

# Registered pharmacy inspection report

**Pharmacy Name:** D.Charteris, 65 Main Street, Kilsyth, GLASGOW,  
G65 0AH

**Pharmacy reference:** 1125346

**Type of pharmacy:** Community

**Date of inspection:** 14/11/2019

## Pharmacy context

This is a community pharmacy on the main street of the town of Kilsyth. It provides the usual range of pharmacy first services to the local community. This includes supplying medicines in multi-compartment compliance packs. And supporting people on substance misuse services. It also provides the minor ailments scheme.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy generally identifies and manages the risks to its services. And the team members are aware of how to protect children and vulnerable adults from harm. It mostly protects the privacy and confidentiality of people. And they make a record of most of the mistakes they make whilst dispensing. And they analyse this information to help them reduce the risk of a similar mistake in the future. There is a comprehensive set of written procedures to support team members. But not all team members have signed them. And the team could do more to encourage feedback from people using the pharmacy.

### Inspector's evidence

The pharmacy was large sized with a good-sized retail area and a large dispensary. The bench and shelf space was more than adequate for the work being undertaken. The checking bench overlooked the front counter and allowed effective supervision. The pharmacy had two sets of Standard Operating Procedures (SOPs). And they were currently moving from one set to the other. But only half the pharmacy team members had signed the new SOPs to show they had read and understood them. This despite the pharmacy introducing the new SOPs five months ago. The pharmacy archived the old SOPs so they could access them if needed. The new SOPs were in date and properly authorised. The pharmacy team members were mostly following the SOPs. But there were instances where they were not. Examples included not recording near dated stock in a register which would help pharmacy team members to remove items at their expiry date. The pharmacy had regularly completed date checking. And there was no out of date medicines on the shelves. The pharmacy team members had marked short dated medicines with a coloured dot.

The pharmacy team members regularly recorded near misses and dispensing errors. The near misses were not always recorded in full detail. But there was a review and learning from these errors. For example pharmacy team members separated ropinirole and risperidone on the shelves after they had been mixed up in a near miss. The pharmacy sent a monthly review report to the company pharmacy superintendent at the end of each month. But the actions identified were sometimes vague e.g. take more care. There was nothing in the pharmacy to inform people on how to provide feedback or complain. The last complaint had been about the time taken to obtain a repeat prescription. An investigation showed that the local surgery had increased their lead time for a repeat prescription by 24 hours. But they had not informed people of this. At the request of the pharmacy the surgery changed the lead time printed on prescription re-order slips from 48 hours to three working days. As a result such complaints decreased. There were no other means of promoting feedback. And there was little evidence of pharmacy team members using feedback to drive improvement. The pharmacy had professional indemnity insurance until 28 April 2020. Controlled drug (CD) records were acceptable. A check of actual versus theoretical stock showed that the figures agreed with each other. All records of patient returned Controlled Drugs (CDs) had both a pharmacist and a witness signature. The private prescription records were complete.

The pharmacy made emergency supplies under the Community Pharmacy Urgent Supply (CPUS) scheme. It recorded fridge temperatures every day. And all temperatures were in the required range of two to eight degrees Celsius. The Responsible pharmacist log was not always complete. Some days had no entry, and others were missing the sign off time. No person identifiable information was in the

general waste. But there were plastic cups with people's names on them, in the unlocked consultation room, that the pharmacy had used to supply methadone. The pharmacy stored confidential waste in special refuse sacks and shredded waste on site. People waiting at the counter could not read computer screens. Or read details of prescriptions awaiting collection in the dispensary. Pharmacy team members had had training on information governance. And they had access to written NPA guidance on data protection and confidentiality. This was part of the archived SOPs and team members could still refer to them. The pharmacy had a notice to tell people how the pharmacy would use their information.

The pharmacy had written guidance for pharmacy team members on safeguarding. And this helped them to look after vulnerable people. And 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

There are enough suitably qualified pharmacy team members to provide the services on offer. And team members can access a range of training materials. The pharmacy supports team members in their development by providing time during the working day to use these resources. There are regular annual reviews and appraisals but no formal training plans. This means training can sometimes be ad hoc. Team members are able to provide a range of services.

### Inspector's evidence

On the day of inspection there were : One pharmacist (full time); one accuracy checking technician (ACT); two dispensers and one trainee dispenser. There were enough suitably qualified team members on the day of the inspection to complete the work. Team members undertook regular training. Recent examples included Champix training and Dementia Friends training. One member of the team was currently undertaking dispenser training. The pharmacy supported training by providing time during the working day to complete it. There were regular annual appraisals. The pharmacist determined what training the pharmacy provided. But this was somewhat ad hoc and not always related to the appraisal. There were no training plans as such, but each team member had a record of their training.

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.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are clean and tidy and present a suitably hygienic environment for the provision of health care services. The pharmacy has several rooms that it can use so that people can have private conversations with the pharmacist. And the premises are protected against unauthorised entry.

### Inspector's evidence

The dispensary was large and had enough available bench space. The benches had stacks of baskets containing repeat prescriptions and multi compartment compliance packs waiting for checking. The team members had not yet sealed the packs. But they supported them in foam frames secured with elastic bands to prevent items becoming mixed. The premises were clean, tidy and well-lit and presented. Temperatures were comfortable. The medicines on the shelving were well ordered which helped with the date checking process and to reduce dispensing errors. The consultation room had a blood pressure monitor and smoking cessation meter and both had a date of calibration. There were two other rooms available from which to offer additional services. And all had a desk, chairs and running water for handwashing.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy uses a range of safe working techniques. These include baskets to keep items together whilst dispensing. And audit trails to track dispensing. And pharmacy team members regularly check the expiry dates of medicines. And store such medicines in a way that they are suitably labelled and packaged. The pharmacy has arrangements for dealing with medicine recalls. And keeps records of actions taken. The pharmacy also has sufficient materials to brief people receiving valproate medication. But it could improve record keeping for such assessments.

### Inspector's evidence

Entry to the premises was through back and front doors, both with level access and power assisted opening. And the counters were low in height for those in 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. Stickers were in use for fridge lines and CDs awaiting collection. And to alert pharmacy team members to anyone who the pharmacist wished to speak to. Other 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. The pharmacist had a range of materials to provide extra information to people who were diabetic, on warfarin or receiving valproate. There were extra labels and cards from the valproate pregnancy prevention programme (PPP). But there was no evidence of a review of existing valproate patients. There were a large number of multi-compartment compliance packs, with enough room to store them. And to dispense the packs. Packs had accurate descriptions of the medicines they contained. And the pharmacy provided patient information leaflets at the start of each four weekly cycle. All compliance packs had both a 'checked by' and 'dispensed by' signature. And the pharmacy issued all packs one week at a time as requested by the prescriber.

The pharmacy offered a delivery service. And kept paper records of people's signatures, obtained on receipt of delivery. No unattended deliveries were made and the driver did not leave medicines in the van overnight. Where a person was not at home the driver would leave a card asking them to contact the pharmacy to re-arrange delivery. The pharmacy had records available that showed that drug recalls and alerts were regularly received and acted upon. And it kept records of the actions taken. Date checking was in place and there were no out of date medicines found on the shelves. All medicines were suitably labelled and packaged. The team members were aware of the Falsified Medicines Directive (FMD) regulations. They had scanners in place and were registered with SecurMed. They were making use of these and were implementing new updated SOPs from their head office.

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 a blood pressure meter , which was no longer in use. 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
<span>✓ Excellent practice</span>	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.
<span>✓ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span>✓ Standards met</span>	The pharmacy meets all the standards.
<span>Standards not all met</span>	The pharmacy has not met one or more standards.