

# Registered pharmacy inspection report

**Pharmacy Name:** Dundonald Pharmacy, 11 Main Street, Dundonald,  
KILMARNOCK, Ayrshire, KA2 9HF

**Pharmacy reference:** 1087994

**Type of pharmacy:** Community

**Date of inspection:** 18/05/2021

## Pharmacy context

This is a pharmacy on the main street in the village of Dundonald in Ayrshire. The pharmacy opens Monday to Saturday. It provides the usual services under the Scottish Pharmacy First Plus scheme. These include the minor ailments service and provision of treatments using health board Patient Group Directions (PGDs). The pharmacy dispenses medicines into multi-compartment compliance packs for some people to help them take their medicines safely. And the pharmacy also supports people on supervised medicines. This pharmacy was inspected during the COVID-19 pandemic.

## 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 adequately identifies and manages the risks to its provided services. It effectively protects the privacy and confidentiality of people's private information. And the pharmacy team members are aware of how to help protect vulnerable people. They record some of the errors they make whilst dispensing and learn from these. But they do not regularly analyse these errors to further improve their learning.

### Inspector's evidence

The pharmacy was a large size with a good-sized retail area and a large dispensary, in two parts – one upstairs allowing storage of multi-compartment compliance packs, and the main dispensary downstairs. Due to the pandemic the pharmacy team members were all wearing masks. There were screens on the counter and alcohol gel available for both members of the public and team members. The pharmacy being in two parts helped with social distancing. Numbers of people allowed into the pharmacy were restricted to one and there was sufficient space in the front shop to allow them to socially distance. There were posters available to support team members and patients on virus infection control.

The bench and shelf space were adequate for the work being undertaken. The checking bench overlooked the front counter and allowed effective supervision. And there was a separate room for the preparation and storage of multi-compartment compliance packs. The pharmacy had a set of standard operating procedures (SOPs). Not all the pharmacy team members had signed all the SOPs to show they had read and understood them. And not all SOPs were clear as to their authorisation or validity. The pharmacy used PGDs from the local health board. The pharmacy had examples of staff being authorised to use these PGDs. And although they had access online to up to date PGDs most in the SOP manual were out of date. These included SOPs for azithromycin 250mg and flucloxacillin 500mg.

The pharmacy team members did not regularly record near misses and dispensing errors that reached patients. There had only been some 10 recorded in 2021, the last being on 20th March 2021, despite the pharmacy dispensing 10,000 items per month. There was evidence of reviews of errors to aid learning from mistakes. But the most recent review was 2019. Team members were able to describe actions taken in the past to avoid repeating errors. These included shelf edge warnings for sound alike drugs Allopurinol and Amiodarone, and separation of Sertraline and Sildenafil.

The pharmacy had professional indemnity insurance until 5 June 2021. Controlled drug (CD) records were complete. The SI informed the inspector that all CDs were stock checked at the time of selection. A check of Sevredol 20mg showed the physical stock matched the register. The pharmacy had two fridges and recorded fridge temperatures on a daily basis. And all recorded temperatures were in the required range of two to eight degrees Celsius. The Responsible pharmacist log was complete. There were designated waste bins containing secure sacks for confidential waste destruction, and no confidential waste was found in the normal waste bins. Confidential waste was disposed of off-site. Pharmacy team members had had training on information governance and on safeguarding as part of their dispenser training. And this helped them to look after vulnerable people and keep people's private information secure. They were not aware of Ask for ANI (action needed immediately) but had not yet had anyone request the service. The pharmacist was Protection of Vulnerable Groups (PVG) registered.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough suitably qualified and trained team members to safely provide the services it offers. Training is ad hoc and all team members have appropriate qualifications. The pharmacy team members feel comfortable raising concerns if they need to. The pharmacy does not fully support team members in their ongoing development by providing resources during the working day for training.

### Inspector's evidence

On the day of inspection there were : One pharmacist working 9am to 6pm, and two part-time qualified dispensers, and a delivery driver. There were enough suitably qualified team members on the day of the inspection to complete the work. Team members undertook ad-hoc training when opportunities arose from Health Board courses or manufacturer's training material. There were few examples throughout the year. The pharmacy did not regularly provide some time during the working day to undertake training. The pharmacist determined what training the pharmacy provided. And this was somewhat ad hoc.

There were no regular all-staff meetings and staff could not provide examples of concerns they had raised or of improvements they had implemented. Pharmacy team members were confident in their role and pharmacy team members felt they could raise any concerns or ideas with the pharmacy manager. The pharmacy team members had no concerns about targets they were set for services. There was a culture of openness and honesty.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are clean and spacious. And the dispensary is tidy and well ordered. The pharmacy has a consultation room that it can use so that people can have private conversations with the pharmacist. And the pharmacy protects the premises against unauthorised entry.

### Inspector's evidence

The dispensary was large and clean and had enough available bench space. The premises were clean and well-lit and well presented, and the dispensary was uncluttered and tidy. Temperatures were comfortable. Medicines on the shelving were well ordered. And this helped with the date checking process and to reduce picking errors. The premises were protected from unauthorised entry. Confidential facilities were used when appropriate and requested, and arrangements had been made for those still receiving supervised medicines in the pandemic to have privacy. There was a large consultation room with a table and two chairs that allowed for private and confidential conversations. This was also used as an office.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy uses a range of safe working techniques to deliver its services. Pharmacy team members regularly check the expiry dates of medicines. And they always store medicines suitably labelled and packaged. The pharmacy has sufficient materials to help support people taking higher-risk medicines.

### Inspector's evidence

Entry to the premises was through a front door with level access to the street. And the central counters were low in height for those using wheelchairs. There was no hearing loop on the counter for those with a hearing impairment. The pharmacy promoted the services it offered via leaflets in-store and posters in the window.

Safe working practices included the use of baskets to keep items all together. All dispensed medicines had audit trails of 'dispensed by' and 'checked by' signatures, including those in multi-compartment compliance packs. Packs of valproate had warning cards included and there were extra labels and cards from the valproate pregnancy prevention programme (PPP). The pharmacy had a large number of multi-compartment compliance packs, with enough room to store them. And to dispense the packs. But no compliance packs had descriptions of the medicines they contained. The pharmacy did not regularly supply patient information leaflets (PILs) at the start of each four weekly cycle. Every three months they put a notice in the packs telling patients to contact them if they wanted PILs for any medicine. The pharmacy issued most packs one week at a time as requested by the prescriber. Most blister packs were made up weekly but the pharmacy operated a three week 'buffer' of prepared packs to allow for any unexpected problems that could arise.. This included packs with controlled drugs which were stored in the CD cabinet. Entries for such CDs were made in the register at the time of making up, and not at the time of supply.

There was a delivery service, and the driver kept records of all deliveries including controlled drugs. During the pandemic the driver signed the paperwork on the patients' behalf so as to maintain social distancing. The pharmacy had regularly completed date checking. And there were no out-of-date medicines on the shelves. All other liquids with a short shelf life once opened had the date of opening recorded.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has sufficient equipment for the services it offers. And it keeps such equipment well maintained to provide accurate measurement.

### Inspector's evidence

The pharmacy had a range of measuring equipment including glass measures with separate marked ones for use with methadone only. It also had a carbon monoxide meter to support people on smoking cessation therapy. The local health board calibrated this meter. The pharmacy had access to the British National Formulaires for both adults and children, and had online access to a range of further support tools. People waiting at the counter could not read computer screens. Or read details of prescriptions awaiting collection in the dispensary.

### 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.