

Registered pharmacy inspection report

Pharmacy Name: Stronvar Ltd, 2 Greenhead Road, DUMBARTON,
Dumbartonshire, G82 1EL

Pharmacy reference: 1041978

Type of pharmacy: Community

Date of inspection: 18/12/2019

Pharmacy context

This is a community pharmacy set off a busy main road in Dumbarton. It dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. The pharmacy offers a repeat prescription collection service and a medicines' delivery service. It also provides substance misuse services and dispenses private prescriptions. The pharmacy team advises on minor ailments and medicines' use. And supplies a range of over-the-counter medicines. It also offers a smoking cessation service.

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 work to professional standards. And this helps them to keep services safe. The team members record and discuss mistakes that happen. And they use this information to learn and reduce the risk of further errors. But they don't always collect information about the causes of mistakes to help inform the changes they make. So, they may miss opportunities to improve. The pharmacy keeps the records it needs to by law. And it provides training to keep confidential information safe. The team members understand their role in protecting vulnerable people. And they contact others to make sure people get the support they need. The pharmacy trains its team members to handle complaints. But it does not provide a policy for them to refer to. And it does not inform people about the complaints handling process. This means that team members may not handle complaints in a consistent manner to help them to put things right when they need to.

Inspector's evidence

The pharmacy used working instructions 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 employed an accuracy checking technician (ACT). And it used working instructions to define the checking process. The ACT followed the process. And knew only to check prescriptions that had been annotated by the pharmacist. The pharmacy had displayed the responsible pharmacist notice. And it showed the name and registration number of the pharmacist in charge. The pharmacy team members signed the 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 pharmacy team members recorded their own errors. But they did not always document the root cause. And they did not always provide enough information to identify patterns and trends and improvement action. The team members provided a few examples of improvements. Such as separating imipramine/indomethacin and pregabalin/gabapentin. The pharmacist carried out an annual near-miss review to identify patterns and trends. For example, the April 2019 review had highlighted; specific manufacturers look alike and sound alike drugs and selection risks involving bendroflumethiazide/bisoprolol.

The pharmacist managed the incident reporting process. And they used a template report form to record their findings and the outcome of the investigation. The team members knew when an incident had been reported. For example, the pharmacist and the team members had reviewed and updated the 'provision of pharmaceutical advice' procedure. And this was due to someone complaining about the lack of privacy whilst being asked personal questions at the medicines counter. The pharmacist provided training during induction so that team members knew how to handle complaints and how to manage conflict. But they had not developed or implemented a policy to ensure they handled complaints in a consistent manner. The pharmacy displayed a complaint notice behind the medicines counter. But the notice was not visible from the waiting area.

The pharmacy maintained the pharmacy records it needed to by law. And the pharmacist in charge kept the responsible pharmacist record up to date. The pharmacy had public liability and professional indemnity insurance in place. And it was valid up until May 2020. The pharmacy team members kept the controlled drug registers up to date. And they checked and verified most of the stock once a month. But they did not check the methadone balance as frequently as the rest of the stock. And they checked

it every six months. The pharmacy team members recorded controlled drugs that people returned for destruction. And the pharmacist and a team member recorded their name and signature against each record following destruction. A sample of private prescriptions were up to date and met legal requirements. And specials records were kept up to date with details of who had received each supply. The pharmacists used patient group directions (PGDs) to improve access to medicines and advice. But a sample showed that the trimethoprim PGD was out of date. And the pharmacist had not printed the most up-to-date version which was valid until August 2020.

The pharmacist trained the team members to comply with data protection arrangements when they first started working at the pharmacy. And they knew how to protect people's privacy and confidentiality. The pharmacy did not promote its data protection arrangements. And it did not inform people that it protected their personal information. The team members separated waste. And they used a shredder to dispose of confidential material. The pharmacy archived its spent records. And it retained them for the standard retention period.

The pharmacy used the protecting vulnerable group (PVG) scheme to help protect children and vulnerable adults. And the pharmacist had registered with the scheme. The pharmacy did not provide a safeguarding policy. But the team members recognised vulnerabilities and knew when to refer to the pharmacist and when to take further action. For example, the ACT had acted to protect someone who was having a seizure in the waiting area. And they had locked the door and put the person into the recovery position, so they did not come to any harm.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members have the right qualifications and skills for their roles and the services they provide. They complete ad-hoc training. And, they learn from the pharmacist to keep their knowledge and skills up to date. The pharmacy team members support each other in their day-to-day work. And they can speak up and make suggestions to improve how they work. The team members speak about mistakes that happen. But they do not always discuss the reasons for the mistakes. And this prevents them from learning from each other.

Inspector's evidence

The pharmacy's work-load had remained stable over the past year. And the pharmacy team had remained unchanged. The pharmacy team was well established. And the team members were experienced and knowledgeable in their roles and responsibilities. The pharmacy kept the team's qualifications on-site. And the following team members were in post; one full-time pharmacist, one full-time accuracy checking technician (ACT), one full-time pharmacy technician and two part-time dispensers. The pharmacist managed annual leave requests. And they allowed one team member to take leave at a time to maintain minimum levels.

The pharmacy did not carry out individual performance reviews. And it did not provide regular structured training. But the pharmacist updated the pharmacy team whenever there were service changes or new initiatives. For example, they had provided training about the falsified medicines directive (FMD), the valproate pregnancy protection programme and the chronic medication service (CMS). The pharmacy technicians kept up-to-date in their roles. And they submitted their training records to the GPhC to demonstrate they were doing so. For example, the ACT had learned about seizures and had applied the learning when someone needed help. A dispenser spoke to company representatives to keep up to date with OTC medicines. For example, they knew about the benefits of Cuderm cream and Bronchostop.

The pharmacy did not use performance targets. And the team members were focussed on providing a professional service for the people that used the pharmacy. The team members felt empowered to raise concerns and provide suggestions for improvement. The locum pharmacist had provided training about 'safety culture'. And the pharmacy team had discussed the distractions in the pharmacy. The team members had agreed to avoid interruptions when they observed colleagues dispensing or checking prescriptions. And this minimised the risk of dispensing errors.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises is secure, clean and hygienic. It has a consultation room that is professional in appearance. And it is an appropriate space for people to sit down and have a private conversation with pharmacy team members.

Inspector's evidence

The pharmacy had a well-kept waiting area. And it provided seating for people whilst they waited to be attended to. The pharmacy provided a consultation area. And people could talk in private with the pharmacy team about their health concerns. The team members had organised the dispensing benches for the different dispensing tasks. And the ACT used an 'island' bench to carry out the final accuracy check. The pharmacist observed and supervised the medicines counter from the checking bench. And they could make interventions and provide advice when needed. The pharmacy had effective lighting. And the ambient temperature provided a comfortable environment from which to provide services.

Principle 4 - Services ✓ Standards met

Summary findings

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 provides medicines in multi-compartment compliance packs for people that need extra support. But it doesn't provide information leaflets or descriptions of medicines with the packs. And this means that people are not supported as well as they could be. The pharmacy displays its opening times and healthcare information at the front of the pharmacy. And it lets people know what services are available to them. But it does not display its opening hours for people to see. The pharmacy sources, stores and mostly manages its medicines appropriately. But it does not keep records about safety alerts. And it cannot show that it has carried out the necessary checks to recall medicines when it needs to.

Inspector's evidence

The pharmacy had a stepped entrance. And the pharmacy team members knew to monitor the entrance to assist people with mobility difficulties when needed. The pharmacy displayed healthcare information leaflets in the waiting area. But it did not provide information about its opening hours.

The pharmacist spoke to people about their medication. And they registered people with the chronic medication service (CMS) when appropriate. The team members dispensed serial prescriptions on a Monday when it was quieter. And they used supplementary records to ensure that they dispensed prescriptions on time. This also helped them to identify compliance issues. And they knew when people were not collecting their medication on time. For example, they were aware of someone with the onset of dementia. And they were in contact with the person's daughter who was providing support. The pharmacist intervened to provide extra support when needed. For example, providing alternatives when megestrol and HRT products were unavailable.

The dispensing benches were organised and clutter free. And the pharmacy team used dispensing baskets to keep prescriptions and medicines contained throughout the dispensing process. The pharmacy dispensed multi-compartment compliance packs for around 100 people. And the pharmacist had capped the service in line with the available space and resources. The team members had read and signed the working instructions to show they followed safe working practices. And the pharmacist clinically checked and annotated prescriptions before they were dispensed. The team members used supplementary records to ensure service continuity. And to support safe systems of work. The team members isolated packs when they were notified about prescription changes. And the team members attached notes to ensure everyone was up to date. The team members did not supply patient information leaflets. And they did not annotate descriptions of medicines on the pack. The pharmacy provided a delivery service to housebound and vulnerable people. And it made sure that people signed for their medication to confirm receipt. The team members dispensed methadone doses on a Monday when it was quieter. And they obtained an accuracy check before placing the containers in the controlled drug cabinets for safe-keeping. The team members retrieved doses when they were needed. And the pharmacist supervised the consumption of methadone doses.

The team members kept the pharmacy shelves neat and tidy. And they kept controlled drugs in two cabinets that they kept organised and clutter free. The pharmacy purchased medicines and medical devices from recognised suppliers. And the team members carried out regular stock management activities, highlighting short dated stock and part-packs during regular checks. The team members

monitored and recorded the fridge temperature. And they demonstrated that the temperature had remained between two and eight degrees Celsius. The pharmacy accepted returned medicines from the public. And they disposed of them in yellow containers that the health board collected.

The pharmacy team members acted on drug alerts and recalls. And they knew about a recent ranitidine alert. But they did not keep records. And they were unable to provide evidence to show if they had checked for affected stock and what the outcome had been. The pharmacist had trained the pharmacy team members about the Falsified Medicines Directive (FMD) and what it aimed to achieve. And it had implemented the resources needed to meet the needs of the directive. The pharmacy had experienced connectivity issues and was unable to use the system. And the pharmacist was considering software changes to introduce the system. The pharmacist had trained the pharmacy team about the valproate pregnancy protection programme. And they knew about the risks associated with taking valproate. But they did not know where to find safety leaflets and cards and when to issue them. And the pharmacist updated them at the time of the inspection. The pharmacist spoke to people about the risks when taking valproate. And they confirmed that they understood the risks.

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 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 were able to take 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.