

# Registered pharmacy inspection report

**Pharmacy Name:** Cardross Pharmacy, West End Place, 93A Main Road, Cardross, DUMBARTON, Dunbartonshire, G82 5NY

**Pharmacy reference:** 1090741

**Type of pharmacy:** Community

**Date of inspection:** 12/07/2019

## Pharmacy context

The pharmacy is on a parade of shops on the main street of Cardross. It provides an NHS prescription collection service. And it 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 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 trains the pharmacy team to work to policies and procedures. The pharmacy keeps most of the records it needs to by law. And it trains the pharmacy team to keep confidential information safe. The pharmacy tells people how they can complain. And encourages feedback about the services it provides. This helps the pharmacy to make improvements when it can. The pharmacy team understand their role in protecting vulnerable people. But, team members would benefit from further training to ensure they are up to date with current practices. It does not always keep records when things go wrong. This prevents the pharmacy team from learning about its weaknesses. And prevents the pharmacy from making needed service improvements.

### Inspector's evidence

The pharmacy used standard operating procedures (SOPs) to define the pharmacy processes and procedures. The team members signed to confirm they followed the procedures. And to show they understood their roles and responsibilities. The pharmacist had displayed the responsible pharmacist notice. And people could identify who was in charge. The dispensers signed medicine labels to show they had completed a dispensing task. But, the pharmacist did not always do so. And did not sign multi-compartmental compliance packs to confirm he had checked them. The pharmacist had recorded seven near-misses since January 2019. But had not always recorded the cause of the error. And this meant that improvement action was not always identified and discussed with the pharmacy team. The pharmacist managed the incident reporting process. And the pharmacy team knew when incidents happened and what the cause had been. For example, they knew about a mix-up with lansoprazole 15mg and 30mg. The pharmacist had carried out a root cause analysis. And as a result, had decided to use a different supplier due to the similarity in packaging.

The pharmacy displayed a complaint notice in the waiting area. And this told people about the complaints process and provided contact details. The pharmacy team knew how to handle complaints. But, the pharmacy did not have a complaints policy in place. The pharmacy had been conducting a survey over the past eight weeks. And the pharmacist was considering the need for seating following an interim review.

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 had last checked and verified the balance in June 2019. The Health Board representative had attended in June 2019. And had carried out a witnessed destruction of expired stock. The pharmacy team recorded controlled drugs that people returned for destruction. And the pharmacist and a team member recorded their name and signature against each destruction. The pharmacy provided a delivery service to housebound and vulnerable people. And made sure that people signed for controlled drugs to confirm receipt. A sample of private prescriptions were up to date and met legal requirements. But specials records were not kept up to date with no details of who had received each supply. 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 team knew how to safeguard sensitive data. And a data protection notice was displayed in the window. And informed people that 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 from the medicines counter. The team members had access to a portable phone. And took calls of a sensitive nature in private.

The protecting vulnerable group scheme was used to help protect children and vulnerable adults. And the locum pharmacist had registered with the scheme. The pharmacy did not provide safeguarding training. And had not documented the referral process or contact details of local agencies. Public liability and professional indemnity insurance were in place and valid until November 2019.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy enrolls its team members onto the necessary training courses. 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. But there is limited access to ongoing training. And this may prevent pharmacy team members from improving in their roles.

### Inspector's evidence

The pharmacy workload had increased over the past year. And this was due to an increase in multi-compartmental compliance pack dispensing. An experienced dispenser confirmed that the pharmacy team were able to meet the increasing demands of the service. And knew that the owner was considering employing a medicines counter assistant for two hours each morning. This was to support the dispensers who normally covered both the dispensary and the counter at the same time.

The pharmacy team were experienced and long-serving. But, the pharmacy did not keep qualifications on-site to provide evidence of accreditation. The following team members were employed at the pharmacy; one full-time pharmacist (owner), three part-time dispensers and one driver. A locum pharmacist was providing cover at the for the first time. And was due to the regular pharmacist taking annual leave.

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. 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 e-learning. But, the pharmacy team were unable to provide examples of recent training. And this was due to long-term sick leave at the start of 2019.

The pharmacy team members were expected to raise concerns and provide suggestions for improvement. For example, one of the dispensers suggested making better use of the electronic stock management system. And this had improved stock levels with less waste and people receiving their medicines in good time.

## 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. But, the pharmacy did not provide seating in the waiting area. A consultation room was available and 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 and shutters 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. The pharmacy has working instructions in place for its services. And this ensures the pharmacy team is 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 It provides limited access to patient information leaflets. And does not display its opening times in the window. This means that people may not always be aware of the services available to them.

### Inspector's evidence

The pharmacy was accessible via a slight ramp which supported people with mobility difficulties. It provided a few information leaflets for self-selection. But, it did not display its opening hours at the front of the pharmacy. The dispensing benches were organised, and a separate bench was used for dispensing 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 a valid SOP. The team members used trackers to manage the work-load. And this avoided people going without their medication. The pharmacy team recorded prescription changes straight away. And quarantined any remaining packs until a new prescription was received. The pharmacy supplied patient information leaflets and descriptions of medicines. And the dispensers monitored the packs to ensure that people collected them on time. For example, when someone had taken their father away to stay with them. And hadn't let the pharmacy know.

The pharmacist intervened when people were having difficulty with their medicines. For example, the pharmacist had contacted the GP and found out that a long-standing dose had been increased. And this was due to a recent blood test result.

The pharmacy kept controlled drugs in two cabinets. And the stock was organised to manage the risk of selection errors. The pharmacy team carried out regular stock management activities. And highlighted short dated stock and part-packs. They monitored and recorded the fridge temperatures. And demonstrated that the temperature had remained between two and eight degrees Celsius. The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. And kept the pharmacy shelves neat and tidy.

The pharmacy had briefed the pharmacy team about the falsified medicines directive (FMD). And it was scanning what medicines it could to comply with FMD requirements. The dispenser confirmed an issue with the software. And the pharmacist had been in contact with the supplier. The pharmacy received notifications of drug alerts and recalls. But, the locum pharmacist and dispensers could not confirm if these had been acted on. And evidence of previous alerts could not be found. The pharmacy accepted returned medicines from the public. And disposed of them in yellow containers that the health board collected. The pharmacist had completed the necessary checks to identify people taking valproate

medication. And had briefed the pharmacy team about the use of valproate in patients who may become pregnant. The team members knew about the pregnancy protection scheme. And where to find safety leaflets and cards.



## 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). It had measuring equipment available of a suitable standard including clean, crown-stamped measures. And 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
✓ 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.