

Registered pharmacy inspection report

Pharmacy Name: Carfin Pharmacy, 1-3 Motherwell Road, Carfin,
MOTHERWELL, Lanarkshire, ML1 4EB

Pharmacy reference: 1092603

Type of pharmacy: Community

Date of inspection: 30/05/2019

Pharmacy context

This is a pharmacy in the village of Carfin. It offers the usual range of Pharmacy First services as well as seasonal flu vaccinations. It dispenses medicines to people who walk-in with a prescription. And to those who need repeat medicines as well as people using multi-compartmental compliance packs. The pharmacy also supplies people with supervised methadone doses.

Overall inspection outcome

Standards not all 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 not all met	1.1	Standard not met	The pharmacy team members have not signed the standard operating procedures (SOPs) and are not following all of them consistently. This increases the risk of tasks not being completed properly and errors happening.
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 not all met	4.4	Standard not met	The pharmacy doesn't have a robust process for actioning drug recalls. The recording of the receipt and implementation of medicine recalls is insufficient. And the requirements of the Valproate Pregnancy Prevention Programme are not being fully met increasing the risk of people not having the information they need to take their medicines safely, .
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy has some systems in place for the management of risk, but the pharmacy team members do not always follow the pharmacy's written procedures. So there may be an increased risk of errors happening. The procedures are not signed by staff members to show they have read and understood them. Pharmacy team members do not record most near misses, and those that they do record lack detail. Generally, the pharmacy protects people's privacy and confidentiality. But the pharmacy does not always make sure that it holds all sensitive information securely. Pharmacy team members are aware of how to protect children and vulnerable adults from harm. But there is a lack of support and training to assist them.

The pharmacy informs people as to how to provide feedback about its services. But it does not actively seek feedback so may miss opportunities to drive improvement. The pharmacy mostly keeps the records it is required to by law.

Inspector's evidence

The pharmacy was large with both a good-sized retail area and a large dispensary. It had good bench and shelf space and a further dispensary at the rear of the premises. The checking bench overlooked the front counter and allowed effective supervision. The rear dispensary was mostly used to dispense medicines in multi-compartmental compliance packs for people. The pharmacy had a set of standard operating procedures (SOPs) which were mostly in date. But in most cases, they were not properly authorised.

Pharmacy team members had not signed them to show they had read and understood the SOPs. The pharmacy team members were mostly following the SOPs but there were instances where they were not. And this may increase the risk of errors. Examples included not removing out of date products from the shelves as required by the date checking SOP.

There was a record of four near miss errors for part of February 2019 but no other records were available. These records lacked detail that would allow a review of trends. Details omitted included who had made the mistake and what actions the pharmacy team members took to resolve the issue to prevent recurrence. This meant that they may miss opportunities to learn from mistakes and stop them happening again.

The pharmacy informed people how to provide feedback via a notice at the counter. This advised them to speak to their pharmacist if they had a complaint about NHS services. There were no other means of promoting feedback. There was little evidence of improvement from near misses. And records of errors and complaints lacked any detail of improvements.

Professional indemnity insurance in place until October 2020. Controlled Drug records were generally well kept. But one page of the patient returned controlled drug register was missing a pharmacist signature on the records of destruction. There were frequent stock and running balance checks. And a sample taken showed that the actual and theoretical amounts were in agreement.

The private prescription records were complete. The pharmacy made emergency supplies under the

Community Pharmacy Urgent Supply (CPUS) scheme. And these were complete.

Records of specially ordered items were also complete, but copies of labels used on the special items were missing. This would make it difficult to know which patient had received such items should there be a need to recall the items.

The pharmacy recorded fridge temperatures every day. And, the temperatures recorded were within the required range. The Responsible pharmacist log was complete. But the sign-off times at night were missing on several days per month.

The inspector found two patient identifiable repeat prescription slips in the general waste. Prescriptions items awaiting collection could not be read by people waiting at the counter. Computer screens were hidden from unauthorised people to maintain confidentiality. The pharmacist was Protection of Vulnerable Groups (PVG) registered. But they were unsure if they had completed the NHS Education Scotland (NES) training on child and adult protection. Staff had not received any training on safeguarding. And there were no local contact numbers listed to assist them.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are suitable numbers of qualified staff to provide the services on offer. Pharmacy team members can provide a range of services and they are comfortable to provide feedback and the owner responds to this. But they have little access to training once qualified. And there is no process of appraisal to identify ongoing training needs. The pharmacy team members have no time during the working day to further develop their skills. There is a lack of a culture of learning from feedback and errors.

Inspector's evidence

On the day of inspection there were: one pharmacist (Full Time); one part-time dispensing assistant (NVQ 2); two full-time dispensing assistants (NVQ 2); one part-time medicine counter assistant. Staff on the day were coping well with the workload. Several of the staff had obtained their vocational NVQ2 qualifications whilst working in the store. But, the pharmacy provided no further training post qualification. There was no access to further training resources and there was no appraisal scheme that could help identify training needs.

A lack of full recording and review of near misses showed a lack of a learning culture in the pharmacy.

Staff were comfortable to provide feedback and gave an example of putting forward a case for a new fridge. The pharmacy needed this because of an increase in the number of people receiving insulin in larger pack sizes. The owner agreed to the team's proposal, and there are now two fridges, the new one being of a large size.

There were no formal targets in use in the store. But occasionally the pharmacy asked team members to promote the benefits of the Minor Ailment Service to patients. They were happy to do so.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is generally clean and tidy. The premises are secure and there are adequate arrangements for patients to have private conversations with the pharmacist. But the dispensary shelves are cluttered and untidy

Inspector's evidence

The pharmacy was large with both a good-sized retail area and a large dispensary with good bench and shelf space. There was a further small dispensary at the rear. The checking bench overlooked the front counter and allowed effective supervision. The benches were cluttered with medicines awaiting collection. The pharmacy was clean and tidy but the dispensary shelves were cluttered and untidy and needed attention.

The premises were well lit and were air conditioned. Controlled drug security was generally good but some aspects of security needed improvement. The controlled drug cabinet was secured as required. There was a partially enclosed consultation room, which the pharmacy team members used for people to have a confidential conversation with the pharmacist. It also allowed privacy in the supply of supervised methadone.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy offers a wide range of services to meet the needs of local people. It uses a range of safe working techniques. These include baskets to keep items together during dispensing. And audit trails to track dispensing and checking. But there were mistakes made with the supply of multi-compartmental compliance packs. The pharmacy has no evidence that arrangements for dealing with medicine recalls are satisfactory. And arrangements for delivery of the Valproate Pregnancy Protection Plan are insufficient. But it does follow the requirements of the Falsified Medicines Directive.

Inspector's evidence

Entry to the premises was through a door level with the street, and the counters were low in height for those in wheelchairs. There were no hearing loops on the counter for those with hearing difficulties. The pharmacy promoted the services it offered via leaflets in-store and posters in the window. The pharmacy team members made use of safe working practices. These included the use of baskets to keep items all together. And audit trails of "dispensed by" and "checked by" signatures. But, they did not use these signature audit trails consistently.

There were issues with the system for dispensing multi-compartmental compliance packs. Of two packs checked, one had incorrect descriptions of two of the medicines contained in it. This was due to the pharmacy team member changing the brand of Alverine Citrate capsules halfway through the filling of the compliance pack. One capsule was dark blue and this was accurately recorded. But the other capsule was both light and dark blue, and so the description was inadequate. In the same pack, the label described Folic Acid tablets as orange in colour when they were yellow.

The pharmacy offered a delivery service and kept records of people's signatures, obtained on receipt of delivery. The pharmacy used the same system of records for both prescription only medicines and controlled drugs. The driver put some deliveries through people's letter boxes, where they had given permission for this. But, there was no evidence of risk assessment for each case. And no documented records of informed consent. No medicines or records were left in the delivery van overnight. Where a person was not at home the driver left a card asking them to contact the pharmacy to re-arrange delivery.

Date checking took place but was inconsistent. One bottle of out of date cetirizine was found on the shelves, but all other medicines looked at were in date. There were multiple instances of mixed batches of tablets being kept in the same box, which would make date checking and checking for recall medicines difficult.

There were no records available to show that drug recalls and alerts were regularly received. And no records that showed they were acted upon and what the actions taken were. The pharmacist did not have the materials needed to provide extra information to people who were receiving valproate.

The pharmacy had installed the hardware and software needed to support the Falsified Medicines Directive (FMD). And staff were decommissioning products where the bar code allowed. There had been little training in the use of the new system, and there was no FMD SOP to support staff.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has sufficient equipment for the services it offers and such equipment is well maintained to provide accurate measurement.

Inspector's evidence

The pharmacy had a range of glass measuring equipment stamped with either the ISO or Crown markings. 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.

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.