

# Registered pharmacy inspection report

**Pharmacy Name:** Kyle Square Pharmacy, 16 Kyle Square, Rutherglen, GLASGOW, Lanarkshire, G73 4QG

**Pharmacy reference:** 1101651

**Type of pharmacy:** Community

**Date of inspection:** 28/10/2021

## Pharmacy context

This is a community pharmacy on a parade of shops in the town of Rutherglen, Lanarkshire. The pharmacy sells over-the-counter medicines and dispenses NHS prescriptions. It delivers medicines for some people to their homes and also offers a substance misuse service. The pharmacy team advises on minor ailments and provides the NHS Pharmacy First service. The pharmacy supplies some people with their medicines in multi-compartment compliance packs to help them with taking their medicines. The inspection was completed 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	2.2	Good practice	The pharmacy is good at supporting its team members to improve their knowledge and skills with a formal, ongoing training and development programme. And it targets training to the needs of the individual team members.
		2.4	Good practice	Team members are comfortable talking about mistakes they make while they work. And they learn from each other's mistakes to improve the way they work. They have regular and productive appraisals with agreed set goals.
<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 generally follows written procedures to help team members manage the risks associated with the services the pharmacy provides for people. Team members openly discuss why near miss errors happen during the dispensing process and put into place ways they can reduce the risk of similar errors happening again. The pharmacy suitably protects people's private information, and the team members are confident in their ability to help safeguard vulnerable adults and children. The pharmacy keeps most of the records it needs to by law.

### Inspector's evidence

The pharmacy had procedures in place to help manage the risks of the services it offered during the COVID-19 pandemic. Team members had completed assessments of their own personal risk of COVID-19. People were wearing face coverings when they entered the pharmacy, and some were seen waiting outside of the pharmacy premises for people inside to leave before entering. There were plastic screens at the pharmacy counter which acted as a protective barrier between team members and people in the retail area. Team members couldn't always socially distance because the dispensary was small. But they all wore face coverings while they worked. A team member was seen using hand sanitiser before handling some loose tablets.

The pharmacy had a set of written standard operating procedures (SOPs). They were well organised which made it easy to find a specific SOP. The SOPs covered the dispensing process, including dispensing of medicines in multi-compartment compliance packs, and the management of controlled drugs (CDs). The pharmacy reviewed the SOPs every two years to make sure the pharmacy's current ways of working were up to date. The last review had been completed in May 2021. There was a list of team members who had read and signed the SOPs relevant to their role. But some of the team members working on the day of the inspection hadn't signed the SOPs. Team members could accurately describe their roles and were aware of what they could and couldn't do in the absence of a responsible pharmacist (RP).

The pharmacy had a process to record details of near miss errors that happened during dispensing. For example, if the team members had dispensed the wrong quantity or the wrong strength of the medicine. If the RP or the pharmacy's accuracy checking technician (ACT) spotted a near miss error, they asked the team member to rectify the mistake as soon as possible. During the inspection, this happened twice. The RP handed the dispenser a near miss logbook to record details of the near miss error. The dispenser recorded details such as the date and the type of error. But they didn't discuss why the error might have happened as this was not part of their process. And so, the team may have missed out on the opportunity to change the way it worked to prevent similar errors happening again. Once a month, the RP went through the near misses and looked for any trends or patterns. Team members then had a meeting and discussed ways to improve the way they worked. If a team member wasn't working on the day of the meeting, they were told of the key points of the meeting when they next came into work. The SI also held one-to-one discussions with each team member to discuss their individual record of near miss errors. Team members demonstrated two examples of changes they made to the way they worked to prevent near miss errors. They had moved all medicines for epilepsy to a separate part of the dispensary and separated two different strengths of melatonin. The RP completed a form to record details of any dispensing errors that reached people. The RP kept a copy of

the form with the packaging of the medicine dispensed in error. If the error had caused any harm to the person who received the incorrect medicine, the team kept the form and the medicine for reference for ten years. If there was no harm caused, they were kept for one year. If people who used the pharmacy wanted to make a complaint or raise a concern, they could speak to a team member.

The pharmacy had up-to-date indemnity insurance. The pharmacy displayed an RP notice showing the correct name and registration number of the RP on duty. The pharmacy had an electronic RP record. But in a sample seen, there were no recorded times for when RP duties had ended on each day. This wasn't in line with legal requirements. The pharmacy kept registers for controlled drugs (CDs) which met legal requirements. At least monthly the team checked the balances in the registers against the pharmacy's stock to make sure they matched. During the inspection, the inspector checked the balances of two randomly selected CDs. The balances were correct. The pharmacy occasionally dispensed private prescriptions and the pharmacy kept records of supplies. The records were generally correct, but in two entries seen the team didn't record the date of dispensing. The pharmacy kept records of supplies of special medicines. They were generally correct, but the pharmacy didn't always record the details of the prescriber.

The pharmacy held records that had personal identifiable information in areas of the pharmacy that could only be accessed by team members. They placed the confidential waste into a separate bin to avoid a mix up with general waste and an external contractor destroyed it. The RP had completed training on safeguarding vulnerable adults and children. A team member accurately described hypothetical situations that would need reporting. The RP was registered with the Disclosure Scotland 'Protecting Vulnerable Groups' (PVG) scheme.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's team members have the right qualifications and skills to safely provide the pharmacy's services. They work well together to manage their workload and support each other to improve their skills. The pharmacy is good at supporting its team members to improve their knowledge with an ongoing training and development programme. And the pharmacy encourages team members to openly and honestly talk about mistakes made during the dispensing process, so they can all learn from each other and improve the way they work.

### Inspector's evidence

The RP on the day of the inspection was the pharmacy's full-time pharmacist and its superintendent pharmacist (SI). The RP was supported by a full-time ACT, three full-time qualified dispensers and one of the pharmacy's directors who was a registered pharmacist. The pharmacy also employed two trainee counter assistants, a part-time qualified dispenser, and a part-time delivery driver.

The pharmacy provided its team members with a formal, ongoing training programme to help them to continue to improve their knowledge and skills. Every three months, the RP held formal performance appraisals with the team members. During the appraisals, team members and the RP discussed their goals and areas of their role where they needed further support or wanted to improve. For example, a team member had wished to complete some training to allow them to offer a new range of services to people, such as a smoking cessation service. The team member was set a goal to complete the training over the next few months. And the team member and the RP discussed what support the pharmacy would give to help the team member achieve the goal. The RP recorded details of each appraisal on to a form and the forms were assessed at the beginning of each appraisal to see what progress the team member had made on their set goals. New team members worked through a structured induction training programme in the first few months of starting their role. They worked alongside more experienced team members to help them learn and this gave them the opportunity to ask questions.

Team members had an open and honest way of working, and this was seen during the inspection. The RP led weekly meetings and documented the details of each meeting. The meetings had set topics for the team to discuss, for example, near miss errors and staff rotas. Team members explained they found it important to talk together about mistakes made so they could learn from each other. And talking openly about mistakes, helped maintain a 'no-blame' culture so team members didn't feel uneasy admitting they had made a mistake. Team members could also use the meetings as a chance to raise any professional concerns or give feedback on ways the pharmacy could improve its services to people. Recently, the team discussed planning the dispensing workload before Christmas and New Year. They talked about improving the range of products on sale in the retail area and creating more space in the dispensary to store multi-compartment compliance packs. The pharmacy had a whistleblowing policy to help team members anonymously raise any professional concerns.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are professional in appearance and are kept clean and secure. The premises are of a suitable size to manage the pharmacy's services. The team works well to keep tidy the areas where it dispenses medicines. The pharmacy has a suitable sound-proofed room where people can have private conversations with the pharmacy team members.

### Inspector's evidence

The pharmacy was modern and provided a professional image. The premises were clean and tidy. During the COVID-19 pandemic, the pharmacy introduced a cleaning rota. The team cleaned door handles and work benches several times a day.

During the inspection, the pharmacy was using the next-door building to the main pharmacy building to dispense multi-compartment compliance packs. However, this building had not been registered as a part of the registered pharmacy premises. Following the inspection, the inspector explained to a director and the RP that the pharmacy couldn't carry out pharmacy services from this unregistered premises and it was not possible to register the area due to access. The director gave the inspector assurances to stop any pharmacy services from the next-door building. The director explained an area at the rear of the main dispensary would be cleared and used by the team to dispense the multi-compartment compliance packs. The main dispensary was smaller than average, but it was kept tidy throughout the inspection.

There was a sound-proofed consultation room used to have private conversations with people. There was a sink in the dispensary for professional use. The team had toilet facilities with hot water for handwashing. Lighting was bright throughout the premises.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy offers a range of accessible services that support people's health needs. The pharmacy appropriately manages its services. It obtains its medicines from reputable sources. And it mostly stores and manages them as it should.

### Inspector's evidence

The pharmacy had level access from the street to an automatic door which made it easy for people to access the premises with wheelchairs or prams. There were window displays which detailed the pharmacy's opening times and the services it offered to people. Team members had internet access which they used to help people find providers that offered services the pharmacy didn't. There was a range of leaflets in the retail area on many, different healthcare topics. People were able to take any of the leaflets away with them to read. The pharmacy provided large-print labels on request to help people who had problems with their sight. A team member described how she provided writing materials to people who had trouble hearing which allowed them to write down what they needed to explain to the team. Team members also made sure they didn't stick any dispensing labels over braille on medicines packaging.

Team members used various stickers and put notes on bags containing people's dispensed medicines to use as an alert before they handed out medicines to people. For example, to highlight if a fridge line or a CD that needed handing out at the same time. The RP signed prescriptions she had clinically checked. The clinical check was completed before the dispensing process took place. The ACT explained that she always made sure the RP had signed any prescriptions she was asked to check. Team members signed the dispensing labels to keep a trail of which team member had dispensed and completed a final check of the medicines. They used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. The RP or ACT used a separate bench to complete final checks. Team members gave owing slips to people on occasions when the pharmacy could not supply the full quantity prescribed. They gave one slip to the person and kept one with the original prescription for reference when dispensing and checking the remaining quantity. The pharmacy kept a record of the delivery of medicines to people. During the COVID-19 pandemic the driver left the medicines on the person's doorstep before moving away and waiting to watch them pick up the medicines.

The team was aware of the need to give people more information about their medicines if high-risk medicines were prescribed. But team members didn't always record details of any additional counselling given to people. Team members showed their understanding of the pregnancy prevention programme for people who were prescribed valproate. They explained the questions they would ask of people to make sure they knew to use appropriate contraception. They knew to take care they didn't place dispensing labels over written warnings on packs and to make sure they attached a warning sticker on the container if valproate was supplied outside of its original packaging.

Some of the prescriptions the pharmacy received were for people who benefitted having their medicines dispensed in a multi-compartment compliance pack. People received their packs either weekly or monthly depending on their personal needs. The team ordered prescriptions for people from their GP practice. When the pharmacy received the prescriptions, the team checked them against master sheets to make sure they were correct. The master sheets detailed which medicines went in the

packs and at what time of the day they were to be taken. For example, in the morning or at bedtime. The packs weren't supplied with visual descriptions of the medicines to help people identify them. But the pharmacy did supply the packs with patient information leaflets. The team used 'cycle trackers' to keep a record of the progress with the dispensing process. Team members recorded dates on the cycle trackers of when a prescription was received, when the dispensing labels had been printed, the date of dispensing and the date the final check had been completed. The use of the cycle trackers helped team members easily find out which part of the process had been completed.

The pharmacy obtained medication from several reputable sources. It stored its Pharmacy (P) medicines behind the pharmacy counter to control sales. Team members were seen asking people who wanted to purchase P medicines, appropriate questions to make sure the medicine they wished to buy was suitable for the symptoms they were describing. Every three months, team members checked expiry dates of the pharmacy's medicines. They highlighted short-dated medicines and kept a written record of when they were due to expire. The inspector didn't find any out-of-date medicines after a check of around 20 randomly selected medicines, but four plain amber bottles were found containing medicines. The bottles weren't labelled with an expiry date or batch number. The inspector discussed the importance of ensuring quantities, expiry dates and batch numbers were visible on all medicines to make sure people weren't supplied expired medicines. And to help the team identify any medicines using their batch number, for example, if there was a drug recall. The pharmacy had a medical grade fridge which it used to store medicines that needed cold storage. The team stored the medicines tidily in the fridge. Each day, the team recorded the fridge temperature records to make sure it was correctly operating. A sample seen were within the correct range. The pharmacy had systems to ensure it received regular safety alerts about medicines. For example, if there was a recall. And team members kept a record of the action they had taken following the alert.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs for its services. And it appropriately uses its equipment to protect people's private information.

### Inspector's evidence

Team members had access to up-to-date reference sources. The pharmacy used a range of CE quality marked measuring cylinders. It positioned the computer screens so unauthorised people didn't see any private information. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members could have conversations with people in private. It had a wireless card terminal for contactless transactions and reduce the use of cash during the pandemic. Team members had access to personal protective equipment including face masks and gloves.

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

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