

Registered pharmacy inspection report

Pharmacy Name: Davidsons Chemists, 30 Main Street,
CLACKMANNAN, Clackmannanshire, FK10 4JA

Pharmacy reference: 1041948

Type of pharmacy: Community

Date of inspection: 09/08/2019

Pharmacy context

The pharmacy is in the centre of Clackmannan. It dispenses NHS prescriptions and provides a range of extra services. The pharmacy collects prescriptions from the local surgeries. And it supplies medicines in multi-compartmental compliance packs when people need extra help taking their medicines. Consultation facilities are available, and people can talk with team members in private.

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 met	N/A	N/A	N/A
2. Staff	Standards not all met	2.2	Standard not met	Not all of the pharmacy team members meet the training requirements for their role.
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 complete training and work to professional standards. They provide safe services and look after people's welfare. The pharmacy keeps some records of mistakes when they happen. And team members discuss the need for new safety measures. And there is ongoing service improvement. The pharmacy keeps the records it needs to by law. And it keeps people's confidential information safe. The pharmacy team members know to follow the company's complaints handling procedure. This means they listen to people and put things right when they can. Team members do not have access to safeguarding training. This would ensure they understand their role in protecting vulnerable people

Inspector's evidence

The pharmacy used standard operating procedures (SOPs) to define the pharmacy processes and procedures. The team members had signed to confirm they followed the procedures. And to show they understood their roles and responsibilities. The pharmacy had displayed the responsible pharmacist notice. And it showed the name and registration number of the pharmacist in charge. The pharmacy team signed dispensing labels to show they had completed a dispensing task. And the pharmacist checked prescriptions and gave feedback to dispensers who failed to identify their own errors. The pharmacist and the dispensers recorded near-misses. But they did not always record how the errors could have happened. The pharmacy team discussed ways of managing the dispensing risks at a weekly meeting. And identified areas for improvement when they were able to. The pharmacy sometimes kept notes of the weekly discussions. And this included any actions that had been agreed by team members. For example, they had identified that mid-morning was the busiest time of day. And when most of the near-misses happened. The team members had agreed to prioritise the work-load to and to avoid multi-tasking. Such as, putting the order away and dispensing at the same time. The team members were aware of the risks associated with look-alike and sound-alike medicines. And had rearranged a few items of stock to avoid selection errors. Such as separating the venlafaxine strengths. The pharmacist managed the incident reporting process. And the pharmacy team knew when incidents happened and what the cause had been. For example, when they had mixed up sumatriptan and sildenafil preparations. The pharmacist did not always report the incident according to the company's procedure. And did not always provide a detailed account of the root cause and the action taken to avoid a similar incident from happening.

The pharmacy used a complaints policy to ensure that team members handled complaints in a consistent manner. But it did not display information and did not inform people about its complaints process. The pharmacy technician had recently used a Facebook page to keep people up to date. Such as posting changes to opening times and bank holidays. The Facebook page invited people to provide feedback about the services they had received. And this had been mostly positive with no suggestions for improvements.

The pharmacy maintained the legal pharmacy records it needed to by law. And the pharmacist in charge kept the responsible pharmacist record up to date. But, there had been occasions when the time

had not been recorded at the end of the day. The pharmacy team kept the controlled drug registers up to date. And checked and verified the balance of controlled drugs every few months. The pharmacy team recorded controlled drugs that people returned for destruction. And the pharmacist and a team member recorded their name and signature when a destruction had taken place. A sample of private prescriptions were up to date and met legal requirements. And specials records met requirements with details of what had been supplied and who had received it. The pharmacists used patient group directions to improve access to medicines and advice. And a sample trimethoprim patient group direction was valid until October 2020. The pharmacy had public liability and professional indemnity insurance in place and was valid until May 2020.

The pharmacy provided the pharmacy team with data protection training. And team members knew how to safeguard personal information. The pharmacy did not display information in the waiting area. And did not inform people about its data protection arrangements. The pharmacy disposed of confidential information in designated bags. And used a shredder for labels and repeat slips.

The protecting vulnerable group (PVG) scheme was used to help protect children and vulnerable adults. And the pharmacist had registered with the scheme. The pharmacy had not provided the pharmacy team with safeguarding training. But, team members knew to look out for the signs and symptoms of neglect and abuse. The team members were aware of their vulnerable groups. And knew to refer concerns to the pharmacist.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy monitors the numbers of pharmacy team members throughout the week. But they are not all trained to the minimum training requirements for their role. The team members reflect on their performance. And identify and discuss their development needs at review meetings. The pharmacy provides some access to ongoing training. And team members are generally kept up to date in their roles. The pharmacy team members support each other in their day-to-day work. And discuss safety improvements when needed.

Inspector's evidence

The pharmacy had not experienced any significant growth over the past year. And the work-load had remained mostly the same. But, the pharmacy was busier due to changes in the pharmacy team. The pharmacy did not use performance targets. And team members did not feel undue pressure to increase services. The qualified dispensers had worked at the pharmacy for many years. And were experienced and knowledgeable in their roles. The pharmacy supported trainees. And the trainee dispenser had been allocated time in the work-place to complete course work.

The pharmacy managed annual leave requests. And team members were expected to submit requests at least two weeks in advance. The full-time pharmacy technician managed multi-compartmental compliance pack dispensing. And the full-time trainee dispenser worked mostly in the dispensary. Both team members covered for each other. And did not take annual leave at the same time. A part-time pharmacy technician managed the pharmacy operations and led on near-miss reviews to identify areas for improvement. The team member also worked over-time and provided cover when needed. The Saturday assistant was providing dispensary cover at the time of the inspection. And was carrying out duties such as assembling prescriptions. The assistant had worked at the pharmacy since October 2018. And she had not been enrolled onto the necessary training courses to work on the medicines counter or in the dispensary. The team member knew to ask the necessary questions. And referred inappropriate requests and concerns to the pharmacist. Such as, requests for codeine-containing preparations.

The pharmacy kept the team's qualifications on-site. And the following team members were in post; one full-time locum pharmacist who had worked at the pharmacy for the past eight months. One full-time pharmacy technician, one part-time pharmacy technician, one full-time dispenser, one part-time dispenser and one Saturday assistant.

The pharmacy used an annual appraisal to identify areas for development. For example, the pharmacy technician had agreed to delegate more tasks to other team members. And explained that she had improved her performance in this area. Such as training the dispenser to carry out multi-compartmental compliance pack dispensing tasks.

The pharmacy encouraged team members to learn. And there was some evidence of on-going training. For example, the pharmacy technicians had recently attended an NHS event about the electronic minor ailments (e-MAS) and chronic medication services (CMS). The team members had learned about their compliance against the e-MAS formulary. And identified areas for improvement. Such as not prescribing

nappy rash cream which had been removed from the formulary. The team members shared their knowledge with the pharmacy team on their return from training.

The pharmacy team members felt able to raise concerns and provide suggestions for improvement. For example, they had identified the need to better manage CMS dispensing. And had introduced an information form that was used to record when prescriptions had been dispensed and when they had been supplied. This ensured they identified people with compliance difficulties and provided the necessary support.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean. And provide a safe, secure and professional environment for patients to receive healthcare.

Inspector's evidence

A well-kept waiting area presented a professional image to the public. And the pharmacy provided seating and a few healthcare information leaflets for self-selection. The pharmacy had allocated areas and benches for the different dispensing tasks. And team members dispensed walk-in prescriptions near to the waiting area. The pharmacist supervised the medicines counter from the checking bench. And could make interventions when needed. The pharmacy had effective lighting. And the ambient temperature provided a comfortable environment from which to provide services. The pharmacy provided a consultation room. And it was professional in appearance.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy sources, stores and manages its medicines appropriately. The pharmacy has working instructions in place for its services. And these support the pharmacy team to work in a safe and effective way. The pharmacy dispenses multi-compartmental compliance packs. And it supplies extra information to these people to support them to take their medicines. The pharmacy displays its opening times in the window. And provides access to healthcare information leaflets. These let people know what services and support are available to them. The pharmacy works with prescribers to make sure people taking some high-risk medicines get support to take these medicines safely. But, the pharmacy has not updated the pharmacy team about recent safety requirements. And this means they may not always provide the necessary information.

Inspector's evidence

The pharmacy had a stepped entrance. And a portable ramp was available to support access. The team members monitored the entrance and provided support to people with mobility difficulties. The pharmacy displayed opening hours in the window. And displayed healthcare information leaflets in the waiting area and in the consultation room. The pharmacy identified suitable people to register with chronic medication service (CMS). And provided supplies against serial prescriptions once they had been registered. The team members monitored people to identify non-compliance with their medicine regimes. And referred concerns to the pharmacist. The pharmacist carried out reviews and liaised with prescribers to achieve the best outcomes. For example, recommending multi-compartmental packs for people who needed extra support.

The dispensing benches were organised. And the pharmacy team used dispensing baskets to keep prescriptions and medicines contained throughout the dispensing process. A pharmacy technician managed multi-compartment compliance pack dispensing. And carried out dispensing activities in a separate side room. The pharmacy team had read and signed the dispensing SOP. And this ensured they followed a safe and effective process. The pharmacy team used trackers to manage the work-load. And this helped manage the risk of people going without their medication. The team members isolated packs when they were notified about prescription changes. And kept a record of changes on separate sheets and in people's notes to support communication within the team. The pharmacy supplied patient information leaflets and annotated descriptions of medicines in the pack. The pharmacy kept completed packs organised in a large upstairs area until they were collected or delivered. The pharmacy provided a delivery service to housebound and vulnerable people. And made sure that people signed for controlled drugs to confirm receipt. The team members dispensed methadone doses once a week to manage the work-load. And they obtained an accuracy check at the time of dispensing and at the time of supply.

The team members kept the pharmacy shelves neat and tidy. And purchased medicines and medical devices from recognised suppliers. The team members kept the pharmacy shelves neat and tidy. And kept controlled drugs in three large well-organised cabinets with allocated space for methadone doses. The pharmacy team carried out stock management activities on a regular basis. And highlighted short

dated stock and part-packs during regular checks. The team members monitored and recorded the fridge temperatures. And demonstrated that the temperature had remained between two and eight degrees Celsius. The pharmacy used a fridge for stock and another for dispensed items awaiting collection or delivery. The pharmacy accepted returned medicines from the public. And disposed of them in yellow containers that the health board collected.

The pharmacy team acted on drug alerts and recalls. And recorded the outcome, and the date they checked for affected stock. For example, they had checked for B&S stock in July 2019 with no stock found. The pharmacy had not briefed its team members about the risk of some people taking valproate medication. And the team members did not know about the valproate pregnancy protection programme and where to find the safety leaflets and cards. The pharmacist produced the necessary cards and leaflets. And confirmed that she monitored prescriptions for valproate with the PMR showing that only males received supplies at the time of the inspection.

The pharmacy had purchased the necessary scanners and software. But, it had not implemented a system to comply with the Falsified Medicines Directive (FMD). The team members knew about the directive. But were unable to confirm when a system would be implemented.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services. And it keeps it clean and well-maintained.

Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the British National Formulary (BNF). It used crown-stamped measuring equipment. And the measures for methadone were highlighted and separated, so they were used exclusively for this purpose. The pharmacy kept blood pressure monitoring equipment. But, team members were unable to confirm when it had last been calibrated. The pharmacy kept cleaning materials for hard surface and equipment cleaning. And the pharmacy sink was clean and suitable for dispensing purposes. The pharmacy stored prescriptions for collection out of view of the waiting area. And it arranged computer screens, so they could only be seen by the pharmacy team. The pharmacy team members used a portable phone. And they took calls in private when necessary.

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.