General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Well, 263 Alderman Road, Knightswood, GLASGOW, Lanarkshire, G13 3AY

Pharmacy reference: 1042275

Type of pharmacy: Community

Date of inspection: 11/01/2024

Pharmacy context

This is a community pharmacy in Glasgow. It dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. The pharmacy provides substance misuse services and dispenses private prescriptions. Pharmacy team members advise on minor ailments and medicines use. And they supply over-the-counter medicines and prescription only medicines via patient group directions (PGDs). The pharmacy opens seven days a week and opens late into the evening every day.

Overall inspection outcome

✔ **Standards 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 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 keeps the records it needs to by law. And it provides regular training to keep confidential information safe. Team members understand their roles in protecting vulnerable people. And they know when to raise safeguarding concerns. The pharmacy team members do not always have access to the pharmacy's documented procedures to refer to whilst conducting their day-to-day tasks. And they do not have access to near miss errors to identify patterns and trends in their dispensing mistakes. This means they are not always able to take the opportunity to identify and reduce the risk of new and emerging errors.

Inspector's evidence

The pharmacy had undergone a change of ownership in August 2023 and the company had introduced a new online operating system and digital standard operating procedures (SOPs) to define the pharmacy's working practices. Team members were in the process of reading the SOPs and the system automatically updated each team members learning record to show which ones they had read. One of the dispensers provided access to their learning record and it showed they had read 11% of the SOPs they were expected to. They were unable to show which SOPs they had read, and unable to access any of the SOPs that defined the pharmacy's processes and procedures. The pharmacy team leader had access to the SOPs and they were responsible for monitoring the system to confirm that team members were up to date. They had recently discussed progress with the area manager who agreed to provide team members with two hours protected learning time to learn how to operate the system and to show compliance with SOPs.

Team members signed medicine labels to show who had dispensed and who had checked prescriptions. This meant the pharmacist was able to help individuals learn from their dispensing mistakes. Team members knew to document their own errors on the pharmacy's digital record. This also helped to reinforce learnings and to help them avoid the same mistake in the future. The team leader had access to the near misses so they could review them and identify patterns and trends and improvements. At the time of the inspection, they were unable to show evidence of near miss recording and confirmed there was a problem with the system which they had reported to the area manager. Team members were aware of some of the dispensing risks in the pharmacy. They knew to keep the dispensing benches clear of clutter and to take care when selecting medicines that look-alike or sound-alike (LASA) such as amitriptyline and amlodipine. They also knew to mark packs that had been opened on all sides to manage the risk of quantity errors. Team members knew how to manage complaints and they knew to report dispensing mistakes that people reported after they left the pharmacy. They recorded and submitted the reports to the superintendent pharmacist's office for further review. The area manager visited the pharmacy a few times each month and they discussed the pharmacy's performance and compliance with the company's governance arrangements.

Team members maintained the records they needed to by law. And the pharmacy had current professional indemnity insurances in place. The pharmacist displayed a responsible pharmacist (RP) notice which was visible from the waiting area. And the RP record showed the name and registration details of the pharmacist in charge. But it did not always show the time the RP finished for the day. Team members maintained controlled drug (CD) registers and kept them up to date and they checked and verified the balances a few times each month. The pharmacy team recorded CDs that people

returned for destruction. And the pharmacist and a team member recorded their name and signature against each destruction. Team members filed prescriptions so they could easily retrieve them if needed. And they kept records of supplies against private prescriptions and supplies of unlicensed medicines ('specials') that were up to date. The pharmacy team knew to protect people's privacy. And the pharmacy displayed a notice at the medicines counter that provided information about its privacy arrangements. The pharmacy used a designated container to dispose of confidential waste and an approved provider collected the waste for off-site destruction. Team members knew to discuss safeguarding concerns effectively and they provided examples of when they raised concerns with people’s GP practice.

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 throughout the week. Team members have the right qualifications and skills for their roles and the services they provide. And the pharmacy supports the pharmacy team to learn and develop.

Inspector's evidence

The pharmacy's prescription workload had decreased significantly over the past year. The workload had also changed with more people using the pharmacy's retail services and less people using its dispensing services. As a result, the pharmacy had arranged for extra team members to provide cover on the medicines counter to manage the extra workload. The area manager was responsible for reviewing the workload to ensure the pharmacy's skill-mix and staffing levels were adequate to provide services over its extended opening hours. Some of the pharmacy team members had worked at the pharmacy long-term and were experienced and competent in their roles and responsibilities. Others had been in post for less than one year. The pharmacy team leader, who was a qualified dispenser, had met with the area manager the day before the inspection. They had highlighted that new and existing team members had not been enrolled on the necessary qualification training to enable them to work in the dispensary. The area manager had authorised for their enrolment and had agreed to provide two hours protected learning time for those undertaking qualification training. The following support staff worked at the pharmacy. Two full-time dispensers, one part-time dispenser, four full-time trainee dispensers, two part-time trainee dispensers and one delivery driver. The pharmacy team leader had been enrolled on NVQ pharmacy services level three training to enable them to register as a pharmacy technician. But they had paused their training due to the recent changes in the pharmacy.

The pharmacy's team leader was responsible for arranging cover to meet the staffing requirements for the pharmacy's extended opening hours. Team members were flexible to meet the company's shift patterns. The team leader displayed the rota on the dispensary wall to show when team members were due to work. A full-time pharmacist and a part-time pharmacist provided regular cover and locum pharmacists provided cover two days per week.

The pharmacy team had been learning about the new company's ways of working since August 2023. This included learning about the patient medication record (PMR) system which the company had provided some help with. Team members had learned about the reclassification of all medicines containing valproate. This ensured they knew to dispense valproate in its original container and to supply whole packs. Team members kept up to date with the requirements of the NHS pharmacy first service, so they knew which medicines they were authorised to supply.

Team members understood their obligations to raise whistleblowing concerns, and they knew when to refer concerns to the pharmacist. The pharmacy received a considerable number of requests for codeine containing medicines out-of-hours. And team members knew to refer concerns to the pharmacists. They also knew to ask the appropriate questions when selling medicines and displayed a prompt behind the counter to help newer team members.

Principle 3 - Premises ✔ Standards met

Summary findings

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

Inspector's evidence

The pharmacy team managed the available workspace well for the tasks they completed. A sound-proofed consultation room was available for use. And it provided hot and cold running water for team members to use. It also provided a confidential environment for people to speak freely with the pharmacist and other team members during private consultations. A private booth at the side of the medicine counter was also available for consultations and extra privacy. Team members cleaned and sanitised all areas of the pharmacy on a regular basis. This ensured the pharmacy remained hygienic for its services. Lighting provided good visibility throughout, and the ambient temperature provided a suitable environment from which to provide services.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides good access to services over extended opening hours. The pharmacy gets its medicines from reputable sources, and it stores them appropriately. The team conducts checks to make sure medicines are in good condition and suitable to supply. And they identify and remove medicines that are no longer fit for purpose.

Inspector's evidence

The pharmacy provided a seven-day service and opened from 09.00 to 23.00 every day. People accessed the pharmacy for out-of-hours services such as for minor injuries. And team members referred people to secondary care when appropriate. People also attended the pharmacy to access prescription only medicines (POM) via patient group directions (PGDs). This included treatments for urinary tract infections (UTIs) and emergency hormonal contraception (EHC). A step-free entrance provided access which helped people with mobility difficulties. And leaflets for self-selection provided information about the services the pharmacy provided.

The pharmacy purchased medicines and medical devices from recognised suppliers. And team members conducted some monitoring activities to ensure that medicines were fit for purpose. Team members could not show they proactively checked expiry dates on a regular basis. But they checked dates whilst dispensing to ensure medicines were in date. Sampling showed that stock was well within its expiry date. The pharmacy used two fridges to keep medicines at the manufacturers' recommended temperature. And team members kept an audit trail to show that fridges had remained within the accepted range of between two and eight degrees Celsius. The fridges were organised with items safely segregated. And team members placed dispensed items in clear bags so they could carry out the necessary checks before handing out medications. This helped them manage the risk of selection errors. Team members used five secure cabinets for some of its items. Medicines were well-organised and items awaiting destruction were kept segregated from other stock. The pharmacy had medical waste bins and denaturing kits available to support the team in managing pharmaceutical waste. The pharmacy received drug alert and recall notifications via the company’s online operating system. Team members checked the notifications and the pharmacist annotated the online record to show they had acted on them and quarantined items if required. 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 information. They also knew about legislative changes which required them to provide supplies in the original pack.

The pharmacy sent some of its prescriptions for dispensing to an off-site dispensing hub. Team members processed the prescriptions for dispensing and the pharmacist carried out clinical and accuracy checks before authorising them for transmission to the hub. The hub sent the dispensed medications to the pharmacy and team members matched them with the relevant prescriptions. The pharmacist checked any extra items that were required before they were added to the prescription bags. The team leader had arranged training for some team members to improve compliance with the dispensing procedures for the hub so they could send more prescriptions for dispensing. The pharmacy used individual containers to assemble and dispense prescriptions to keep medicines and prescriptions together during the dispensing process. This helped them to manage the risk of items becoming mixed-

up. Team members used a separate bench to dispense multi-compartment compliance packs to help people with their medicines. They referred to records that provided a list of people's current medication and the time of the day it was due. And they checked new prescriptions for accuracy and kept records up to date. For example, following changes which were communicated by GPs. Team members did not provide descriptions of medicines on the medicines label, but they supplied a patient information leaflet (PIL) with the first supply of the four-week cycle. Some people arranged collection of their packs either by themselves or by a representative. And team members monitored the collections to confirm they had collected them on time. This helped them to identify when they needed to raise concerns.

The pharmacy dispensed serial prescriptions for people that had registered with the Medicines: Care and Review service (MCR). The pharmacy had a procedure to manage and record the dispensing of these prescriptions. And people contacted the pharmacy when they required the next supply. The area manager was in the process of introducing a new procedure so that team members planned and carried out dispensing in advance.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services. And it mostly 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 the British National Formulary (BNF). Team members used crown-stamped measuring cylinders, and they used separate measures for substance misuse medicines. They had highlighted the measures, so they were used exclusively for this purpose. Team members used a dispensing machine to measure doses for some medication. They calibrated the machine each morning and the pharmacist confirmed that calibrations had been carried out. The pharmacy kept a blood pressure monitor, but there was no evidence to show when it had last been calibrated. This meant there was a risk that readings were not accurately measured. 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
✔ 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.