

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: 03/03/2022

Pharmacy context

This is a pharmacy on a main road on the outskirts of Motherwell. It provides the usual services under the Scottish Pharmacy First 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. The pharmacy was inspected during the COVID-19 pandemic.

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 team members generally identify and manage the risks to the services they provide. And they mostly have up-to-date written procedures to follow. Team members effectively protect the privacy and confidentiality of people's information. And they are aware of how to help protect children and vulnerable adults from harm. They ordinarily record errors they make, and the pharmacy has a monthly review to identify corrective actions. However, this process could be more consistent with more comprehensive improvement actions.

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 with virus infection control.

The bench and shelf space were good for the work being undertaken. The pharmacy shelves and benches were clean and tidy, which provided more useful space. 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. This area was notably less cluttered than on a previous inspection, with all medications in original containers. The pharmacy had a set of standard operating procedures (SOPs). And changes had been made since the last inspection, notably with regards to the SOP for medicine recalls. The majority, but not all, of the pharmacy team members had signed all the SOPs to show they had read and understood them. Some SOPs were not properly authorised with the signature or name of the author, and others had manual changes made but with no note of who made the changes and when. This included the SOP for assembly and labelling of prescriptions. The safe and effective storage of Medicines SOP had no records of team members signatures to show they had read and understood the SOP. There was a complete record of all medicine alerts received, along with the notes of actions taken.

The pharmacy team members mostly recorded near misses and dispensing errors that reached patients. But the detail of the nature of the error was poor, and in many cases the medicines involved were not identified. There were notes of monthly reviews, but again these lacked detail and tended to be very generic e.g. "check if tablets or capsules". No notes of errors had been added to people's records so as to alert team members in the future. The last recorded near misses were in December 2021. Recording of near misses and errors had been regular up to that point, but none had been recorded since then.

The pharmacy had professional indemnity insurance until 15th June 2022. There was also Employers Liability Insurance until 1st August 2022 and PAT testing until December 2022. Controlled drug (CD) records were complete with evidence of weekly balance checks on methadone liquid and regular checks on solid dosage forms. A sample of CDs checked showed that the record and the stock tallied. The patient returned CD drug register was complete and up to date. There were few medicines in the

CD cabinet that required destruction. The pharmacy recorded temperatures for both fridges 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 no issues with the private prescription record or of private prescriptions received.

There were waste bins with normal waste and baskets containing confidential material to be shredded, and no confidential waste was found in the normal waste bins. 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 guidance on protecting children and vulnerable adults 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 trained team members to safely provide the services it offers. All team members have appropriate qualifications. They mostly feel comfortable raising concerns if they need to. The pharmacy provides ongoing ad hoc training. But does not always fully support team members in their ongoing development by providing resources during the working day for training.

Inspector's evidence

On the day of inspection there was one pharmacist working and three qualified dispensers, and a delivery driver. The regular pharmacist and another member of staff were away from the business. The pharmacist on duty was a long-term locum who was well accustomed to the branch and the pharmacy team. 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 but team members could provide examples of improvements they had implemented. These included amendments to the multi-compartment compliance pack process and the creation of a roster to improve date checking. Pharmacy team members were confident in their role and pharmacy team members felt they could raise any concerns or ideas with the responsible pharmacist. However, there was some anxiety regarding the implementation and use of the update to the patient medication record (PMR) system, alongside the "Golden Tote" system. This involved the use of bar codes for the accuracy check. Team members were operating the system safely, but were unsure of its accuracy. There was no SOP for the new system, nor had there been a risk assessment regarding the change of process and its consequences. 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 met

Summary findings

The pharmacy has robust arrangements for dealing with medicine recalls. The pharmacy team members employ a range of safe working techniques and use a bar coding system to support accuracy checks. They store medicines 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. Since the last inspection the pharmacy had implemented the latest PMR system, and this included using the Golden Tote scheme. The process began when a prescription was received and called up to the PMR system. At this point the pharmacist was able to make and record a clinical check. At the same time the medicine required was ordered from the wholesaler. When such medicines arrived in a marked tote, there was a delivery note with a Q Code. When this was scanned it produced a numbered label (with a barcode) for each prescription for which there was stock in the tote. These were attached to baskets. When the item was taken out of the tote and scanned, the system told the dispenser which numbered basket to put it in. At this point the bar code of the product was being checked against the bar code of the prescription to ensure the right medicine went into the right basket. Once completed, labels were printed for each item in each prescription. When finally labelling and assembling the items the Q codes on the products on the labels and on the products were scanned to ensure the right items and directions were being used for the prescription. In this way the dispenser was able to use barcodes to support an accuracy check and ensure the item was correct. If there was any mismatch in the bar codes the system prevented the dispenser from continuing until corrected.

The pharmacy had extra labels and cards available 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. All compliance packs had accurate, hand-written descriptions of the medicines they contained. 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. The controlled drugs were only recorded as "CD" on the delivery records and did not have a signature for receipt. 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. But there were a few out-of-date medicines on the shelves. Date checking had been regular up until Dec 2021 but had then stopped. All other liquids with a short shelf life once opened had the date of opening recorded. The pharmacy had complete records that showed that drug recalls and alerts were regularly received and acted upon. And the team recorded actions taken. No medicines had been decanted into skillets or amber bottles and therefore all had the batch numbers and expiry dates recorded on the

label. No boxes contained mixed batches of medicine which was an improvement since the last inspection.

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. The pharmacy had recently updated its PMR system to allow accuracy checking via bar coding.

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.