy displays its opening times and healthcare information at the front of the pharmacy. And it lets people know what services are available to them. The pharmacy has working instructions in place for its services. And these support the pharmacy team to work in a safe and effective way. The pharmacy sources, stores and manages its medicines appropriately. And the pharmacist keeps the pharmacy team up-to-date about high-risk medicines. This means that team members know when to provide people taking these medicines with extra information.

Inspector's evidence

The pharmacy had step-free access. And the team members had good visibility of the entrance so they could provide assistance if necessary. The pharmacy kept a few leaflets in the waiting area. And it displayed the NHS recommended public information about COVID-19 at the entrance to the pharmacy. The pharmacy provided a delivery service to housebound and vulnerable people. And the team members obtained signatures to confirm that people had received their medication. The pharmacy had introduced a MethaMeasure machine since the last inspection. And the pharmacist entered new prescriptions onto the system. The established team members had been trained to use the system. But the pharmacist mostly dispensed and supervised the consumption of individual doses.

The pharmacy team members used dispensing baskets. And they kept prescriptions and medicines contained throughout the dispensing process. The pharmacy dispensed multi-compartment compliance packs for around 170 people. And the team members had read and signed the company's working instructions to confirm that dispensing was safe and effective. The team members used a separate rear area that was sufficient in size and layout to safely assemble, check and store the packs. And they isolated packs when people's prescription needs had changed/were changing. For example, when they went into hospital. The pharmacists processed the prescriptions. And they had introduced supplementary records since the last inspection to support the dispensing process. The team members kept a signature audit trail to show who had dispensed and who had checked the packs. And this helped them to identify dispensing risks and areas for improvement. The team members supplied patient information leaflets. And they provided descriptions of medicines to support people to take their medicines correctly.

The pharmacy purchased medicines and medical devices from recognised suppliers. And the team members carried out regular stock management activities to check for short dated stock and split-packs. The pharmacy used two fridges; one for keeping stock and the other for items they had dispensed. The team members monitored the fridge temperatures. And they demonstrated that the temperature had remained between two and eight degrees Celsius. The pharmacist attached fridge stickers to prescription bags, and this ensured that team members added the fridge items at the time of supply. The pharmacy had purchased an extra controlled drug cabinet since the last inspection. And this provided extra space in which to keep methadone and expired stock and items that had been returned for destruction.

The team members acted on drug alerts and recalls. And they recorded the date they checked for affected stock and the outcome. For example, in February 2020 they had acted on an alert concerning Oxylin. And on checking the shelves they had no affected stock. The pharmacist had spoken to the

team members about the valproate pregnancy protection programme. And they knew where to find the safety leaflets and cards and when to issue them. The pharmacist monitored prescriptions for valproate. And they spoke to people that could be affected to confirm they knew about the risks. The pharmacist had trained the team members about the Falsified Medicines Directive (FMD) and what it aimed to achieve. And they were using the system in their day-to-day processes when they received packs with 2D data barcodes and anti-tamper devices.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services. And it keeps it clean and well-maintained.

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. And the measures for methadone were highlighted, so they were used exclusively for this purpose. The team members used a MethaMeasure to dispense methadone doses. And the pharmacist calibrated the machine to confirm accuracy in dispensing.

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 had access to a portable phone. And they were able to take calls in private when necessary.

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.