

Registered pharmacy inspection report

Pharmacy Name: Airth Pharmacy, 2 Shore Road, Airth, FALKIRK,
Stirlingshire, FK2 8LH

Pharmacy reference: 1092302

Type of pharmacy: Community

Date of inspection: 27/06/2019

Pharmacy context

The pharmacy is in the village of Airth and lies eight miles north of Falkirk town. The pharmacy dispenses NHS prescriptions and provides a range of extra services for the local community. It collects prescriptions from the local surgery. And supplies medicines in multi-compartmental compliance packs when people need extra help. Consultation facilities are available, and people can be seen in private.

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 trains the pharmacy team to work to policies and procedures. But, the pharmacy team do not always keep records when things go wrong. This prevents the team members from learning about their weaknesses. And prevents the pharmacy from making needed service improvements. The pharmacy keeps the records it needs to by law. And it understands its role in protecting vulnerable people. The pharmacy trains the pharmacy team to keep confidential information safe. But, it does not always comply with its own data protection procedures. People using the pharmacy can raise concerns. And staff know to follow the company's complaints handling procedure. And the pharmacy team listen to people and put things right when they can.

Inspector's evidence

The regular pharmacist had displayed the responsible pharmacist notice. And people could identify who was in charge. The pharmacy used standard operating procedures (SOPs) to define the pharmacy processes. And the pharmacy team had signed the procedures to confirm they understood their roles and responsibilities.

The pharmacy team signed dispensing labels to show they had completed a dispensing task. And this included dispensing and accuracy checking prescriptions. The pharmacist checked prescriptions. And gave feedback to dispensers who failed to identify their own errors. The pharmacy did not use near-miss records to identify service risks. And had only recorded one near-miss incident in 2019. The trainee dispenser provided a few examples of changes following selection errors, such as separating amlodipine and amoxicillin strengths. The pharmacist managed the incident reporting process. And the pharmacy team knew to refer incidents to the pharmacist. The pharmacist confirmed there had been no incidents reported in the past two years.

A complaints policy ensured that staff handled complaints in a consistent manner. And this managed the escalation of complaints. A notice informed people about the complaints process and provided access to contact details.

The pharmacy team listened to feedback and implemented change when they could. For example, they stocked suitable retail products when asked to and this avoided people having to travel into town.

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 at the time of dispensing. This meant that slow-moving stock was not always checked on a regular basis. The pharmacy recorded controlled drugs that people returned for destruction. The staff destroyed the controlled drugs on a regular basis. And the pharmacist and the team member recorded their names and signatures against each record following a destruction.

A sample of private prescriptions were up to date and met legal requirements. A sample of specials records were up to date. And the pharmacy team recorded the name of the person who had received the medication. The pharmacists used patient group directions to improve access to medicines and advice. And a sample trimethoprim patient group direction was valid until October 2020.

The pharmacy team had been trained to safeguard information. And the pharmacy displayed a notice to inform people that their personal information was kept safe. But, the desk-top in the consultation room had not been locked, and there was unrestricted access to personal information. The pharmacy shredded confidential information and archived spent records for the standard retention period. The pharmacy team stored prescriptions out of view of the waiting area. And took calls in private using a portable phone.

The protecting vulnerable group scheme was used to help protect children and vulnerable adults. And the pharmacy had registered the pharmacist. The pharmacy team had read and signed the safeguarding policy. And they knew how to raise concerns when they recognised the signs and symptoms of abuse and neglect. The pharmacy team were aware of their vulnerable groups. And key contact details were available should a referral be necessary. The dispenser had liaised with the pharmacist when someone had presented for their methadone dose. And the person was asked to call back later due to them being intoxicated.

Public liability and professional indemnity insurance were in place and valid until 30 April 2020.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy monitors its staffing levels. And ensures it has the right number of pharmacy team members throughout the week. The pharmacy team members support each other in their day-to-day work. They can speak up when there are problems. And suggest service improvements when needed. The pharmacist updates team members when there are service changes. But there is limited access to ongoing training. And this may prevent pharmacy team members from improving in their roles. The pharmacy enrolls team members onto the necessary courses. But more support is needed to ensure they make adequate progress.

Inspector's evidence

The pharmacy work-load had remained stable over the past year. The pharmacy kept staff qualifications on-site so that evidence of accreditation was available. And the following staff were in post at the pharmacy: one full-time responsible pharmacist who had worked at the pharmacy since it opened around 12 years ago; one part-time dispenser; and one part-time trainee dispenser. The trainee dispenser had been enrolled onto the NVQ pharmacy services level 2 course. But had not made any progress since December 2018. The pharmacy kept a locum folder on the desk-top. And this provided background information about the running of the pharmacy.

The pharmacy managed annual leave requests. And the dispensers were expected to provide cover for each other.

The pharmacy owner did not use service targets and relied on the pharmacy team to provide a good service to maintain and develop the business.

The pharmacy did not use an annual performance review to develop staff. And the pharmacist updated the pharmacy team whenever there were changes. For example, when pregabalin and gabapentin were re-classified as Schedule 3 controlled drugs. And this ensured that the pharmacy team asked people to sign for their prescriptions.

The pharmacy provided the pharmacy team with access to pharmacy magazines. And the trainee dispenser confirmed she had read an article about hay-fever.

The pharmacy team members raised concerns and provided suggestions for improvement. For example, the trainee dispenser had suggested collecting prescriptions from the local surgery. And this had provided the opportunity to better manage the work-load.

The pharmacist discussed queries with patients. And gave advice when handing out prescriptions.

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

The pharmacy maintained and cleaned the premises on a regular basis. A large well-kept waiting area presented a professional image to the public. And the pharmacy provided seating and patient information leaflets for self-selection in the waiting area. A consultation room was available and professional in appearance. The pharmacy had allocated benches for the different dispensing tasks. And the pharmacy team dispensed walk-in prescriptions near to the waiting area. This ensured they made interventions when needed.

The pharmacy dispensed multi-compartment medicine packs. And a separate bench was used to manage the risk of congestion.

A security alarm protected the pharmacy after hours.

The pharmacy had effective lighting. And the ambient temperature provided a comfortable environment from which to provide services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible to people with mobility difficulties. It displays its opening times in the window, and provides access to patient information leaflets. This means that people know what services and extra support is available to them. The pharmacy has working instructions in place for its services. And this ensures the pharmacy team are supported to work in a safe and effective way. The pharmacy dispenses multi-compartmental compliance packs. But it does not always supply additional information to support people and their carers. The pharmacy sources, stores and manages its medicines. It updates the pharmacy team about high-risk medicines. And this means that team members know when to provide people with extra information.

Inspector's evidence

The pharmacy entrance had a small lip. But the pharmacy team confirmed this did not restrict access for people with mobility difficulties. The pharmacy provided seating next to the medicines counter. The pharmacy displayed opening hours in the pharmacy window. And displayed leaflets in the waiting and consultation areas.

The pharmacy had provided blood glucose testing as part of a diabetes awareness programme. And the pharmacist had identified a need to provide inhaler technique advice after observing people using their inhalers incorrectly.

The pharmacy had adequate benches for dispensing activities. And the pharmacy team used dispensing baskets to keep prescriptions and medicines contained throughout the dispensing process.

The pharmacy provided multi-compartment medicine packs for people who needed extra help with their medicines. And a SOP was used to define the procedure. The pharmacy had installed extra shelving when the health board issued instructions that only one pack should be issued at a time. And this managed the risk of selection errors.

The pharmacist managed multi-compartment compliance packs dispensing. And ordered and checked prescriptions before handing over to the dispensers for assembly. The pharmacist created a new patient record sheet and updated the PMR when notified of changes. And packs were isolated until a new prescription was sent by the surgery. However, an audit trail of changes was not kept. The pharmacy team supplied patient information leaflets. But did not provide descriptions of medicines.

The pharmacy team kept the pharmacy shelves neat and tidy. And purchased medicines and medical devices from recognised suppliers. The pharmacy kept controlled drugs in a well-organised cabinet. The pharmacy team carried out regular stock management activities. And highlighted short dated stock and part-packs. They monitored and recorded the fridge temperatures. And demonstrated that the temperature had remained between two and eight degrees. Staff 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 stocks of paracetamol in June 2019 with none found.

The pharmacist had briefed the pharmacy team about the use of Valproate in people who may become pregnant. And they knew about the pregnancy protection scheme and where to find safety leaflets and cards.

The pharmacy had trained staff to follow the falsified medicines directive. And although it had installed a bar-code reader the system had not been implemented.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services. But, it needs to provide assurance that the equipment has been regularly tested or replaced, and is measuring properly.

Inspector's evidence

The pharmacy had access to a range of up to date reference sources, including the British National Formulary (BNF). The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. And it had a separate measure for measuring methadone. The measures were marked blue for methadone and others were available for measuring other liquids such as antibiotics.

The pharmacy had a range of equipment for counting loose tablets and capsules. Cleaning materials were available for hard surface and equipment cleaning. And the pharmacy sink was clean and suitable for dispensing purposes.

The pharmacy used blood pressure and blood glucose monitoring equipment. The pharmacist had recently replaced the equipment but could not verify when this had taken place. The pharmacy had a consultation room. And this protected people's privacy and dignity.

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.