

Registered pharmacy inspection report

Pharmacy Name: First Stop Pharmacy, 159 Main Street, Plains,
Airdrie, ML6 7JQ

Pharmacy reference: 9011510

Type of pharmacy: Community

Date of inspection: 20/09/2021

Pharmacy context

This is a pharmacy on the main street of the village of Plains in Lanarkshire. The pharmacy opens Monday to Saturday. It provides the usual services under the Scottish Pharmacy First Plus scheme. These include the minor ailments service and provision of treatments using health board Patient Group Directions (PGDs). The pharmacy dispenses medicines into multi-compartment compliance packs for some people to help them take their medicines safely, and also provides this service to other branches using a hub and spoke arrangement. This is facilitated by a robotic dispenser. 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 |
|--|-------------------|------------------------------|------------------|-----|
| 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

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 the errors they make whilst dispensing and learn from these. But they do not regularly analyse these errors to further improve their learning and to take effective action to prevent a repeat. They generally keep the records they need to by law, but fairly regularly the pharmacist does not sign in for work as they should.

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 helped with social distancing. 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 patients with information on virus infection control.

The pharmacy had a set of standard operating procedures (SOPs). Not all the pharmacy team members had signed all the SOPs to show they had read and understood them. And not all SOPs were clear as to their authorisation or validity. The majority seemed to be in date but several had not been reviewed recently. Team members were seen to be operating safely and effectively. The pharmacy used patient group directions (PGDs) from the local health board. The pharmacy had examples of team members being authorised to use these PGDs. Records were kept of applications for authority to use the PGDs and copies kept in the pharmacy were up to date.

The pharmacy team members regularly recorded near misses and dispensing errors that reached patients. This was done on a new electronic record. There was some evidence of team members taking actions in the past to avoid repeating errors. However there were no systematic reviews of errors to aid learning, and opportunities had been missed. Such as shelf edge warnings for sound alike, look alike drugs and separation of such items on the shelves.

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 (which was also electronic). A CD patient returns book was present and was complete and up to date. In date, out of date and patient returned CDs were all properly separated. The pharmacy had a fridge and recorded fridge temperatures on a semi-regular basis (approximately 75% of the time). This was tied into the RP sign on – one couldn't happen without the other. And all recorded temperatures were in the required range of two to eight degrees Celsius. Hence the Responsible pharmacist log was also 75% complete. The entries were largely missing on a Saturday. There were designated waste bins containing only confidential waste, and no confidential waste was found in the normal waste bins. Confidential waste was disposed of on-site by shredding. 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, and had undertaken the NHS Education Scotland (NES) on safeguarding. And there was a list of local

safeguarding contact numbers.

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. And they complete some ongoing training ad hoc. The pharmacy does not fully support team members in their ongoing development by providing resources during the working day for training.

Inspector's evidence

On the day of inspection there were one pharmacist working 9am to 6pm, and five qualified dispensers and one pharmacy technician, and a delivery driver. There were enough suitably qualified team members on the day of the inspection to complete the work. Team members undertook ad-hoc training when opportunities arose from Health Board courses or manufacturer's training material. There were very few examples throughout the year. The pharmacy did not regularly provide some time during the working day to undertake training. The pharmacist determined what training the pharmacy provided. And this was somewhat ad hoc.

There were no regular all-staff meetings and staff could not provide examples of concerns they had raised, or of improvements they had implemented, at the time of the inspection. They later described a project to improve prescription handout by filing dispensed prescriptions and then relating them to bagged items on the shelves by number. Pharmacy team members were confident in their role and pharmacy team members felt they could raise any concerns or ideas with the pharmacy manager. The pharmacy team members had no concerns about targets they were set for services. There was a culture of openness and honesty.

Staffing had been increased due to the refit and the introduction of a robot for use in a multi-compartment compliance pack hub and spoke arrangement with other branches. Staff trained in the use of the robot had been transferred with the robot from the Ruchazie branch.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean and very spacious. And the dispensary is tidy and well ordered. The pharmacy has a large consultation room that it can use so that people can have private conversations with the pharmacist. And the pharmacy protects the premises against unauthorised entry.

Inspector's evidence

The pharmacy was new (having relocated from a much smaller store further along the main street) and was large in size with a good-sized retail area and a large dispensary, over several rooms. There was the main dispensary, and a separate room for a dispensing robot for multi-compartment compliance packs, as well as other rooms with staff facilities and for smaller dispensing activities.

The dispensary was large and clean and available bench and shelf space was good for the work being undertaken. The checking bench overlooked the front counter and allowed effective supervision. The premises were clean and well-lit and well presented, and the dispensary was uncluttered and tidy. Temperatures were comfortable, due to air conditioning. Medicines on the shelving were generally well ordered. The premises were protected from unauthorised entry. Confidential facilities were used when appropriate and requested. Arrangements had been made for those people still receiving supervised medicines in the pandemic to have privacy, with a room dedicated to this purpose. There was a large consultation room with a table and two chairs that allowed for private and confidential conversations.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy uses a range of safe working techniques to deliver its services. And it uses automation to help provide some of its services safely and effectively. 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. But it doesn't have a robust process to check the expiry dates of its medicines.

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.

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 store the packs, and a robot to dispense them. Most compliance packs had descriptions and /or photographs of the medicines they contained. The exception to this was celecoxib. The pharmacy regularly supplied patient information leaflets (PILs) at the start of each four weekly cycle. The pharmacy issued most packs one week at a time as requested by the prescriber. Most packs were made up weekly but the pharmacy operated a three week 'buffer' of prepared packs to allow for any unexpected problems that could arise. This included packs with controlled drugs which were stored in the CD cabinet.

A specialist software product was used to control the flow of prescriptions and medicines from the spoke pharmacy to the hub pharmacy and back again. Tablets were decanted into containers and the batch number and expiry recorded. This was either through a bar code check of container (what it was expecting) and original pack (what it was getting), or by including the original manufacturer's pack in with the tablets. These details were then used when tablets were loaded into the robot to ensure the correct medicine had been selected. The clinical check and the final check at handout were the responsibility of the spoke pharmacy. The hub pharmacy checked filled packs to ensure all tablets were in the correct place and in the correct quantity before sealing and sending on. Trained team members had been transferred to work in the pharmacy with the robot and so were suitably trained. However it was noted that the SOP for the system had remained in the previous store and not been handed over to the new hub. There was a maintenance contract for the robot and a technician attended on site each month to ensure all was working as it should.

Medicines were generally well stored. However some medicines had been decanted into other containers which did not always have the required batch number and expiry date on the new label. Two products from July and August were passed their expiry date, and there was no systematic process

for date checking. And in one case there had been a mixing of brands into one box with only one set of batch numbers and expiry dates recorded.

There was a delivery service, and the driver kept records of all deliveries including controlled drugs. During the pandemic the driver signed the paperwork on the patients' behalf so as to maintain social distancing. All other liquids with a short shelf life once opened had the date of opening recorded.

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 with separate marked ones for use with methadone only. It also had a carbon monoxide meter to support people on smoking cessation therapy. The local health board calibrated this meter. 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 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. |