

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: 01/06/2023

Pharmacy context

This is a community pharmacy in the village of Plains, Airdrie. It dispenses NHS and private prescriptions and sells a range of over-the-counter medicines. The pharmacy provides the NHS Pharmacy First service, a home delivery service and dispenses some medicines in multi-compartment compliance packs to people who need support in taking their medicine correctly.

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 correctly identifies and manages most of the risks associated with its services. Pharmacy team members help keep people's confidential information secure and are adequately equipped to safeguard vulnerable adults and children. The pharmacy has a process to record details of mistakes made during the dispensing process. But team members do not keep records of each mistake or analyse them. So, they may miss the opportunity to identify any specific trends or patterns.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs). These were written instructions designed to support the team in safely undertaking various processes. They included SOPs for the management of controlled drugs (CDs) and dispensing prescriptions. The SOPs were reviewed every two years by the pharmacy's superintendent pharmacist (SI). The reviews were to ensure the SOPs remained up to date. Team members read the SOPs within the first few weeks of starting employment with the pharmacy. However, the pharmacy didn't keep records of this process and so could not confirm which SOPs each team member had read and understood.

The pharmacy had a digital system for the team to use to record details of mistakes made during the dispensing process but were spotted during the final checking stage. These mistakes were known as near misses. Team members were responsible for recording their own near misses. They would record details such as the date and time of the near miss and why it might have happened. But team members explained they didn't keep records of each near miss due to time constraints. And there wasn't a process for the team members to analyse the near misses for trends or patterns. So, they may have missed opportunities to make specific changes to how they worked, to improve patient safety. The pharmacy used the same digital system to record details of any dispensing incidents that had reached people. Details recorded included a description of the incident, factors that may have contributed to the incident and what actions the team had taken to prevent a similar incident happening again.

The pharmacy had a written procedure to help support team members manage complaints or feedback from people who used the pharmacy. The team typically received feedback verbally. Team members explained how they would always look to resolve complaints themselves but if they were unable to do so, they would refer the complaint to the pharmacy's responsible pharmacist (RP) on duty. If the RP was unable to resolve the complaint, it was escalated to the SI.

The pharmacy had professional indemnity insurance. It was displaying the correct RP notice. The pharmacy held an RP record, but it wasn't always completed fully. On several occasions, the RP on duty had not recorded the time their RP duties had ended. The pharmacy retained CD registers. The team kept them in line with legal requirements. The team completed a balance check of a CD when it was dispensed to a person and when the pharmacy received a delivery of new stock. The balance of two randomly selected CDs were checked and were correct. The pharmacy kept records of CDs that people had returned to it for destruction.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. The team separated confidential waste from general waste, and it was periodically destroyed via a third-party contractor. Team members understood the importance of

securing people's private information. The team was aware of its responsibilities in raising safeguarding concerns about vulnerable adults and children. The RP was registered with the Protecting Vulnerable Groups scheme. The pharmacy didn't have a written procedure to help team members raise concerns. Team members described some hypothetical situations that they would report. And they knew who they would report their concerns to, starting with the RP.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy employs enough team members to manage the dispensing workload. And it supports its team members to update their knowledge and skills. Team members work well together and support each other to help provide the pharmacy's services efficiently.

Inspector's evidence

At the time of the inspection the RP was the pharmacy's full-time pharmacist. The RP was supported by a full-time pharmacy assistant, a full-time pharmacy technician and a full-time accuracy checking technician (ACT). The pharmacy employed another team member who had started working at the pharmacy around two weeks before the inspection. The team member was observed managing deliveries of prescription-only medicines and accessing the pharmacy's patient records. The team member had not yet been enrolled onto an approved training course. Following the inspection, the RP provided confirmation that the team member had been successfully enrolled onto an approved training course.

Team members covered each other's absences by working additional hours. Team members agreed that the pharmacy had enough team members to manage the workload. The pharmacy was in the process of recruiting for a full-time and a part-time pharmacy assistant. Locum pharmacists covered days the RP didn't work. Team members were observed working well together throughout the inspection. They were seen involving the RP when selling over-the-counter medicines.

The pharmacy supported its team members to keep their knowledge and skills up to date. It did this by providing team members with some healthcare-related training modules to complete throughout the year. The RP generally decided which modules the team should complete and when. Team members received protected time to complete the modules using a pharmacy laptop computer. The pharmacy didn't have a formal appraisal process. Team members generally held informal, ad-hoc conversations with the RP if they wished to discuss their own goals and development.

Team members attended informal team meetings where they said they could give feedback on ways the pharmacy could improve. They discussed how they could better manage the workload and talked about improving patient safety. For example, they had recently discussed reducing the risk of near misses when dispensing medicines that had similar names. Team members could raise concerns with either the RP or SI. Team members were not set any targets to achieve. They explained they were focused on providing an efficient and effective service for the local community.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services the pharmacy provides to people. There is a suitable consultation room for people to use to have private conversations with team members.

Inspector's evidence

The pharmacy premises was hygienic and well maintained. The dispensary was large so there was ample space for the team to dispense medicines. The dispensing benches were kept organised throughout the inspection. Floor spaces were kept clear. The pharmacy had a suitable, private consultation room to support team members to have confidential conversations with people.

The pharmacy had separate sinks available for hand washing and for preparing medicines. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. Team members controlled unauthorised access to restricted areas of the pharmacy. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services safely and effectively. It sources its medicines correctly. But it stores some medicines outside of their original packaging and they are not labelled with their expiry date or batch number. This may make it harder for team members to identify if the medicines are expired, or for the team to action a medicine recall.

Inspector's evidence

The pharmacy had a ramp and some steps which led to the entrance door. The pharmacy's opening hours were displayed on the pharmacy's main window. The pharmacy had a small selection of healthcare-related information leaflets for people to take away with them. The pharmacy had a facility to provide large-print labels to people with a visual impairment. Team members had knowledge of the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They knew to apply dispensing labels to valproate packs in a way that prevented any written warnings being covered up.

Team members used dispensing baskets to safely store medicines and prescriptions throughout the dispensing process. This helped manage the risk of medicines becoming mixed-up. The baskets were of different colours to help the team separate different aspects of the dispensing workload. For example, blue baskets were used for the delivery service and white baskets were used for people who wished to wait while their medicines were dispensed. Team members signed 'dispensed by' and 'checked by' boxes on dispensing labels to maintain an audit trail. The audit trail helped to identify which team member had dispensed the medicine and which team member had completed the final check. The RP annotated prescriptions when they had completed a clinical check and the ACT annotated them when they completed an accuracy check. Team members used various alert stickers to attach to bags containing people's dispensed medicines. They used these as a prompt before they handed out medicines to people. For example, to highlight interactions between medicines or the presence of a fridge line or a CD that needed handing out at the same time.

The pharmacy supplied some people with their medicines dispensed into multi-compartment compliance packs. These packs were designed to help people take their medicines at the right times. These packs were dispensed by a dispensing robot. There were 'master-sheets' which team members used to cross-reference with prescriptions to make sure prescriptions were accurate before the dispensing process began. If they spotted a discrepancy, for example, if a medicine was missing from the prescription, they made enquires with the prescriber. Team members annotated the master sheets with details of authorised changes to people's treatment. For example, if a treatment had been stopped. They recorded the details of the person who had authorised the change, for example, the person's GP. Team members scanned the barcodes of medicines before they were loaded into the robot. The team demonstrated how this process prevented them from loading the incorrect medicine as the system would show a warning if the incorrect medicine was scanned. People who received the packs were supplied with patient information leaflets and backing sheets.

The pharmacy stored pharmacy-only (P) medicines directly behind the pharmacy counter. The pharmacy had a process for the team to check the expiry dates of the pharmacy's medicines. But the team didn't keep records of when they completed this process. This could make it harder for the

pharmacy to be sure all medicines are date-checked regularly. One out-of-date medicine was found by the inspector following a check of approximately 30 randomly selected medicines. The pharmacy had a medical grade fridge to store medicines that required cold storage. And the team kept records of its minimum and maximum temperature ranges. A sample of the records was seen which showed the fridge was operating within the correct ranges. The team marked liquid medicines with details of their opening dates to ensure they remained safe and fit to supply. The pharmacy had medicine waste bags and bins, sharps bins and CD denaturing kits available to support the safe disposal of medicine waste. The pharmacy received medicine alerts electronically through email and the company intranet. The team said it actioned alerts but didn't keep a record of the action taken. The pharmacy stored some medicines outside of their original packs, in amber medicine bottles. Team members had affixed hand-written labels to the bottles indicating the name of the medicine and its strength. But they didn't record the expiry date or the batch number of the medicine. This meant there was a risk the medicines could be out-of-date. And team members would find it difficult to action a medicine recall. The RP gave the inspector assurances these medicines would be removed from the dispensary following the inspection.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the correct equipment that it needs to provide its services. And it uses its equipment appropriately to help protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources including hard copies of the British National Formulary (BNF) and the BNF for children. The pharmacy used a range of measuring cylinders. There were separate cylinders to be used only for dispensing water. This helped reduce the risk of contamination. The pharmacy stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. It suitably positioned computer screens to ensure people couldn't see any confidential 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. The robot used to dispense multi-compartment compliance packs was regularly serviced. Team members were aware of the contact number of the service engineer who they could contact if there was an immediate problem with the robot.

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.