

# Registered pharmacy inspection report

**Pharmacy Name:** Macfarlanes Pharmacy, 48a Drip Road, Stirling,  
Stirlingshire, FK8 1RE

**Pharmacy reference:** 9012383

**Type of pharmacy:** Community

**Date of inspection:** 23/10/2024

## Pharmacy context

This is a community pharmacy in Stirling. It dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. The pharmacy dispenses private prescriptions and pharmacy team members advise on minor ailments and medicines use. They provide over-the-counter medicines and prescription-only medicines via patient group directions (PGDs).

## 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 relevant written procedures for the services it provides, and team members read and follow them. Team members discuss mistakes that happen when dispensing. And they keep records to identify patterns in the mistakes to make safety improvements and reduce the risk of errors. The pharmacy mostly keeps accurate records as required by law, and it keeps people's confidential information safe and secure. Team members understand their roles in protecting vulnerable people.

### Inspector's evidence

The pharmacy defined its working practices in a range of standard operating procedures (SOPs) which were accessible to team members. The superintendent pharmacist (SI) had approved the SOPs for use before the pharmacy opened in May 2024. And these included procedures for controlled drugs (CDs) and the responsible pharmacist (RP) regulations. Team members had read and signed the SOPs to confirm their understanding and ongoing compliance. Team members were seen to be following safe working practices at the time of the inspection.

A signature audit trail on medicine labels showed who was responsible for dispensing each prescription. This meant the pharmacist was able to identify and help team members learn from their dispensing mistakes. The pharmacy kept records of near miss errors. The pharmacist produced a monthly report that highlighted any patterns and trends to help the pharmacy team identify and manage dispensing risks. The pharmacy used bar code technology and team members scanned bar codes at the time of dispensing which identified any selection errors which they corrected. Team members provided examples of improvement action that had helped them to manage dispensing risks. This included separating look alike, sound alike (LASA) medications, for example amitriptyline and amlodipine. It also included taking extra care when counting the number of tablets and capsules to manage the risk of quantity errors.

Team members knew to escalate dispensing errors, which were mistakes that were identified after a person had received their medicine. The pharmacist discussed the incidents with team members, so they learned about risks and knew how to keep dispensing services safe. The pharmacist knew to complete an incident report which they shared with the SI so they could intervene and implement extra improvements if necessary. The pharmacy defined its complaints procedure in a documented SOP and team members knew to handle any concerns that people raised in a calm and sensitive manner. They knew to speak to people in the consultation room if required. Team members maintained the records they needed to by law. And the pharmacy had current professional indemnity insurances in place. The pharmacist displayed an RP notice which was visible from the waiting area and the RP record was mostly up to date.

Team members maintained CD registers and they checked the balance recorded in the register matched the physical stock, once a week. The pharmacy knew to keep records of CDs that people returned for disposal and to annotate the records to provide an audit trail to show when destructions had taken place. Team members filed prescriptions so they could easily retrieve them if needed. They kept records of supplies of unlicensed medicines and private prescriptions which were accurate and correct. The pharmacy trained its team members to safeguard sensitive information. This included managing

the safe and secure disposal of confidential waste. The pharmacy defined its safeguarding procedure in a documented SOP and team members knew to escalate any safeguarding concerns and discuss them with the pharmacist to help vulnerable people. For example, when some people failed to collect their medication on time so that alternative arrangements could be arranged if necessary.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy reviews its staffing levels to ensure it has the right number of suitably skilled pharmacy team members working when it needs them. It regularly reviews pharmacy team members performance so they can improve and develop in their roles. And it encourages team members to provide feedback and suggest improvements to improve working practices.

### Inspector's evidence

The pharmacy's dispensing workload had increased since it first opened. The SI worked at the pharmacy and had identified the need to appoint another dispenser who was due to start the week after the inspection. The following team members were in post; one pharmacist, one full-time dispenser, one part-time dispenser and two part-time delivery drivers. The pharmacy had minimum staffing levels in place with only one team member permitted to take leave at the one-time. The SI arranged locum pharmacist cover well in advance and a rota showed there was cover in place until the end of 2024. A locum pharmacy technician had been arranged to provide cover when one of the dispensers had taken leave.

The pharmacy had formal induction arrangements in place and team members completed training to ensure they complied with the pharmacy's governance arrangements. This included topics such as GDPR, safeguarding vulnerable adults and children and reading the pharmacy's SOPs. Team members had attended two appraisal meetings with the SI since they started. They had discussed what was going well and any areas for improvement. It was also an opportunity to discuss role development and one of the dispensers was about to enrol on qualification training to register as a pharmacy technician. The dispenser provided examples of learnings that had improved their performance. This included reading about the NHS pharmacy first service and learning more about skin conditions. It meant they could ask relevant questions when speaking to people at the medicines counter.

The SI supported team members to learn and develop in their roles and provided protected learning time. Team members had subscribed to an NHS Education for Scotland digital platform so they could access relevant learning, for example they had recently accessed a module on seasonal allergies. The pharmacy team had discussions every Friday when the SI and dispensers were all present. This helped them share and learn about service changes or new ways of working. The SI empowered team members to make suggestions for change. For example, they had colour-coded the records and storage containers they used to help with multi-compartment compliance pack dispensing. They used a different colour for each of the weeks over the four-week cycle of dispensing. This had led to improvements in how they managed the workload. The pharmacist encouraged team members to raise whistleblowing concerns to help to keep pharmacy services safe and effective.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are secure, clean, and hygienic. The pharmacy has good facilities for people to have private conversations with pharmacy team members.

### Inspector's evidence

The pharmacy was in a modern purpose built premises that presented a professional appearance to the people that used it. The dispensary was well-organised with separate dedicated areas for the dispensing and checking of prescription items. The pharmacist was able to intervene at the medicines counter when needed. Team members used dispensing baskets to help organise the workspace on the dispensing benches. And they organised the shelves and kept them tidy to manage the risk of medicines becoming mixed up. A separate rear dispensing bench was used to assemble multi-compartment compliance packs. And team members ensured the bench was free from other items before they commenced dispensing. This ensured sufficient space for the prescriptions and the relevant documentation to carry out the necessary checks and keep dispensing safe.

The pharmacy had a consultation room with separate access from the dispensary and from the retail waiting area. It had a sink with hot and cold running water. People could speak to the pharmacist and team members in private. A clean sink in the dispensary was used for medicines preparation and team members cleaned all areas of the pharmacy daily. This ensured the pharmacy remained hygienic for its services. Lighting provided good visibility throughout. And the ambient temperature provided a suitable environment to store medicines and to provide services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides services which are easily accessible. And it provides its services safely. The pharmacy gets its medicines from reputable sources, and it stores them appropriately. The team regularly checks medicines are in good condition and suitable to supply. And they identify and remove medicines from use that are no longer fit for purpose.

### Inspector's evidence

The pharmacy was on a main road, and it provided its services six days a week from Monday to Saturday. The premises had a step-free entrance and people with mobility issues were able to gain access without restrictions. The pharmacy purchased medicines and medical devices from recognised suppliers. Team members conducted monitoring activities to confirm that medicines were fit for purpose. They regularly checked medicine expiry dates which they documented so they knew when checks were next due. A random check of dispensary stock found no out-of-date medicines. The pharmacy used two fridges to keep medicines at the manufacturers' recommended temperature. And team members monitored and recorded the temperature every day to show that fridges remained within the accepted range of between two and eight degrees Celsius. The fridges were organised with items safely segregated which helped team members manage the risk of selection errors. Team members used clear plastic bags for refrigerated items such as insulin. This meant they could carry out extra checks, such as showing the items to people when they came to collect their medicines so they could confirm they were the items they expected. The pharmacy used a secure cabinet for some of its medicines and it was kept well-organised. Items were quarantined whilst they awaited destruction. The pharmacy received drug safety alerts and medicine recall notifications. Team members checked the notifications and maintained an audit trail to show they had conducted the necessary checks.

The pharmacy had medical waste bins and denaturing kits available to support the team in managing pharmaceutical waste. Team members knew about the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They knew about the warning labels on the valproate packs, and they knew to apply dispensing labels so people were able to read the relevant safety information. They also knew about recent legislative changes which required them to provide supplies in the original manufacturer's pack unless in exceptional circumstances. A notice on the dispensary wall above the main dispensing bench reminded team members about the requirements.

The pharmacy used containers to keep individual prescriptions and medicines together during the dispensing process. This helped team members manage the risk of items becoming mixed-up. It also helped them prioritise prescriptions, for example, for people that wished to wait on their medication. And extra large baskets were used for multi-compartment compliance pack dispensing. Team members dispensed medicines in multi-compartment compliance packs over a four-week cycle. They used supplementary pharmacy records to document the person's current medicines and administration times. This allowed them to carry out checks and identify any changes that they queried with the GP surgery. The pharmacy used a form to document any changes that were communicated over the telephone. This helped them reconcile prescriptions when they arrived in the pharmacy. Team members supplied patient information leaflets (PILs) with the first pack of the four-week schedule, and

they provided descriptions on the packs of to help people identify their medicines.

The regular locum pharmacist and the SI were independent prescribers (PIPs). They provided a limited service within the scope of the NHS Pharmacy First Plus service. The GP surgeries were aware of the service and signposted people to the pharmacy. The SI supported people with weight loss and following a consultation in the pharmacy they prescribed and supplied treatments when it was safe and appropriate to do so. All consultations were documented including those when the decision was not to prescribe as not suitable. The PIPs notified the person's GP surgery of prescribed treatments but this was not always documented to show they had done so. The PIPs referred people to the relevant health care professional when necessary, such as when prescribing was out with their area of competence. Consultation records were saved on the pharmacy's patient medication record (PMR) and these were available to all of the pharmacy team. For prescriptions, the PIP did not self-check the dispensed medicines, and checks were completed by the second pharmacist.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide safe services. And it uses its facilities to suitably protect people's private information.

### Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including access to the digital version of the British National Formulary (BNF). Team members used crown-stamped measuring cylinders, and they used separate measures for substance misuse medicines. The pharmacy stored prescriptions for collection out of view of the public waiting area and it positioned the dispensary computers in a way to prevent disclosure of confidential information. Team members could conduct conversations in private if needed, using portable telephone handsets.

### 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.