

# Registered pharmacy inspection report

**Pharmacy Name:** Bellfield Pharmacy, 79 Whattriggs Road, Kilmarnock, East Ayrshire, KA1 3RB

**Pharmacy reference:** 9011260

**Type of pharmacy:** Community

**Date of inspection:** 26/10/2021

## Pharmacy context

This is a pharmacy situated in a small shopping centre, in the Bellfield Estate, near Kilmarnock, Ayrshire. It provides the usual services under the Scottish Pharmacy First scheme. These include the minor ailments service and provision of treatments using health board Patient Group Directions (PGDs). The pharmacy also provides flu vaccinations under a private PGD. The pharmacy dispenses NHS prescriptions and 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. They periodically analyse these errors to further improve their learning and to take action to prevent a repeat. But there is little evidence since the start of the pandemic that they complete this regularly.

### Inspector's evidence

Due to the pandemic the pharmacy team members were all wearing masks. There were screens on the counter and alcohol gel was available for both members of the public and pharmacy team members. The space in the pharmacy was generous which made social distancing easier. Numbers of people allowed into the pharmacy were not restricted. But there was sufficient space in the front shop to allow them to socially distance. There were posters available to provide team members and customers with information on virus infection control.

The pharmacy had a set of standard operating procedures (SOPs). Not all the SOPs in the folder were current. Most of the SOPs were last reviewed three and a half years ago. It was difficult to be exact as the "live" version of the SOPs was missing from the pharmacy. Most team members had last signed the SOPs when they had joined the pharmacy and many were overdue to sign again. Not all SOPs were clear as to their use. For example the SOP for methadone provision made no mention of the installation and use of a Methameasure machine. Team members operated safely and effectively. The pharmacy used patient group directions (PGDs) from both the local health board and private providers. The pharmacy had examples of team members' authority to use these PGDs and kept records up to date of applications for authority to use the PGDs.

The pharmacy team members had regularly recorded near misses and dispensing errors that reached patients, up until February 2020 and the onset of the pandemic. They recorded such errors in the near miss log. They presented some evidence of team members holding reviews of errors to aid learning. And taking actions in the past to avoid repeating errors. But many of the solutions were similar e.g. "take more care" and lacked a deeper root cause analysis.

There was a wide range of leaflets available for people to make use of. There were slips for customer comments on the counter and a secure box in which to post them. Any adverse comments were recorded in a log and were investigated. The pharmacy had professional indemnity insurance in place. Controlled drug (CD) records were complete. There was evidence of regular stock checks on CDs. A check of one medicine showed the physical stock matched the register. The CD patient returns book was complete and up to date. In-date, out-of-date and patient returned CDs were all properly separated. It was noted that most, but not all, patient returned CDs were entered in the register at the time of their receipt. The pharmacy had two fridges and recorded fridge temperatures on a regular basis. The temperatures were always in the required range of two to eight degrees Celsius. The Responsible Pharmacist register was complete and up to date with both sign in and sign out times.

The pharmacy had designated waste bins containing only confidential waste, and no confidential waste was found in the normal waste bins. The company disposed of confidential waste off-site using a waste

disposal company. 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, although understanding of how the scheme operated was poor. The pharmacist had undertaken the NHS Education Scotland (NES) training on safeguarding. And there was a list of local safeguarding contact numbers. The team members were able to give examples of safeguarding.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough suitably qualified and trained team members to safely provide the services it offers. The pharmacy team members feel comfortable raising concerns if they need to. However there is little regular training and development beyond vocational qualifications.

### Inspector's evidence

On the day of inspection there were two pharmacists working 9am to 6pm, and one dispensing technician, one trainee dispenser, a pre-registration pharmacy graduate and a delivery driver. The pharmacy had enough suitably qualified team members on the day of the inspection to complete the work. Pharmacy team members were appropriately trained or in training for their vocational role. But ongoing training and development was ad hoc, with the pharmacist deciding which training would be provided. Pharmacy team members attended periodical company-wide training events. There were no regular performance reviews.

There were team meetings and team members provided examples of concerns they had raised, or of improvements they had implemented. Such an example was a prompt response to the need for a new medicines fridge for a care home. Team members passed the request to higher management who had a new fridge delivered within a couple of days. Pharmacy team members were confident in their role and felt they could raise any concerns or ideas with the regular pharmacist or the area manager or SI. The pharmacy team members had no concerns about targets they were set for services. There was a culture of openness and honesty.

Meetings also took place with other pharmacies of the company, and with local GP practices. During the pandemic the surgery and the pharmacy had worked together to ensure people knew how and when to order and collect their medicines.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are new and spacious and well equipped for the services provided. The pharmacy has suitable facilities for people to have private conversations with the pharmacist. And it appropriately protects the premises from unauthorised entry. The front shop and dispensary are very clean, tidy and uncluttered.

### Inspector's evidence

The pharmacy had a good-sized retail area and a large dispensary, over several rooms. There was the main dispensary, and a separate room for dispensing multi-compartment compliance packs, as well as other rooms with facilities for pharmacy team members. There were two consultation rooms, and a hatch for supervised consumption.

The dispensary was clean and tidy and bench and shelf space plentiful for the work being undertaken. Temperatures were comfortable, due to air conditioning. Medicines on the shelving were well ordered. Team members made use of confidential facilities when appropriate and requested. The pharmacy had arrangements in place for those people still receiving supervised medicines in the pandemic to have privacy, with a room available for this purpose.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy uses a range of safe working techniques to deliver its services. The pharmacy has sufficient materials to help support people taking higher-risk medicines. And it makes its services easily accessible for people. The pharmacy generally stores medicines suitably labelled and packaged. And the team members regularly check expiry dates of medicines to make sure they supply them safely.

### 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 and in the consultation room.

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). Stickers were used to alert team members at handout to fridge lines, controlled drugs and if the pharmacist required to speak to the person.

The pharmacy had a large number of people receiving their medicines in multi-compartment compliance packs, with enough room to dispense and store the packs. Most compliance packs had accurate descriptions of the medicines they contained. But one pack was found to contain a medication described as green when it was in fact blue. The pharmacy regularly supplied patient information leaflets (PILs) at the start of each four-weekly cycle. The pharmacy assembled such packs four weeks at a time.

Medicines were generally well stored. And the pharmacy has no out-of-date medicines on the shelves. Liquids had their date of opening recorded. All medicines were kept in original containers and were properly labelled. There were no boxes of mixed batch medicines. However one amber bottle containing tablets was found on the shelves without a batch number or expiry date. A similar container with the same lack of detail was also discovered in the medicine disposal bin. It was explained these were tablets taken from blister packs that were no longer needed.

There was a delivery service, and the driver kept records of all deliveries including controlled drugs (for which there was a physical record). During the pandemic the driver signed the paperwork on people's behalf so as to maintain social distancing.

## 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. It had an automated methadone dispensing machine to provide doses of methadone and this was clean, locked and regularly calibrated. Methadone records were electronic on the system. And CD registers were kept electronically. The pharmacy also had a carbon monoxide meter to support people on smoking cessation therapy. The local health board calibrated this meter, but the service had not been provided recently due to Covid 19. The pharmacy had access to the British National Formularies for both adults and children, and had online access to a range of further support tools. People waiting at the counter could not read confidential information on 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.