

Registered pharmacy inspection report

Pharmacy Name: D.J. Coleman Ltd, 121 Main Street, CARNWATH,
Lanarkshire, ML11 8HP

Pharmacy reference: 1042218

Type of pharmacy: Community

Date of inspection: 13/08/2019

Pharmacy context

The pharmacy is in the centre of Carnwath. It dispenses NHS prescriptions and provides a range of extra services. The pharmacy collects prescriptions from the local surgeries. And it supplies medicines in multi-compartmental compliance packs when people need extra help taking their medicines. Consultation facilities are available, and people can talk in private with pharmacy team members.

Overall inspection outcome

✓ **Standards 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 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 team members complete training and work to professional standards. They provide safe services and look after people's welfare. The pharmacy keeps records of mistakes when they happen. And introduce new safety measures to keep services safe and effective. The pharmacy keeps the records it needs to by law. And it keeps people's confidential information safe. The pharmacy team members know to follow the company's complaints handling procedure. This means they listen to people and put things right when they can.

Inspector's evidence

The pharmacy used standard operating procedures (SOPs) to define the pharmacy processes and procedures. The procedures had been last reviewed in July 2017. And team members had signed to show they understood their roles and responsibilities. The pharmacy kept the procedures in a folder. But, superseded records were also kept there. And it was time-consuming to find information. The pharmacy had displayed the responsible pharmacist notice. And it showed the name and registration number of the pharmacist in charge. The pharmacy team signed dispensing labels to show they had completed a dispensing task. And the pharmacist checked prescriptions and gave feedback to dispensers who failed to identify their own errors. The pharmacist had recorded a few near-misses each month. But did not always document the reason for the errors. The pharmacist monitored the near-misses. And provided a few examples of change to manage dispensing risks. For example, she had separated sildenafil and sertraline following dispensing errors. The pharmacist managed the incident reporting process. And the pharmacy team knew when incidents happened and what the cause had been. For example, they knew about a prescription hand-out error when the wrong prescription had been supplied. The pharmacist had instructed team members to always add flash notes to people with the same or similar names. And to re-read the hand-out SOP to ensure they always asked people to confirm their own address. The pharmacy used a complaints policy to ensure that staff handled complaints in a consistent manner. But it did not display information to inform people about its complaints process. And did not encourage people to provide feedback about its services.

The pharmacy maintained the legal pharmacy records it needed to by law. And the pharmacist in charge kept the responsible pharmacist record up to date. The pharmacy team kept the controlled drug registers up to date. And checked and verified the balance of controlled drugs on a weekly basis. The pharmacy team recorded controlled drugs that people returned for destruction. And the pharmacist and a team member recorded their name and signature to show who had carried out destructions. A sample of private prescriptions were up to date and met legal requirements. And specials records were kept up to date with details of what had been supplied and who had received it. The pharmacists used patient group directions to improve access to medicines and advice. And a sample trimethoprim patient group direction was valid until November 2019. The pharmacy had public liability and professional indemnity insurance in place and this was valid until October 2019.

The pharmacy displayed a 'fair data processing notice' which provided people with information about

its data protection arrangements. The pharmacy trained team members to comply with data protection arrangements. And they knew how to safeguard personal information. The team members used a shredder to securely dispose of confidential waste. And archived spent records for the standard retention period.

The protecting vulnerable group (PVG) scheme was used to help protect children and vulnerable adults. And the pharmacist had registered with the scheme. The pharmacy used a documented procedure to train the pharmacy team to protect the welfare of children. And team members knew to refer concerns to the pharmacist.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy monitors its staffing levels. And ensures it has the right number of suitably skilled pharmacy team members throughout the week. The pharmacy supports the pharmacy team to learn. And it provides some access to ongoing training. The pharmacy team members support each other in their day-to-day work. And the pharmacy encourages them to make improvements to keep services safe and effective.

Inspector's evidence

The pharmacy had not experienced any significant growth over the past year. And the work-load had remained mostly the same. The pharmacy did not use performance targets. And team members did not feel undue pressure to increase services. The dispensers had worked at the pharmacy for many years. And were experienced and knowledgeable in their roles. Two newly qualified dispensers and one newly qualified medicines counter assistant had been supported whilst undergoing training. And had been allocated time in the workplace to help them make good progress.

The locum pharmacist had worked at the pharmacy since January 2019. And was providing cover for the superintendent pharmacist who normally worked at the pharmacy. A second pharmacist provided cover on a Tuesday and Wednesday and a locum dispenser had been called on to provide cover for one of the pharmacists who was on leave. A minimum of two dispensers and one medicines counter assistant worked in the pharmacy. And the pharmacy managed annual leave requests to meet this requirement, with team members covering for each other when needed. The pharmacy kept the team's qualifications on-site. And the following team members were in post; one full-time pharmacist, a second pharmacist providing extra cover two days per week. Six part-time dispensers and two part-time medicines counter assistants.

The pharmacy did not use performance reviews to identify areas for development. And the pharmacist updated the pharmacy team whenever there were service changes. For example, when pregabalin and gabapentin were re-classified as Schedule 3 controlled drugs. And this ensured that team members asked people to sign for their prescriptions.

The pharmacy team members felt able to raise concerns and provide suggestions for improvement. For example, they had started to record information on the PMR about instalment prescription supplies. And had introduced a folder to keep all the current PGDs together in the one place for ease of access.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean. And provide a safe, secure and professional environment for patients to receive healthcare.

Inspector's evidence

A well-kept waiting area presented a professional image to the public. And the pharmacy provided seating and a few healthcare information leaflets for self-selection. The pharmacy had segregated benches for the different dispensing tasks. For example, a separate rear area could be used to dispense multi-compartmental compliance packs. The pharmacist supervised the medicines counter from the checking bench. And could make interventions when needed. The pharmacy had effective lighting. And the ambient temperature provided a comfortable environment from which to provide services. The pharmacy provided a consultation room. And it was professional in appearance.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy sources, stores and manages its medicines appropriately. And works with prescribers to make sure people taking some high-risk medicines get support to take these medicines safely. But, the pharmacy has not updated the pharmacy team about recent safety requirements. And this means they may not always provide the necessary information. The pharmacy has working instructions in place for its services. And these support the pharmacy team to work in a safe and effective way. The pharmacy dispenses multi-compartmental compliance packs. And it supplies extra information to these people to support them to take their medicines. The pharmacy displays its opening times in the window. And provides access to some healthcare information leaflets. These let people know what services and support are available to them.

Inspector's evidence

The pharmacy had a step-free entrance. And there were no access restrictions for people with mobility difficulties. The pharmacy displayed its opening hours in the window. And displayed most of its healthcare information leaflets in the consultation room with a few on open display. The dispensing benches were organised. And the pharmacy team used dispensing baskets to keep prescriptions and medicines contained throughout the dispensing process. The pharmacist checked that people taking high-risk medication such as warfarin and methotrexate kept up-to-date and had their bloods checked on a regular basis.

The pharmacy dispensed multi-compartment compliance packs for people who needed extra support with their medicines. And the pharmacy team had read and signed the dispensing SOP. This ensured they followed a safe and effective process. The pharmacist managed the process. And re-ordered new prescriptions in plenty of time. The pharmacist carried out clinical checks on receipt of new prescriptions. And processed them producing labels at the same time. The pharmacist passed the prescriptions and the labels to the dispensers. And they assembled the packs adding descriptions of medicines. The pharmacist added controlled drugs on the day the packs were due to be collected. And this was due to space restrictions in the controlled drug cabinets. The team members did not routinely supply patient information leaflets. And only did so if people had indicated that they wished to have them. The pharmacy team used trackers to show they were on track with dispensing. The pharmacist managed prescription changes. And updated the PMR and the paper records at the time they were notified. A large rear area was used to store the packs. And people signed to confirm they had collected a supply. The pharmacy provided a delivery service to housebound and vulnerable people. And made sure that people signed for their prescriptions to confirm receipt. The delivery driver relayed concerns and the pharmacist contacted the surgery when necessary.

The team members dispensed methadone doses at the end of the day for the next day. And they obtained an accuracy check at the time of dispensing and at the time of supply. The team members kept the pharmacy shelves neat and tidy. And purchased medicines and medical devices from recognised suppliers. The team members kept the pharmacy shelves neat and tidy. And kept controlled

drugs in three well-organised cabinets. The pharmacy team carried out regular stock management activities. And highlighted short dated stock and part-packs during regular checks. The team members monitored and recorded the fridge temperatures. And demonstrated that the temperature had remained between two and eight degrees Celsius. The pharmacy used a fridge for stock and another for dispensed items awaiting collection.

The pharmacy accepted returned medicines from the public. And disposed of them in yellow containers that the health board collected. The pharmacy team acted on drug alerts and recalls. And recorded the outcome, and the date they checked for affected stock. For example, they had checked for aripiprazole in July 2019 with no stock found. The pharmacy had not briefed its team members about the risk of some people taking valproate medication. And the team members did not know about the valproate pregnancy protection programme and where to find the safety leaflets and cards. The pharmacist produced the necessary cards and leaflets. And confirmed that she monitored prescriptions for valproate with the PMR showing that only one female received supplies at the time of the inspection. But, she did not meet the inclusion criteria. The pharmacy had purchased the necessary scanners and software. But, it had not implemented a system to comply with the Falsified Medicines Directive (FMD). The team members knew about the directive. And were awaiting instructions from the superintendent pharmacist who was due at the pharmacy the week of the inspection.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services. And it keeps it clean and well-maintained.

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. And the measures for methadone were highlighted in red and separated, so they were used exclusively for this purpose. The pharmacy kept cleaning materials for hard surface and equipment cleaning. And the pharmacy sink was clean and suitable for dispensing purposes. 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. The pharmacy team members used a portable phone. And they took calls in private when necessary.

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.