

# Registered pharmacy inspection report

**Pharmacy Name:** Craigneuk & Petersburn Pharmacy, 8 Willow Drive,  
Craigneuk, AIRDRIE, ML6 8AN

**Pharmacy reference:** 1084682

**Type of pharmacy:** Community

**Date of inspection:** 24/09/2019

## Pharmacy context

The pharmacy is in a housing estate in Airdrie. It dispenses NHS prescriptions and provides a range of extra services. The pharmacy collects prescriptions from the local surgery. And it delivers medicines to people at home. The pharmacy supplies medicines in multi-compartmental compliance packs when people need extra help. A consultation room is available. And a separate booth is used to provide medicines that need supervision.

## 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 team members work to professional standards. They provide safe services and look after people's welfare. The pharmacy keeps records of mistakes when they happen. And the pharmacist carries out checks to make sure the pharmacy is running safely. The team members discuss the need for improved safety measures. And there is ongoing service improvement. The pharmacy keeps the records it needs to by law. And it provides regular training to keep confidential information safe. It understands its role in protecting vulnerable people. And team members discuss concerns with the pharmacist. People using the pharmacy can raise concerns. And team members know to follow the company's complaints handling procedure. This means that they listen to people and put things right when they can.

### Inspector's evidence

The pharmacy used standard operating procedures (SOPs) to define the pharmacy processes and procedures. And the onsite superintendent pharmacist had authorised them for use. The pharmacy team members signed to confirm they followed procedures. And to show they understood their roles and responsibilities. The pharmacy had displayed the responsible pharmacist notice. And it showed the name and registration number of the pharmacist in charge. The pharmacy team members signed dispensing labels to show they had completed a dispensing task. And the pharmacist checked prescriptions and gave feedback to dispensers who failed to identify their own errors.

The pharmacist made records of near-misses. And provided information about the contributing factors. The pharmacist carried out a monthly review and documented the findings. And the pharmacy team discussed ways of managing the risks they presented. A sample of recent reviews showed that the pharmacist had highlighted strengths and formulations as the main cause of near-misses. And he had provided coaching to two team members who were new to the dispensary and the dispensing process. The pharmacist managed the incident reporting process. And team members knew when incidents happened and what the cause had been. For example, they knew about a hand-out error when medication had been delivered to the wrong address. And this had been due to the wrong label being attached to a prescription bag. The pharmacist had changed how team members sorted prescriptions for delivery. And arranged for two team members to carry out checks before they were handed over to the delivery driver.

The pharmacist had also introduced a digital delivery system so that record keeping was improved. The pharmacy used a complaints SOP to ensure that staff handled complaints in a consistent manner. But, they did not inform people how they could complain or provide feedback. The pharmacy received mostly positive feedback with no suggestions for improvement received.

The pharmacy maintained the legal pharmacy records it needed to by law. The pharmacist in charge kept the responsible pharmacist record up to date. And public liability and professional indemnity insurance were in place and valid until 31 August 2020. The pharmacy team kept the controlled drug registers up to date. And checked and verified the balance of controlled drugs on a weekly basis. 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. 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 to improve access to medicines and advice. And a sample fusidic acid group direction was valid until November 2019.

The pharmacist trained new team members to safeguard confidential information. And a new dispenser had completed an assessment to demonstrate she understood GDPR requirements. The pharmacy did not display a data processing notice. And it did not inform people how it managed their confidential information. The team members shredded confidential information. And they stored prescriptions for collection out of view of the waiting area. The team members kept computer screens facing away from the waiting area. And they used a password to restrict access to patient medication records.

The protecting vulnerable group (PVG) scheme was used to help protect children and vulnerable adults. The pharmacy used a safeguarding SOP to train team members about the referral process. And they had signed to confirm they had read and understood it. The pharmacy team knew to refer concerns to the pharmacist. And the pharmacist kept a record of contact numbers for ease of access.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy monitors its staffing levels. And it ensures it has the right number of suitably skilled pharmacy team members throughout the week. The pharmacy supports the pharmacy team to develop. And it provides access to training. The pharmacy team members support each other in their day-to-day work. And they can speak up at regular meetings. And make suggestions for improvement to keep services safe and effective.

### Inspector's evidence

The pharmacy had experienced work-load increases over the past year. And the pharmacist continued to monitor the work-load to provide assurance that the pharmacy continued to have the capacity and capability to safely provide services. The company did not use performance targets. And the pharmacy team did not feel undue pressure to increase services. The team members had worked at the pharmacy for many years. And they knew the people that used the pharmacy very well. The pharmacy kept training certificates on-site. And the following team members were in post; one full-time pharmacist, one full-time pharmacy technician, one full-time dispenser, two part-time dispensers, one Saturday dispenser, one Saturday medicines counter assistant (MCA) and one full-time delivery driver. The pharmacy team members submitted holiday requests in advance. And this ensured that minimum levels were maintained. The pharmacy covered annual leave and absences from within the team. And Saturday team members provided cover when needed. The Saturday dispenser was about to increase her hours to two days. And this would allow her to meet the NVQ pharmacy services level 3 training requirements which she was about to start.

The pharmacy did not use an annual performance review to develop staff. And the pharmacist updated the pharmacy team whenever there were service changes or new initiatives. This ensured that team members continued to be competent and able to effectively carry out their roles. The medicines counter assistant (MCA) had been trained to provide the smoking cessation service. And received on-site updates from health board advisors whenever there were service changes. The MCA was reading about cannabidiol (CBD) oil. And knew to refer all requests to the pharmacist so that he could carry out the necessary checks. The pharmacist had delivered training about medicines administration record (MAR) charts when they had been introduced. The pharmacy technician had contacted the PMR provider to ask for support to produce MAR charts. And they had provided her with support and how to access the on-line guidance.

The pharmacist supported and encouraged people to develop. For example, the pharmacy technician had been supported to undergo accredited checking technician training. And a dispenser was about to enrol onto the second year of the NVQ pharmacy service level 3. This would allow her to register as a pharmacy technician. The MCA that worked on a Saturday had asked to be enrolled onto the dispenser's course. And the pharmacist had agreed to do so. The pharmacist allocated time in the workplace. And supported trainees to complete their courses. The pharmacist delegated tasks to team members. For example, the pharmacy technician delivered training to other team members. And a dispenser managed multi-compartmental compliance pack dispensing.

The pharmacy team members felt empowered to raise concerns and provide suggestions for

improvement. For example, the pharmacy technician had identified an increase in prescriptions for dressings. And she had created separate storage space to store the dressings in a safe and effective way.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are clean. And provide a safe, secure and professional environment for people to receive healthcare.

### Inspector's evidence

A well-kept waiting area presented a professional image to the public. The pharmacy provided seating and provided patient information leaflets for self-selection. The pharmacy had allocated areas and benches for the different dispensing tasks. And the pharmacist supervised the medicines counter from the checking bench. This allowed him to make interventions when needed. The team members used a side room to dispense and store multi-compartmental compliance packs. And this kept distractions to a minimum. The pharmacy provided a consultation room. And it used a separate booth to provide supervised services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy displays its opening times and healthcare information in the window. And it lets people know about its services and when they 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 dispenses multi-compartmental compliance packs. And supplies extra information to these people to support them to take their medicines. The pharmacy sources, stores and manages its medicines appropriately. And updates the pharmacy team 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 there was unrestricted access for people with mobility difficulties. The pharmacy displayed its opening hours in the pharmacy window. And displayed leaflets in the waiting area and in the consultation room. The pharmacy team used dispensing baskets. And this kept prescriptions and medicines contained throughout the dispensing process. The pharmacy dispensed multi-compartment compliance packs for around 190 people. And the team members had read and signed the company's standard operating procedure to provide assurance that dispensing was safe and effective. A lead dispenser managed the dispensing activities. And was supported by the other dispensers when needed.

A separate side room was used to assemble and store packs. And this minimised disruptions and the risk of dispensing errors. The team members removed and isolated packs when they were notified about prescription changes. And a record was made on the patient's medication record. The pharmacy supplied patient information leaflets and descriptions of medicines. And this provided extra support. The pharmacy provided a delivery service to anyone that asked for it. The delivery driver used an electronic device to record deliveries. And made sure that people signed for their prescriptions to confirm receipt. The pharmacy supplied methadone doses to around 10 to 15 people. And the team members dispensed the doses once a week. The doses weren't checked at the time of dispensing. But the pharmacist checked the doses against each prescription at the time they were supplied.

The team members kept the pharmacy shelves neat and tidy. And purchased medicines and medical devices from recognised suppliers. The pharmacy kept controlled drugs in three well-organised cabinets and this managed the risk of selection errors. For example, they kept returned controlled drugs in a separate cabinet until they destroyed them. The pharmacy team carried out regular stock management activities. And highlighted short dated stock using orange stockers, and part-packs during regular checks. The team members monitored and recorded the fridge temperatures. And demonstrated that the temperature had remained between two and eight degrees Celsius. The pharmacy accepted returned medicines from the public. And disposed of them in yellow containers that the health board collected. The pharmacy used clear bags instead of paper prescription bags for controlled drugs and fridge items. And this allowed the pharmacist to easily carry out additional checks at the time of supply.

The pharmacy accepted returned medicines from the public. And disposed of them in yellow containers that the health board collected. The pharmacy team members acted on drug alerts and recalls. For



example, they had actioned an alert in September 2019 for aripiprazole. And this had been shared with team members and an audit trail kept. The pharmacist had briefed the team members about the valproate pregnancy protection programme. And they knew where to find the safety leaflets and cards. The pharmacist monitored prescriptions for valproate. And made sure they had been given safety messages by their GP. The pharmacist had briefed the team members about the Falsified Medicines Directive (FMD). And the pharmacy had the scanners and the software needed to implement the system. But, there had been issues with the PMR provider. And this was in the process of being resolved.

## 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). The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. And the team members had labelled measures in blue for methadone. The pharmacist occasionally carried out blood pressure testing. And he had replaced the blood pressure monitor around the beginning of 2018. But, had not kept any records to confirm this. The pharmacy provided 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.

### 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.