

Registered pharmacy inspection report

Pharmacy Name: Maryhill Dispensary Ltd, 51 Gairbraid Avenue,
Glasgow, Lanarkshire, G20 8FB

Pharmacy reference: 9010455

Type of pharmacy: Community

Date of inspection: 21/05/2021

Pharmacy context

This is a community pharmacy inside a health centre. It dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. The pharmacy provides substance misuse services and dispenses private prescriptions. The pharmacy team members advise on minor ailments and medicines' use. And they supply a range of over-the-counter medicines.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy does not have a system in place for reviewing and updating its policies and procedures. This means it cannot provide assurance that it is adequately identifying and managing the risks with its services.
		1.6	Standard not met	Record keeping arrangements are inadequate and the pharmacy cannot provide the necessary assurance it is safely managing some of its high-risk medicines.
2. Staff	Standards not all met	2.1	Standard not met	Team members are not trained for their roles and responsibilities. This means the pharmacy does not have sufficient trained and qualified team members for the services it provides.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy does not safeguard the safety and security of all of its medicines. There is a lack of assurance to show that medicines requiring refrigeration are kept at the correct temperature.
		4.4	Standard not met	The pharmacy does not receive drug alerts or does not have a system to deal with them. This means that medicines may remain on the shelf that are no longer fit for purpose.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy has policies and procedures to help it manage the risks with its services. The procedures are out of date and the pharmacy cannot show it adequately identifies and manages all the risks with its services. A new team is working at the pharmacy, but the pharmacy cannot show they have been trained and supported to follow safe working practices. The pharmacy makes some improvements when mistakes happen. But it does not have an effective system in place to learn about new risks with its services. And its record keeping arrangements are inadequate to show it is safely managing high-risk medicines. The pharmacy has arrangements in place help keep members of the public and team members safe during the Covid-19 pandemic. It keeps confidential information safe, and team members securely dispose of personal information when it is no longer required.

Inspector's evidence

The pharmacy had introduced new processes to manage the risks and help prevent the spread of coronavirus. Posters at the entrance reminded people visiting the pharmacy to wear a face covering as required by law. People were seen to be following the guidelines without any instruction from pharmacy team members. Hand sanitizer was available in the waiting area and throughout the dispensary.

A protective screen had not been installed at the medicines counter, and a row of chairs had been placed along the entire length of the counter. This measure had been introduced to keep team members and members of the public at safe distance from each other. Three team members were not wearing face masks at the start of the inspection and explained they had underlying health conditions. They confirmed they wore a face mask when they spoke to people at the medicines counter. A large rest room was in use, and more than one team member could use it safely at the one time.

The pharmacy used working instructions to define the pharmacy's processes and procedures. A new team had worked there since December 2020, but they had not recorded their signatures to show they understood and followed them. The superintendent pharmacist and the owner who was a pharmacist worked onsite at the pharmacy. The procedures had not been dated and they did not show when they had been last reviewed. Sampling showed a procedure was in place for operating the Methameasure machine that was in use, but it had not been dated or signed by team members. The pharmacy had risk management procedures in place. Team members signed most of the medicine labels to show who had 'dispensed' and who had 'checked' each prescription. They did not sign the multi-compartment compliance pack medicine labels. The signature audit trails helped them to learn about their near-miss errors through feedback, and to help them avoid the same mistakes in the future. Team members had recorded five near-miss errors since the start of 2021 and had made some changes to manage dispensing risks such as keeping the different quetiapine strengths separated and keeping propranolol and prednisolone apart. The superintendent had recently produced a list of improvement actions which was being displayed above the main dispensing bench. It instructed team members to; score boxes to manage the risk of quantity errors, issue only one multi-compartment compliance pack at a time and carry out date checking each month. The pharmacy had defined its complaints procedure and team members knew to refer complaints to the pharmacist.

The pharmacy maintained most of the records it needed to by law, and the pharmacist in charge kept the responsible pharmacist record up to date. It kept its private prescription forms in good order and kept a record of the supplies it made. The pharmacy had public liability and professional indemnity insurance in place, and they were valid until 1 May 2022. Three large controlled drug cabinets were used to keep stock. They were well-organised and expired stock awaiting destruction was placed in a labelled bag at the bottom of one of the cabinets well away from the other stock. Team members used a destruction register to record controlled drugs that people returned for disposal. The pharmacist and another team member signed to show they had carried out the destructions.

The pharmacy did not provide a routine prescription delivery service. But the driver from a nearby branch provided deliveries if they were urgently needed. This helped vulnerable people and those that were shielding to stay at home. The drivers left items on people's doorstep and waited until they were taken safely inside. Team members understood data protection requirements to protect people's privacy. They used a designated container to dispose of confidential waste and spent records, and a company specialising in confidential waste disposal collected the bag and securely disposed of it. The pharmacy had not introduced a safeguarding policy. Team members were aware of some of the signs of abuse and neglect and they knew to speak to the pharmacist whenever they had cause for concern. The pharmacists were registered with the protecting vulnerable group (PVG) scheme. This helped to protect children and vulnerable adults.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy has replaced all its team members. But it has not enrolled them onto the necessary training courses. It cannot show that team members have been adequately trained to follow safe systems of work.

Inspector's evidence

The following team members were in post at the pharmacy; one full-time superintendent pharmacist, one part-time pharmacist (owner), one full-time pharmacy technician, two new full-time pharmacy assistants (not undergoing training) and one full-time medicines counter assistant.

A new pharmacy team had taken up post at the end of 2020 due to the previous team members leaving. The pharmacy's prescription workload had fallen since the start of the coronavirus, and it had not needed to fill two of its full-time posts. Two of the new team members had not worked in a pharmacy before. And although they were working as dispensers, they had not been enrolled onto the necessary dispenser training courses to allow them to do so. The new team had not signed to confirm they understood the pharmacy's standard operating procedures, and there was a lack of assurance that they followed them. The pharmacy did not carry out individual performance reviews and it did not provide regular structured training.

Team members had kept up to date with the relevant coronavirus guidance. This included how to keep themselves and other people safe. Team members understood the need to speak up if they had concerns, and they felt empowered to raise concerns when they needed to. The new pharmacy technician had suggested introducing the PC70 form (purple form) to keep track of CMS and methadone supplies and this had been agreed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, tidy, secure and is well maintained. It has a sound-proofed room where people can have private conversations with the pharmacy's team members. It has made suitable changes to its premises to help reduce the risk of spreading coronavirus.

Inspector's evidence

The pharmacy was in a modern, purpose-built health centre. Workstations were at least two metres apart and team members could keep their distance from each other for most of the day. Dispensary benches had been arranged for different tasks and dispensing and accuracy checking were kept separate. A booth provided a separate private area for people using substance misuse services and a protective screen was in place. A large waiting area with tensor barriers and floor markings controlled the number of people in the waiting area and helped to keep them a safe distance from each other. The health centre had recently arranged for a security guard to help control queues at peak times. The pharmacist observed and supervised the medicines counter from the checking bench, and they could intervene and provide advice when necessary. A door off the waiting area provided access to a large private area outside the consultation room. The room was only being used in exceptional circumstances, and the area outside the consultation room was being used for private conversations. The pharmacy was clean and well maintained. Team members cleaned and sanitised the pharmacy to reduce the risk of spreading coronavirus. Lighting provided good visibility throughout and the ambient temperature provided a suitable environment from which to provide services.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy gets its medicines from reputable sources. But it cannot always show that some medicines are being kept at the required temperature. Team members carry out checks to make sure medicines are in good condition and suitable to supply. But it does not have a system in place to remove medicines when there are safety concerns. The pharmacy provides services which are easily accessible. And it generally manages its services to help people receive appropriate care.

Inspector's evidence

The pharmacy advertised its services and opening hours at the front of the pharmacy. It had a step-free entrance which provided unrestricted access for people with mobility difficulties. Team members kept the pharmacy shelves neat and tidy and used dispensing baskets to manage the risk of items being mixed-up. Dispensing benches were organised and clutter-free. The pharmacy purchased medicines and medical devices from recognised suppliers. Team members carried out monthly expiry date checks and they highlighted short-dated products. No out-of-date medicines were found after a check of around 12 randomly selected medicines. Two fridges were in use, but one of the fridges was not monitored to make sure the temperature remained between two and eight degrees Celsius. The other fridge was monitored, and records showed it had remained within the correct temperature. Team members were aware of the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. The superintendent pharmacist confirmed they knew to contact prescribers if they received new prescriptions for people in the at-risk group. The pharmacy had extra patient information leaflets for valproate, and the pharmacist confirmed that packs had extra warning cards that they issued.

The pharmacist had arranged for a nearby pharmacy to assemble and check multi-compartment compliance packs as an interim measure. This was due to a lack of experience in the new pharmacy team, and utilising the knowledge and skills of the established team members there. But the pharmacy was under different ownership and not part of the same legal entity. The team members followed a documented procedure. But they did not record a signature audit trail, and there was no information to show who had been responsible for dispensing and checking the packs. The pharmacist confirmed they would immediately introduce new arrangements and assemble the packs on site. The pharmacy supplied methadone doses using a Methameasure system for measuring doses. The pharmacist checked new prescriptions at the time they were entered onto the system, and they carried out an accuracy check at the time of dispensing and supply. The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste. Team members accepted unwanted medicines from people for disposal. They put on disposable protective gloves before handling the packages and quarantined them for 72 hours before processing the waste for destruction. The pharmacy did not receive information about drug alerts and the pharmacists could not provide assurance that it removed affected products following safety concerns.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy's equipment is clean and well-maintained. It uses equipment appropriately to protect people's confidentiality. It takes precautions so that people can safely use its facilities when accessing its services during a pandemic.

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. A separate measure was used for methadone and a Methameasure system was in use. Team members calibrated the system each morning to provide assurance it was measuring accurately. 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 members. The pharmacy used cordless phones, so that team members could have conversations with people in private. The pharmacy used cleaning materials for hard surface and equipment cleaning. The sink was clean and suitable for dispensing purposes. Team members had access to personal protective equipment including face masks and gloves.

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.