General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Kilmaurs Village Pharmacy, 5 Main Street, Kilmaurs, Kilmarnock, East Ayrshire, KA3 2RQ

Pharmacy reference: 9011210

Type of pharmacy: Community

Date of inspection: 26/02/2024

Pharmacy context

This is a community pharmacy in the village of Kilmaurs in Ayrshire. Its main services include dispensing of NHS prescriptions. And it delivers medication to people's homes and supplies some people with their medicines in multi- compartment compliance packs to help them with taking their medicines. Team members advise on minor ailments and medicines use. And they deliver the NHS Pharmacy First service.

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
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

Overall, the pharmacy suitably manages risk to help team members provide safe services. And they keep the records they must by law. The team know what to do to help protect the health of vulnerable people. Team members record and learn from the mistakes they make when dispensing.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) to help pharmacy team members manage risks. These were currently under review by the pharmacist and superintendent (SI). Most team members had signed a record of competence to show they understood these. And the pharmacist confirmed that those who had not signed the record had read the SOPs. Team members were observed working within the scope of their roles and could describe their responsibilities. And they were aware of the responsible pharmacist (RP) regulations and of what tasks they could and couldn't do in the absence of an RP.

Pharmacy team members recorded mistakes they identified during the dispensing process, known as near misses, on a paper record. They explained errors were highlighted to them by the pharmacist, and the team member would enter it onto the record after discussion with the pharmacist. This allowed them to reflect on the mistake. Team members explained that after an error, they would implement actions to reduce the likelihood of a similar error happening again. Recently there had been an increase in errors involving the incorrect formulation of medicines being dispensed. For example, carbamazepine tablets had been dispensed instead of the prolonged release formulation. The team had separated the different forms of the medicines to reduce the recurrence of this type of error. Team members also recorded details of any errors which were identified after the person had received their medicines, known as dispensing incidents. These incidents were recorded on a paper record and were then reviewed by the SI. The pharmacist shared the incidents with team members. And they implemented actions to reduce the likelihood of a similar error happening again. A recent incident involved dispensing of bimatoprost eye drops instead of the preservative free formulation. This was highlighted to all team members. The pharmacy team aimed to resolve any complaints or concerns informally. But if they were not able to resolve the complaint, they would escalate to the manager or SI.

The pharmacy had current indemnity insurance. The RP notice displayed contained the incorrect details of the RP on duty, but this was rectified. And it could be seen clearly from the retail area. The RP record was compliant. The pharmacy had an electronic controlled drug (CD) register and the entries checked were in order. Team members checked the physical stock levels of CDs against the balances recorded in the CD register on each dispensing. But the team did not complete regular audits of all CDs so there was a risk that some CD balances may not be checked for some time. The last check was completed in January 2024 and previously September 2023. There was an electronic record of patient-returned CDs in a register, and this was maintained and up to date. The pharmacy held certificates of conformity for unlicensed medicines and full details of the supplies were included to provide an audit trail. Accurate electronic records of private prescriptions were maintained.

An NHS Pharmacy First Privacy notice was displayed in the retail area. Team members were aware of the need to keep people's information confidential. They separated confidential waste for destruction via shredder. Pharmacy team members had completed some learning associated with protecting

vulnerable people. They understood their obligations to manage safeguarding concerns and were familiar with common signs of abuse and neglect. The pharmacist was a member of the Protecting Vulnerable Groups (PVG) scheme.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has suitably skilled and qualified team members to manage its workload. Team members receive the correct training for their roles and they complete some additional regular training to maintain their knowledge and skills. They receive feedback about how they are performing.

Inspector's evidence

The pharmacy employed a full-time pharmacist who was also the manager. Other team members included a part-time dispenser, two part-time medicines counter assistants and two part-time sales assistants who had recently started working in the pharmacy. On the day of the inspection a locum pharmacist was working with the sales assistant and medicines counter assistant. The pharmacist was observed prioritising workload and managing urgent requests from people requiring access to pharmacy services. The team were observed working well together and managing the workload. Planned leave requests were managed so that only one team member was absent at a time where possible. Team members were able to rotate some tasks so that they could be completed effectively during absence periods. But some team members had not been trained how to complete all tasks. This meant that there was a lack of contingency planning of available team members who could complete these tasks during periods of leave. For example, on the day of inspection, no team members could dispense medicines into multi-compartment compliance packs during periods of leave. Part-time staff members were also used to help cover absences.

Most team members had completed accredited qualification training, two team members were still within their induction period and had not yet been enrolled onto a formal qualification training course. But they were supported with informal in-house training. They had read the company policies and procedures. And they shadowed other team members.

The team received regular informal feedback as they worked from the pharmacist and SI. They also felt comfortable to raise any concerns with their pharmacist or SI. The SI visited the pharmacy regularly and was available via telephone if the team required urgent support. The team had regular informal meetings to discuss workload plans and updates from the SI. Team members were observed asking appropriate questions when selling medicines over the counter and referring to the pharmacist when necessary. They explained how they would identify repeated requests from people for medicines subject to misuse, for example, codeine-containing medicines. And that they would refer them to the pharmacist. There were some targets set for pharmacy services but team members felt that these were appropriate.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are suitable for the services provided and the team maintains them. The pharmacy has private consultation facilities where people can have confidential conversations with a pharmacy team member if needed.

Inspector's evidence

The premises were secure and provided a professional image. The average-sized premises incorporated a retail area, dispensary, and staff facilities. The premises were clean. There were sinks in the dispensary, staff room and toilet facilities. These had hot and cold running water, soap, and clean hand towels. The pharmacy had clearly defined areas for dispensing and the RP used a separate bench to complete their final checks of prescriptions. This bench was positioned at the front of the dispensary and overlooked the medicines counter which enabled the pharmacist to intervene in a sale where necessary. Team members used a central island in the dispensary to store prescriptions waiting to be checked and to manage medicines stock before storing on the pharmacy shelving.

The pharmacy had two consultation rooms with a desk, chairs, sink and computer. And the doors closed which provided privacy. The consultation rooms were kept locked to prevent unauthorised access. There was a screened advice area at the retail counter to allow team members to have more private conversations with people. The pharmacy floors remained free from trip hazards and clutter. Temperature and lighting were kept to an appropriate level throughout the premises.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides a range of services to support people's health needs. Overall, it manages its services well and they are easy for people to access. But people do not always have access to full information about their medicines. The pharmacy receives its medicines from reputable sources and mostly stores them appropriately. And team members carry out checks to help ensure they keep medicines in good condition.

Inspector's evidence

The pharmacy had good physical access with a level entrance and a manual door to the main retail store. The pharmacy displayed its opening hours and some pharmacy services in the window. The team also kept a range of healthcare information leaflets for people to read or take away, these included information on the Medicines: Care and Review service and smoking cessation. And they had a pharmacy information leaflet.

The dispensary had separate areas for labelling, dispensing, and checking of prescriptions. Team members used baskets to store medicines and prescriptions during the dispensing process to prevent them becoming mixed-up. The baskets were colour coded according to the prescription type within. This helped team members to prioritise workload. The baskets were stored on a central island whilst waiting to be checked by the pharmacist. This enabled the other dispensary benches to remain clear. Team members signed dispensing labels to maintain an audit trail of who had dispensed and checked the medicines. The team provided owing's slips to people when it could not supply the full quantity prescribed. And they contacted the prescriber when a manufacturer was unable to supply a medicine. The pharmacy offered a delivery service and kept a paper record of completed CD deliveries so the team could answer queries from people expecting deliveries.

Team members present on the day of inspection demonstrated some awareness of the Pregnancy Prevention Programme (PPP) for people who were prescribed valproate, and of the associated risks. But they had not received formal training. They advised that the regular RP would manage prescriptions for high-risk medicines such as valproate. And following the inpsection, the regular pharmacist confirmed that other, qualified, team members had received formal training on valproate. The pharmacy provided the additional information cards to help people take their medicines safely. Team members attached various alert stickers to prescriptions. They used these as a prompt before they handed out medicines to people who may require further intervention from the pharmacist.

Some of the pharmacy's workload involved supplying people's medicines in multi- compartment compliance packs. This helped people better manage their medicines. Team members used medication record sheets that contained each person's medication and dosage times. They ordered people's repeat prescriptions and matched these against the medication record sheet. They retained copies of any discharge notes from hospital indicating changes to people's medicines with the corresponding the record sheet. This ensured there was a full audit trail should the need arise to deal with any future queries. The packs were labelled, but the labels did not contain all of the warnings associated with each medicine. And the packs did not have descriptions of medicines within, so people may not have up to date information about their medicines. The pharmacy supplied people with patient information leaflets. The compliance packs were signed by the dispenser and RP so there was an audit trail of who

had been involved in the dispensing process.

The pharmacy provided the NHS Pharmacy First service. This involved supplying medicines for common clinical conditions such as urinary tract infections under a patient group direction (PGD). The pharmacist could access the PGDs electronically and they kept a printed copy. And they kept a printed copy of the completed consultation forms. The medicines counter assistant asked people relevant consultation questions and documented the responses on a consultation form. They then referred to an approved list of medicines before suggesting a treatment option to the pharmacist. The pharmacist then completed the consultation.

Team members managed the dispensing of serial prescriptions as part of the Medicines: Care and Review (MCR) service. People phoned in advance of collecting their prescription, this allowed the team to assemble the medicines in advance of people collecting. They kept a record of dates when people collected their medicines which allowed them to identify any potential issues with people not taking their medication as they should.

Pharmacy-only (P) medicines were stored on shelves behind the pharmacy counter to prevent unauthorised access. The pharmacy obtained its stock medicines from licensed wholesalers and stored them tidily mainly on shelves and in drawers. Team members had a process for checking expiry dates of the pharmacy's medicines. Short-dated stock which was due to expire soon was highlighted with stickers and was rotated to the front of the shelf, so it would be used first. The team advised that they were up to date with the process, and they had an audit trail to demonstrate completion. A random selection of medicines were all found to be in date. There was a small quantity of medicines stored in tablet bottles that did not contain detail of the medicine batch numbers or expiry dates. These were highlighted to the RP and removed for destruction. The pharmacy had a medical grade fridge to store medicines that required cold storage which was operating within the correct temperature range. The team recorded daily checks of the maximum and minimum temperatures. A sample of the records seen showed the fridge was operating within the correct range of between two and eight degrees Celsius. The pharmacy received notifications of drug alerts and recalls via email. It kept a record of actioned recalls. The pharmacist carried out the necessary checks and knew to remove and quarantine affected stock. The pharmacy had medical waste bins and CD denaturing kits to dispose of pharmaceutical waste.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to support the safe delivery of its services. It maintains its equipment to ensure it remains fit for purpose and safe to use. And its team members use the equipment appropriately to protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources including the British National Formulary (BNF), the BNF for children and the NHS Ayrshire and Arran Pharmacy First Formulary. And there was access to internet services. The pharmacy had a range of CE marked measuring cylinders which were clean and safe for use. And it had a set of clean, well- maintained tablet counters. The pharmacy stored dispensed medicines awaiting collection on shelving that prevented members of the public seeing people's confidential information.

The dispensary was screened, and computer screens were positioned to ensure people couldn't see any confidential information. The computers were password protected to prevent unauthorised access. The pharmacy had cordless telephones so team members could move to a quiet area to have private conversations with people.

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.