

# Registered pharmacy inspection report

**Pharmacy Name:** Care Pharmacy, 55 Main Road, Springside, Irvine, North Ayrshire, KA11 3AX

**Pharmacy reference:** 9010367

**Type of pharmacy:** Community

**Date of inspection:** 23/07/2019

## Pharmacy context

This is a pharmacy in the village of Springfield, near Irvine. It offers the usual range of Pharmacy First services as well as independent prescriber clinics for asthma and chronic obstructive pulmonary disease. 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. It also offers a throat swab service to detect streptococcal throat infections.

## 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 has some systems in place for the management of risk. Pharmacy team members record most near misses, and those that they do record lack detail of effective corrective actions taken to prevent recurrence. The pharmacy informs people on how to provide feedback about its services. The pharmacy mostly keeps the records it is required to by law. The pharmacy protects people's privacy and confidentiality. 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.

### Inspector's evidence

The pharmacy was small sized with a main dispensary and small multi-compartmental compliance pack service checking area at the back of the premises. The pharmacy had a set of standard operating procedures (SOPs) which were in date and had been properly authorised by the superintendent. All members of staff had signed them to show they had read and understood the SOPs.

The pharmacy usually recorded and reviewed near misses and took actions to prevent recurrence. But recording was inconsistent with no near misses recorded in March. They did not always fully analyse data collected to identify opportunities to prevent recurrence. Improvement actions taken included separating medicines such as paracetamol and co-codamol on the shelves. As well as physically separating stock the team members also placed shelf edge warning labels under such items. The pharmacy team members discussed near misses regularly, and reviewed them 6 monthly. Records of such discussions and reviews were not available.

The pharmacy requested people, via a notice at the counter, to provide feedback about their services. There was a collection box and blank forms for this purpose. People could complete and post a written feedback form in store. There were two forms in the box at the time of inspection and both were very positive about the team members, premises and services. The area of greatest weakness identified was in retail stock availability. Action had been taken to better ensure that customers found the stock they required. Customer feedback was not displayed to people in the store, nor was there information on how their feedback was used.

Professional indemnity insurance was in place until 31 May 2021. Controlled Drug (CD) records were generally complete, and there had been regular, if infrequent, balance checks. A check of actual versus theoretical stock showed agreement. All records of patient-returned controlled drugs (CDs) had a pharmacist and a witness signature for destruction. The pharmacy did not keep records, as required, of CD deliveries to patients. The private prescription records were generally complete, although date of supply was often missing. And not all records had the full details of the prescriber. The pharmacy made emergency supplies under the Community Pharmacy Urgent Supply (CPUS) scheme and records were complete. Pharmacy team members recorded fridge temperatures daily. And the temperatures recorded were within the required range. But, the lower range was not recorded due to a misunderstanding of how the fridge thermometer worked. The pharmacist corrected this during the inspection. The Responsible pharmacist log was complete but pharmacist absences were not recorded. People standing at the counter could not see other people's details on prescriptions awaiting collection. No computer screens could be seen by people outside the dispensary. Pharmacy team

members shredded people's confidential waste on site. And they were aware of the need to keep such waste separate.

The pharmacy had no written guidance on safeguarding to provide support to staff. The pharmacist was Protection of Vulnerable Groups (PVG) registered. And had completed the NES training on child and adult protection. The pharmacy team members were able to give examples of safeguarding. The pharmacy is part of the umbrella scheme for PVG in Scotland administered by Community Pharmacy Scotland.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

There are suitable numbers of qualified staff to provide the services on offer. And pharmacy team members can provide a range of services. They have access to a range of training materials. And they have time during the working day to make use of these to develop their skills. There is a process of appraisal to identify ongoing training needs. Pharmacy team members are comfortable to provide feedback and the owner responds to this.

### Inspector's evidence

On the day of inspection there were: one pharmacist, one pre-registration pharmacist, one NVQ2 dispenser and one NVQ trainee pharmacy technician. There were enough suitably qualified staff on the day of the inspection. The pharmacy team members had access to a range of training resources, including online NPA materials. The trainee pharmacy technician was being assisted through their course material. There was also access to NES training materials. And the NVQ2 dispenser was working through a module to improve her knowledge of over the counter medicines. Staff had protected time in the working day in which to complete training.

There was an appraisal system in place to help identify training needs. And to determine the strengths and weaknesses of pharmacy team members. But there were no formal training plans. Pharmacy team members were confident they could provide feedback to the pharmacist. An example of an improvement suggested by staff was the photocopying of backing sheets used in multi-compartment compliance packs. Due to the constant change of brands used, it was difficult to keep descriptions of medicines up to date. Having a current master backing sheet, but with no descriptions, meant an accurate description could be inserted at the time of dispensing. This prevented having to change the entire sheet. Pharmacy team members did not feel under undue pressure to meet targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is very clean and tidy. The premises are secure and there are adequate arrangements for patients to have private conversations with the pharmacist. The premises are suitably protected from unauthorised access. And they provide a hygienic environment for the provision of healthcare services.

### Inspector's evidence

The pharmacy was small sized with adequate bench and shelf space. The premises were very clean and tidy. The pharmacy team members kept benches clear of clutter and shelves were well organised. The premises were well lit and temperatures were comfortable. Controlled drug security was generally good. The pharmacy had CCTV and there were shutters for the doors and windows. There was a consultation room which was next to the counter for supervised methadone supply. It did not have a sink or running water but hand gel was available.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides the normal range of services under the Scottish contract. The pharmacy team members use a range of safe working practices. These include use of audit trails and baskets for dispensing. These assist with the near miss process and in preventing items becoming mixed. The pharmacy has effective processes for dispensing medicines in multi-compartmental compliance packs. This includes completing accurate descriptions for medicines in the pack. This helps people identify medicines in case of queries. But there is a lack of an effective system to record requests for changes to compliance packs. The pharmacy team has some processes in place to ensure medicine recalls are properly dealt with. But there is a shortage of materials to provide extra information to patients on valproate in line with patient safety guidance.

### Inspector's evidence

Entry to the premises was through a level door from the street. And the counters were low in height for those in wheelchairs. There was no hearing loop on the premises for those with hearing difficulties. The pharmacy promoted the services it offered by leaflets in-store and posters in the window. Safe working practices included the use of baskets to keep items all together. And audit trails of "dispensed by" and "checked by" signatures. The pharmacy had some stickers to alert the pharmacist to issues, including "controlled drug" and "fridge line". There were no materials other than those in the original containers to provide extra information to people who were receiving valproate. This increased the risks of patients not understanding how to take their medication properly. And is not in line with the requirements of the valproate pregnancy protection programme guidance.

The pharmacy provided medicines in multi-compartmental packs for people who required some help in taking their medication. All packs had accurate descriptions of medications contained in the pack. And the pharmacy provided patient information leaflets (PILs) on the first week of each cycle of supply. This supported people in identifying their medicines. Each patient had a file with their current medication on it, and some showed signs of amendments. There was not a coherent system for recording requests for change, and the details of those requesting the change. The pharmacy ordered prescriptions on people's behalf and tracked them to ensure they were ready on time.

The pharmacy offered a delivery service. But its processes were not robust. It did not keep records of people's signatures, nor record of CD deliveries. Generally medicines were not left unattended when delivered, unless by prior agreement. But, there was a lack of documented risk assessment and consent for these arrangements. There was a system in place for date checking. No out of date stock was found during the inspection, and bottles of opened liquid medicines had the date of opening recorded on them all.

Drug recalls and alerts were regularly received via email from the MHRA website and acted upon. But there were no records of the disposition of previous alerts. The pharmacy had identified people on valproate and assessed them for risk of pregnancy. There were no extra materials available to provide guidance to any patient presenting with a prescription for valproate, other than those present in the original container.

The pharmacy had installed the hardware and software needed to support the Falsified Medicines

Directive (FMD). It had also registered with SecurMed. But there was no staff training or SOPs about its use provided yet. So, none of the features of FMD were yet being used. The pharmacy has undertaken to action the above immediately and begin using the system in place.



## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy has sufficient resources in place to effectively provide the services on offer.

### Inspector's evidence

The pharmacy had a range of glass measuring equipment which was ISO or Crown stamped. 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
<span style="color: green;">✔</span> <b>Excellent practice</b>	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 style="color: green;">✔</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✔</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.