

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: 29/04/2021

Pharmacy context

This is a pharmacy on a main road on the outskirts of Motherwell. 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 the pharmacy also supports people on supervised medicines. This pharmacy was inspected during the COVID-19 pandemic.

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 does not identify and manage all the risks to its services. It does not recognise the risk of not acting on drug recalls. And it does not have up-to-date procedures for all its services that team members follow to minimise risk.
		1.2	Standard not met	The current pharmacy team members have little direction on how to record and analyse errors. There is little evidence of sharing any learning and making changes to prevent recurrence.
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 does not have robust arrangements for dealing with medicine recalls. And it has no evidence to provide assurance that the team has acted on recent drug recalls. It has not learnt from the previous inspection.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy team members do not identify and manage all the risks to their provided services. They do not record the errors they make whilst dispensing. And there is no evidence of analysis of these errors or any action taken to prevent recurrence. The pharmacy has some written procedures for the team members to follow. But some of these not up to date. And pharmacy team members do not effectively use them to minimise risk. The pharmacy effectively protects the privacy and confidentiality of people's information. It could do more to encourage feedback from people using the pharmacy. The team members are aware of how to protect children and vulnerable adults from harm.

Inspector's evidence

The pharmacy was a large size with a good-sized retail area and a large dispensary, in two parts. Due to the pandemic the pharmacy team members were all wearing masks. There were screens on the counter and alcohol gel available for both members of the public and team members. The pharmacy being in two parts helped with social distancing. Numbers of people allowed into the pharmacy were restricted to three, and there was sufficient space in the front shop to allow them to socially distance. There were posters available to support team members and patients on virus infection control. The bench and shelf space were adequate for the work being undertaken. The checking bench overlooked the front counter and allowed effective supervision. And there was a separate room for the preparation and storage of multi-compartment compliance packs. 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 followed or properly authorised. The medicines recall SOP was issued in February 2019 with a review date of February 2021, but at the time of inspection this was yet to be undertaken. There were no records of any medicine recalls being actioned since September 2020. The Responsible Pharmacist SOP was signed by staff but not by a pharmacist. The assembly and labelling SOP had not been authorised or dated and had not been signed by a pharmacist. The pharmacy had not adequately improved since the last inspection.

The pharmacy team members did not regularly record near misses and dispensing errors that reached patients. The last recorded near misses were in September 2020. The pharmacy had a change in team members at this point and the current team had little direction to record and learn from errors. There was no evidence of a regular review of any errors to aid learning from these mistakes. Team members were unable to describe a formal review process that brought all the errors together for analysis. There was nothing in the pharmacy to inform people on how to provide feedback or complain. And there was little evidence of pharmacy team members using feedback to drive improvement.

The pharmacy had professional indemnity insurance until 16 June 2021. Controlled drug (CD) records were complete with evidence of weekly balance checks on methadone liquid but an absence of such checks on many solid dosage forms, including one not checked for at least two years and had a discrepancy in the quantity. Subsequent review by the responsible pharmacist provided explanations for this discrepancy including incorrect recording and using the wrong section in the register. The patient returned CD drug register was complete and up to date. There were medicines in the CD cabinet that required destruction. The pharmacy recorded fridge temperatures on a daily basis. And all recorded temperatures were in the required range of two to eight degrees Celsius. The Responsible pharmacist log was complete. There were designated waste bins containing secure sacks for

confidential waste destruction, and no confidential waste was found in the normal waste bins. Confidential waste was shredded on site. 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. They were aware of Ask for ANI (action needed immediately) but had not yet had anyone request the service. Team members had read this guidance and could give examples of safeguarding. The pharmacist was Protection of Vulnerable Groups (PVG) registered. And had completed the NHS Education Scotland (NES) training on child and adult protection.

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 does not fully support team members in their ongoing development by providing resources during the working day for training. Training is ad hoc and all team members have appropriate qualifications. The pharmacy team members feel comfortable raising concerns if they need to.

Inspector's evidence

On the day of inspection there were : One pharmacist working 9am to 6pm, and three qualified dispensers, 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 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. They did not appear to have had the opportunity to become fully engaged in the pharmacy. 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.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean and spacious. And the dispensary is tidy and well ordered. The pharmacy has a 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 dispensary was large and clean and had enough available bench space. The premises were clean and well-lit and well presented, and the dispensary was uncluttered and tidy. Temperatures were comfortable. Medicines on the shelving were well ordered. And this helped with the date checking process and to reduce picking errors. The premises were protected from unauthorised entry. Confidential facilities were used when appropriate and requested, and arrangements had been made for those still receiving supervised medicines in the pandemic to have privacy.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy does not have robust arrangements for dealing with medicine recalls. So, there is a risk it may supply medicines that are not fit for use. The pharmacy uses a range of safe working techniques and pharmacy team members regularly check the expiry dates of medicines. But medicines are not always stored in a way that ensures they are suitably labelled and packaged. The pharmacy has sufficient materials to help support people taking higher-risk medicines.

Inspector's evidence

Entry to the premises was through a front door with level access to the street. And the 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 medicines had audit trails of 'dispensed by' and 'checked by' signatures, including those in multi-compartment compliance packs. There were extra labels and cards from the valproate pregnancy prevention programme (PPP). There were a large number of multi-compartment compliance packs, with enough room to store them. And to dispense the packs. But not all compliance packs had accurate descriptions of the medicines they contained. Naproxen for one patient was described as being white and marked NPREC 500. In fact it was lemon in colour and was marked A458. This despite the descriptions being handwritten. And the pharmacy provided patient information leaflets at the start of each four weekly cycle. The pharmacy issued most packs one week at a time as requested by the prescriber.

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. There was a timetable for date checking. The pharmacy had regularly completed date checking. And there were no out-of-date medicines on the shelves. All other liquids with a short shelf life once opened had the date of opening recorded. The pharmacy had no records since September 2020 that showed that drug recalls and alerts were regularly received and acted upon. And the team could not confirm that these latest recalls and alerts had been actioned. Several packs of medicines that had been decanted into skillets did not have the batch numbers recorded on the label e.g. lamotrigine 50mg, Priadel 200mg and quetiapine 300mg. Some boxes contained mixed batches of medicine e.g. solifenacin 5mg or mixed brands e.g. levetiracetam 250mg.

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.