

# Registered pharmacy inspection report

**Pharmacy Name:** Killearn Pharmacy, 13 Balfron Road, Killearn,  
GLASGOW, Lanarkshire, G63 9NN

**Pharmacy reference:** 1092170

**Type of pharmacy:** Community

**Date of inspection:** 20/09/2019

## Pharmacy context

The pharmacy is in the village of Killearn. It dispenses NHS prescriptions and provides a range of extra services. The pharmacy collects prescriptions from local surgeries. And it supplies medicines in multi-compartmental compliance packs when people need extra help. Consultation facilities are available. And people can be seen in private.

## 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 some records of mistakes when they happen. And they make improvements to keep services safe. The pharmacy keeps the records it needs to by law. And the team members understand their role in protecting vulnerable people. People using the pharmacy can raise concerns. And team members know to follow the company's complaints handling procedure. This means they listen to people and put things right when they can.

### Inspector's evidence

The pharmacy displayed the responsible pharmacist notice. And it showed the name and registration number of the pharmacist in charge. The pharmacy used standard operating procedures (SOPs) to define the pharmacy processes and procedures. But not all the team members had signed the SOPs to confirm they understood their roles and responsibilities. The SOPs had been authorised by someone not known to the pharmacy team. And a review was needed to provide internal assurance. The pharmacy team 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 had recorded some near-misses since the start of the year. But the level of recording was not reflective of the pharmacy's level of dispensing. The pharmacist had carried out a documented review in July 2019. And had discussed the findings with the pharmacy team with the following action taken;

1. Rearranging stock on low-lying shelves due to selection errors.
2. Rearranging stock on 'L' shelves that had become congested.
3. Separating losartan/levothyroxine, sumatriptan/sertraline and metformin/SR medications.

The pharmacist managed the incident reporting process. And the pharmacy team knew when incidents happened and what the cause had been. For example, they knew about a hand-out error. And the pharmacist had produced a list of people with the same/similar names and attached it to the wall above the dispensing bench. The team members did not always ask people to provide their address when handing out prescriptions. And instead they provided the address and asked people to confirm it. The pharmacy used a complaints policy to ensure that staff handled complaints in a consistent manner. And it used a notice to inform people about the complaints process and who to contact should they wish to complain or provide feedback. The pharmacy received mostly positive comments. And had been able to satisfy requests for certain brands if appropriate.

The pharmacy maintained the legal pharmacy 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 this was valid until 31 July 2020. The pharmacy team kept the controlled drug registers up to date. And they had checked and verified the balance of controlled drugs on two occasions since the start of the year. The health board had commissioned the pharmacy to hold stocks of medication used in palliative care. And team members carried out regular checks to ensure it was readily available. 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 had been accredited to use patient group directions to improve access to medicines and advice. And a sample trimethoprim patient group direction was seen to be valid until October 2020.

The pharmacy displayed a 'fair data processing notice' which provided people with information about its data protection arrangements. And the pharmacist trained team members during induction to comply with data protection arrangements. The team members knew how to safeguard personal information. And disposed of confidential information using a shredder. The protecting vulnerable group (PVG) scheme was used to help protect children and vulnerable adults. And the team members knew to refer to the pharmacist if they had a concern about a child or a vulnerable adult. The team members knew the people that used the pharmacy well. And when one of the dispensers identified that someone was having a stroke. They immediately took them to the surgery and insisted that they be seen by one of the GPs.

## 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 ongoing 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 significant 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 well. The team members were experienced and knowledgeable in their roles. And they kept their training certificates on-site. The following team members were in post; one full-time pharmacist, two full-time dispensers, one part-time dispenser, one part-time trainee medicines counter assistant and one part-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 a part-time dispenser increased her hours when needed.

The pharmacy did not use an annual performance review to develop staff. And the pharmacist updated the pharmacy team whenever there were service changes. This ensured they were competent and able to carry out their roles. For example, a few team members had been trained to remove ticks due to an increase in tick bites. The company provided access to on-line learning. And team members could choose to complete whichever modules they wished to. For example, one of the dispensers had completed modules about sepsis and back pain. The pharmacy provided access to pharmacy magazines. And the medicines counter assistant confirmed she kept up-to-date with over-the-counter medicines. The team member knew to refer concerns to the pharmacist. And this included people who made inappropriate requests for medicines liable to misuse. The pharmacy team members felt empowered to raise concerns and provide suggestions for improvement. For example, the dispenser that managed the retail area had asked for sales information. And this had been agreed so that she could improve the procurement process.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are clean. And provides 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 team members dispensed walk-in prescriptions near to the waiting area. And the pharmacist supervised the medicines counter from the checking bench. 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.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy sources, stores and manages its medicines appropriately. But, it doesn't always update the pharmacy team about high-risk medicines. And this means that team members don't always know when to provide people taking these medicines with extra information. 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. But labelling arrangements do not reflect when the packs are dispensed. And this could lead to people being confused when taking their medicines. The pharmacy displays its opening times and service information in the window. But it does not provide healthcare information leaflets for self-selection.

### Inspector's evidence

The pharmacy had step-free access at the entrance to the pharmacy. And this provided unrestricted access for people with mobility difficulties. The pharmacy displayed its opening hours in the window. But did not display health information leaflets for self-selection. The dispensing benches were organised. And the pharmacy team used dispensing baskets to keep prescriptions and medicines contained throughout the dispensing process. The pharmacy dispensed multi-compartment compliance packs for around 40 people. And used a separate bench for dispensing, and a separate rear area for storing packs until they were needed. The pharmacist had consulted the team members before implementing the SOP that defined the dispensing process. And this ensured it reflected the local arrangements and best practice. A regular dispenser carried out checks at the start of the week. And ordered new prescriptions when needed. The pharmacist had changed the way the team members labelled packs. And they now attached backing sheets that listed the medications and instructions for use. But the dates on the backing sheets did not reflect current prescriptions. And a sample showed packs had been dispensed in January 2020. The team members removed and isolated packs when they were notified about prescription changes. And a record was made in the patient's medication record. The pharmacy supplied patient information leaflets and provided descriptions of medicines with packs.

The pharmacy provided a managed repeat prescription service. And this accounted for around 80% of the prescription items it dispensed. This helped the pharmacy team members to order medications in time. And reduced the number of 'owings' and people having to return to the pharmacy. The pharmacist monitored people on regular medications. For example, they had contacted the GP and suggested providing multi-compartmental compliance packs when people were having difficulties taking their medications. The pharmacy provided a prescription delivery service. And the delivery driver made sure that people signed to confirm receipt of their medicines.

The pharmacy used clear bags instead of paper prescription bags for controlled drugs. And this allowed the pharmacist to easily carry out additional checks at the time of supply. The team members kept the pharmacy shelves neat and tidy. And purchased medicines and medical devices from recognised suppliers. The pharmacy used two controlled drug cabinets. And kept expired and returned medication separate to avoid dispensing incidents. The cabinets were becoming congested. And this was due to the pharmacy work-load increasing. The team members carried out regular stock management activities. And highlighted short dated stock 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 team members acted on drug alerts and recalls. For example, they had actioned an alert in August 2019 for aripiprazole. And this had been shared with team members and an audit trail kept. Not all the team members knew about the valproate pregnancy protection programme. And only the pharmacist knew to provide safety leaflets and cards. The pharmacist monitored prescriptions for valproate. And confirmed that people had received safety information from their GP. The pharmacy had introduced the Falsified Medicines Directive (FMD). But, there had been issues with the service provider. And the team members were unable to confirm when it would be fully implemented.



## 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. And it used crown-stamped measures for measuring liquids. The pharmacy used a blood pressure monitor. But, the dispenser could not confirm when it had last been calibrated. And the monitor had not been labelled with the calibration date. 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 arranged computer screens so they were only visible to pharmacy team members. The pharmacy used a portable phone. And the pharmacy team took calls in private when necessary.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✔</span> <b>Excellent practice</b>	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.
<span style="color: green;">✔</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✔</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.