

# Registered pharmacy inspection report

**Pharmacy Name:** Balfron Pharmacy, 67 Buchanan Street, BALFRON, Stirlingshire, G63 0TW

**Pharmacy reference:** 1042975

**Type of pharmacy:** Community

**Date of inspection:** 03/07/2019

## Pharmacy context

The pharmacy is in the rural village of Balfron. It provides an NHS prescription collection service. And offers a range of extra health services. The pharmacy supplies medicines in multi-compartmental compliance packs to help people take their medicines. And it provides a prescription delivery service when needed. Consultation facilities are available, and people can be seen 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards not all met	2.2	Standard not met	The pharmacy is unable to show that it has trained and accredited all team members to work in the pharmacy.
<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 trains the pharmacy team to work to policies and procedures. The pharmacy keeps the records it needs to by law. And it trains the pharmacy team to keep confidential information safe. The team members know how to respond to complaints. The pharmacy team understand their role in protecting vulnerable people. But, it does not always keep records when things go wrong. This prevents the team members from learning and prevents the pharmacy from making needed service improvements. The pharmacy does not tell people how they can complain or provide feedback about the services they receive. And this prevents it from making improvements when it can.

### Inspector's evidence

The pharmacy used standard operating procedures (SOPs) to define the pharmacy processes and procedures. But the SOPs had been authorised by someone not known to the pharmacy team, and a review was needed to provide internal assurance. The team members had signed to confirm they followed the procedures. And to show they understood their roles and responsibilities. The locum pharmacist displayed the responsible pharmacist notice. But this was not visible from the waiting area.

The pharmacy team signed dispensing labels to show they had completed a dispensing task. The pharmacist checked prescriptions. And gave feedback to dispensers who failed to identify their own errors. The pharmacist and the dispensers were responsible for recording near-misses. But, they had only recorded two errors in the past three months. This meant that improvement action could not always be identified and shared.

The dispenser provided a few examples of when shelf-edge caution labels had been used to manage selection errors. For example, to manage amitriptyline/amlodipine and paroxetine/pravastatin risks. And to highlight methotrexate medication. The pharmacist managed the incident reporting process. And the pharmacy team knew when incidents happened and what the cause had been. The locum pharmacist provided an example. But the report had been hand-written and not completed using the incident report template that was seen in the SOP folder. The pharmacy team knew about a mix-up when amlodipine had been dispensed instead of amitriptyline. And knew the pharmacist had reviewed the shelf location and added a shelf-edge caution label. The pharmacy used a complaints SOP to ensure that staff handled complaints in a consistent manner. But the pharmacy did not display a complaint notice or provide contact details so that people knew how to complain. The pharmacy team could not provide any examples of complaints or feedback.

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. The pharmacy team kept the controlled drug registers up to date. And checked and verified the balance of controlled drugs on a bi-monthly basis. The pharmacy recorded controlled drugs that people returned for destruction. And team members destroyed the controlled drugs at the time due to restricted space in the controlled drug cupboard. The pharmacist and a team member recorded their names and signatures against each record following a destruction. A sample of private prescriptions were up to date and met legal requirements. Specials records were up to date and the pharmacy team recorded the name of the person who had received the medication. The Health Board had authorised the pharmacy to provide the pharmacy first service

until March 2020. And a range of patient group directions (PGDs) were seen to valid up until then.

The pharmacy team knew how to safeguard sensitive data. And displayed a data protection notice so that people knew their personal information was being managed in a safe and secure way. The pharmacy team disposed of confidential information using a shredder. And archived spent records for the standard retention period. They stored prescriptions for collection out of view of the waiting area. And computer screens could not be seen. The pharmacy restricted access to patient medication records (PMRs) with the responsible pharmacist required to enter their personal GPhC registration number to gain access. The pharmacy team took calls in private and used a portable phone when necessary.

The protecting vulnerable group scheme was used to help protect children and vulnerable adults. And the locum pharmacist had registered at the same time as registering with the locum company she worked for. The pharmacist had completed safeguarding training. But the team members had not undergone training. The team members knew to refer concerns to the pharmacist. And could recognise the signs and symptoms of abuse and neglect. For example, the medicines counter assistant had referred someone to the pharmacist who could not remember making frequent visits to the pharmacy.

Public liability and professional indemnity insurance were in place and was valid until 8 July 2019.

## Principle 2 - Staffing Standards not all met

### Summary findings

The pharmacy enrolls its team members onto the necessary training courses. But training certificates are not available for everyone in the pharmacy team. And pharmacy team members have limited access to ongoing training. And this may prevent them from improving in their roles. The pharmacy monitors its staffing levels. And ensures it has the right number of pharmacy team members throughout the week. The team members support each other in their day-to-day work. They can speak up when there are problems. And suggest service improvements when needed. The pharmacist updates team members when there are service changes.

### Inspector's evidence

A locum pharmacist was providing cover for the first time since 2018. And was being supported by long-serving experienced team members. The team members confirmed they had completed the necessary training. And confirmed they were accredited to work on the medicines counter and in the dispensary. But, they were unable to produce their training certificates, explaining that the previous owner had removed them.

The following team members were in post; one full-time pharmacist, two part-time dispensers and three part-time medicines counter assistants. A part-time medicines counter assistant had recently reduced her hours by half a day each week. And this had not impacted on the pharmacy team's ability to keep up-to-date with their workload. The pharmacy had recently appointed a new team member when a medicines counter assistant had left. And this ensured it had the capacity to manage the workload.

The pharmacy managed annual leave requests. And team members were expected to provide cover for each other. The pharmacy owner did not use service targets and relied on the pharmacy team to provide a good service to maintain and develop the business. And the pharmacy work-load had remained stable over the past year.

The pharmacy did not use an annual performance review to develop staff. And the pharmacist updated the pharmacy team whenever there were service changes. For example, when pregabalin and gabapentin were re-classified as Schedule 3 controlled drugs to ensure that team members asked people to sign for their prescriptions. The pharmacy provided access to pharmacy magazines. And the medicines counter assistant confirmed she kept up-to-date with over-the-counter medicines. The team member had referred two people who had requested clotrimazole products on the day of the inspection. One who was under 16 year of age. And the other who was over 60.

The team members were encouraged to raise concerns and provided suggestions for improvement. For example, introducing a record for multi-compartmental compliance pack collections. And this highlighted failed collections and when people were having difficulties.

The pharmacist discussed queries with patients. And gave advice when handing out prescriptions.

## 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 large well-kept waiting area presented a professional image to the public. The pharmacy did not provide seating in the waiting area. But the pharmacy team removed and used seating from the consultation room when needed. The consultation room was professional in appearance. And a few patient information leaflets were being displayed.

The pharmacy had allocated benches for the different dispensing tasks. And the pharmacy team 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. A security alarm protected the pharmacy after hours. And panic buttons were available.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy is accessible to people with mobility difficulties. It displays its opening times and service information in the window. The pharmacy has working instructions in place for its services. And this ensures the pharmacy team are supported to work in a safe and effective way. The pharmacy dispenses multi-compartmental compliance packs. And supplies extra information to support people to take their medicines. The pharmacy sources, stores and manages its medicines. It updates the pharmacy team about high-risk medicines. And this means that team members know when to provide people with extra information. But people have limited access to patient information leaflets inside the pharmacy. And this means that people may not always be aware of the services available to them.

### Inspector's evidence

The pharmacy entrance had a small lip. But the pharmacy team confirmed this did not restrict access for people with mobility difficulties. The pharmacy displayed opening hours in the pharmacy window. And displayed a few leaflets in the waiting and consultation areas.

The team members kept the dispensing benches tidy, and a separate rear room was used for storing multi-compartmental compliance packs. The pharmacy team used dispensing baskets. And kept prescriptions and medicines contained throughout the dispensing process.

The pharmacy dispensed multi-compartment compliance packs for people who needed extra support. And the pharmacy team had read and signed the SOP that was valid until May 2020. The dispensers used trackers to manage the work-load. And this prevented people from going without their medication. The pharmacy team removed and isolated packs when they were notified about prescription changes. And made the changes on receipt of a new prescription. The pharmacy supplied patient information leaflets and provided descriptions of medicines. The pharmacy provided a delivery service to housebound and vulnerable people. But did not deliver controlled drugs.

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 a cabinet that was becoming congested.

The pharmacy team carried out regular stock management activities. And highlighted short dated stock and part-packs during regular expiry date 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 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 products that had been distributed by B&S Healthcare in June 2019 with none found.

The pharmacist had carried out checks and found that only males had been issued with prescriptions for Valproate. The pharmacy used a SOP to ensure the safe dispensing of Valproate. And the dispenser knew about the pregnancy protection scheme and where to find safety cards and leaflets.

The pharmacy had implemented the Falsified Medicines Directive (FMD). And the pharmacy team had been trained about its use. The pharmacy was scanning products when bar-codes were present and complied with the requirements of FMD.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide safe services.

### Inspector's evidence

The pharmacy had access to a range of up to date reference sources, including the British National Formulary (BNF). The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. The pharmacy had a range of equipment for counting loose tablets and capsules. The pharmacy provided cleaning materials for hard surface and equipment cleaning. And the pharmacy sink was clean and suitable for dispensing purposes. The pharmacy had a consultation room. And this protected people's privacy and dignity.

### 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.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.