

# Registered pharmacy inspection report

**Pharmacy Name:** Kingspark Pharmacy, 261 Castlemilk Road,  
GLASGOW, Lanarkshire, G44 4LE

**Pharmacy reference:** 1042307

**Type of pharmacy:** Community

**Date of inspection:** 28/02/2022

## Pharmacy context

This is a community pharmacy in the city of Glasgow, Lanarkshire. The pharmacy sells over-the-counter medicines, dispenses NHS prescriptions, and offers the NHS Pharmacy First service. It delivers medicines for some people to their homes. And it dispenses medicines to some people in multi-compartment compliance packs. The pharmacy has an automated medicines collection point which allows people to collect their medicines 24-hours a day. The inspection was completed during the COVID-19 pandemic.

## 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 suitably identifies and manages the risks with its services. The pharmacy team members follow written procedures to help them safely carry out tasks. They generally keep the records they need to by law and they keep people's private information safe. The team is well equipped to manage any safeguarding concerns. Team members discuss and record details of mistakes they make while dispensing. But they do not regularly review them to help team members identify common trends or patterns. So, they may miss the opportunity to learn from them and improve patient safety.

### Inspector's evidence

The pharmacy was inspected during the COVID-19 pandemic. It had several procedures in place to help manage the risks and to help prevent the spread of coronavirus. These included notices reminding people visiting the pharmacy to wear a face covering. However, not all team members were wearing face coverings. There was plastic screen at the pharmacy counter to act as a protective barrier between team members and people visiting the pharmacy. The pharmacy's team members socially distanced from each other when they could. The pharmacy had hand sanitiser placed in several areas around the retail area and the dispensary to promote good hand hygiene. The pharmacy had a set of written standard operating procedures (SOPs). These provided information to help team members carry out various tasks, including dispensing and the management of controlled drugs (CDs). The SOPs were scheduled to be reviewed every two years, but several seen were overdue a review. This meant they may not correctly reflect the pharmacy's current ways of working. Not all of the team members had signed the SOPs relevant to their role to confirm they had read and understood their content. So, there was a risk that some team members were not following the correct way to carry out a task.

The responsible pharmacist (RP) and accuracy checking technician (ACT) spotted near miss errors made by team members during the dispensing process. They informed the dispenser of the error and asked them to rectify the mistake as soon as possible. The team used a near miss log to record details of the near miss errors. Team members recorded details such as the date and time the near miss error happened, and the medicines involved. There was a section to record the action taken by the team following the identification of a near miss error. But the team often recorded 'Yes' rather than detailing the specific action taken. This meant the team couldn't use the log to identify if the action taken had the desired effect. There was a process for the team to analyse the near miss logs each month to identify any trends or patterns. But the team hadn't been able to regularly complete the analysis since the pandemic had started. The pharmacy kept records of any dispensing errors that had reached people. The team completed an electronic incident form, printed a copy, and stored it in a folder for future reference. The pharmacy had a concerns and complaints procedure. Any complaints or concerns were verbally raised with a team member. If the team member could not resolve the complaint, it was escalated to the SI's office.

The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist (RP) notice displayed the name and registration number of the RP on duty. Several entries in the RP record didn't include the time the RP had signed out. This was not in line with legal requirements. Team members knew which tasks they could and could not do in the absence of the RP. The pharmacy made records of supplies against private prescriptions and emergency supplies of medicines. But on several occasions, the pharmacy used dispensing labels instead of indelible ink to record the name and address of the

person receiving the supply. This meant that labels could be removed or fade. The pharmacy kept CD registers and records of CDs returned by people to the pharmacy. To make sure they were accurate, each month the pharmacy audited CD registers against physical stock. During the inspection the balance of a randomly selected CD was checked. The balance was correct.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. The team placed confidential waste into a separate basket to avoid a mix up with general waste. The waste was periodically destroyed by the team using a shredder. Team members understood the importance of securing people's private information. The pharmacy had an SOP on information governance for team members to read. Some team members had completed formal training on safeguarding vulnerable adults and children. They gave examples of reasons why they would raise concerns to the RP. And there was a documented procedure explaining how they should raise any safeguarding concerns.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's team members have the necessary qualifications and skills to provide the pharmacy's services. They manage the workload well and support each other as they work. They feel comfortable raising concerns, giving feedback and suggesting improvements to provide a more effective service.

### Inspector's evidence

At the time of the inspection, the RP was a locum pharmacist. A full-time foundation trainee pharmacist and three full-time qualified pharmacy assistants supported the RP during the inspection. Team members who were not present during the inspection were a part-time pharmacy assistant and the pharmacy's resident pharmacist who was also the pharmacy's manager. The resident pharmacist worked three days a week. Locum pharmacists worked on the days when the resident pharmacist was absent. Team members were working well, and they were not seen dispensing prescriptions under any significant time pressures. The RP had not worked at the pharmacy before the day of the inspection. The team was observed supporting the RP with tasks she was unfamiliar with. Team members seen during the inspection were experienced in their roles and most of them had been working at the pharmacy for several years. They demonstrated a good rapport with many people who visited the pharmacy and were seen appropriately helping them manage their healthcare needs.

Prior to the pandemic, the team took the opportunity during their working hours, to complete various training modules provided by an external training provider to help them improve their knowledge and skills. But since the pandemic had started the pharmacy had become busier and several team members were unable to get protected training time. And so, they did most of their training in their own time. The pharmacy had a formal appraisal process in place that was scheduled to take place every year. But team members had not received an appraisal since the COVID-19 pandemic. A team member explained she had shown an interest in becoming an accuracy checker and was due to start an appropriate course this year.

Team members attended ad-hoc team meetings which were organised by the resident pharmacist. The team usually held these meetings between 1pm and 2pm when the pharmacy was closed. Team members discussed various topics during the meetings including daily tasks, near miss errors and staff rotas. The meetings were also an opportunity for team members to suggest ways the pharmacy could improve its services and raise any professional concerns. Team members felt comfortable giving feedback or raising concerns. And they felt confident their thoughts would be considered. The pharmacy had a whistleblowing policy in place, but team members were unable to access it during the inspection. The pharmacy owners had set the team some performance related targets to achieve.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy keeps its premises clean, secure, and well maintained. It has a suitable, sound-proofed room where people can have private conversations with the pharmacy's team members.

### Inspector's evidence

The pharmacy was clean, well maintained and highly professional in appearance. Benches were generally kept tidy and well organised. The pharmacy's floor space was mostly clear from obstruction. There were clearly defined areas used for the dispensing process and there was a separate bench used by the RP to complete the final checking process. The pharmacy had plenty of space to store its medicines. There was a private, sound-proofed consultation room available for people to have private conversations with team members. The room contained two seats and was large enough for two people to appropriately socially distance from each other when in use. The pharmacy had separate sinks available for hand washing and for the preparation of medicines. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. Team members controlled access to restricted areas of the pharmacy. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout the premises.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy makes its services accessible to people. And manages its services well to help people look after their health. The pharmacy correctly sources its medicines, and it completes regular checks of its medicines to make sure they are in date. But the team doesn't keep daily records of the temperature ranges of the fridges the pharmacy uses to store some medicines. This means the pharmacy may not be aware if the fridges are operating outside of the accepted temperature range.

### Inspector's evidence

People had level access into the pharmacy through the main entrance door. The pharmacy advertised its services in the main window. The pharmacy closed every day between 1pm and 2pm. Team members were seen helping people with mobility issues enter the pharmacy and the pharmacy provided large print labels to people with a visual impairment. Team members had access to the internet which they used to signpost people requiring services that the pharmacy didn't offer. There were seats available in the retail area for people to use while they waited for their prescriptions to be dispensed. The pharmacy offered the NHS Pharmacy First service. Through the service, team members supplied people with medicines for various conditions such as impetigo and urinary tract infections. The pharmacy held up-to-date patient group directions (PGDs) for the service. Team members had undertaken training to be able to provide the service under the supervision of the RP. They used up-to-date sales of medicines protocols to help them make suggestions for people's treatment. And they gave examples of situations where they would refer any consultations to the pharmacist.

Team members used various stickers to attach to bags containing people's dispensed medicines. They used these as an alert before they handed out medicines to people. For example, to highlight interactions between medicines or the presence of a fridge line or a CD that needed handing out at the same time. Most team members signed the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. They used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. And these baskets were of different colours to help the team categorise them into different work streams. For example, red baskets were used to hold prescriptions and medicines for people who wished to wait in the retail area while their medicines were dispensed. The pharmacy provided owing slips to people on occasions when the pharmacy could not supply the full quantity prescribed. People were given one slip and one was kept with the original prescription for reference when dispensing and checking the remaining quantity. The pharmacy kept a record of the delivery of medicines to people. Due to the pandemic, the delivery driver didn't ask people to sign for receipt of their medication. The driver left the medicines on the person's doorstep before moving away and waiting to watch them pick up the medicines.

The pharmacy had an automated medicines collection point. It was located next to the front entrance door. The collection point stored dispensed medicines and allowed people to collect them 24 hours a day. Team members explained the service had helped to reduce footfall into the pharmacy and so reduced the time people were waiting to be served. The pharmacy sent a text message to people to inform them that their medicines were ready to be collected from the collection point. Team members had received training on how to operate the collection point and manage the service. Team members were aware of the Pregnancy Prevention Programme for people in the at-risk group who were

prescribed valproate, and of the associated risks. They demonstrated the advice they would give in a hypothetical situation, including checking people were enrolled on a pregnancy prevention programme if they fit the inclusion criteria. The pharmacy had a supply of leaflets and other material that provided information that the team could give to people to take away with them.

The pharmacy supplied medicines in multi-compartment compliance packs to several people. The team dispensed the packs in a segregated part of the dispensary. This helped team members dispense the packs away from the retail area to reduce the risk of distractions. Team members used master sheets which contained a list of the person's current medication and dose times. Team members checked prescriptions against the master sheets before the dispensing process started to make sure they were accurate. Team members discussed any queries with the relevant prescriber. They recorded details of any changes such as dosage increases or decreases on the person's master sheet and their electronic record. But the pharmacy didn't always supply the packs with patient information leaflets or descriptions of the medicines to help people identify them. For example, 'orange, round, tablet'. This meant that people didn't receive the full information about their medicines.

The pharmacy stored pharmacy (P) medicines behind the pharmacy counter. The pharmacy followed a process to check the expiry dates of its medicines every three months. Team members signed a sheet to show which medicines they had checked and when. So, an audit trail was in place. No out-of-date medicines were found after a random check of around 20 randomly selected medicines. Team members attached stickers to medicines to highlight them if they were expiring in the next three months. They recorded the date of opening on medicines that had a short shelf life. The pharmacy had medical waste bins, sharps bins and CD denaturing kits available to support the team in managing pharmaceutical waste. It used two domestic grade fridges to store medicines that needed cold storage. The temperatures of both fridges were checked during the inspection and they were both within the correct range. But the minimum and maximum temperature ranges for both fridges were slightly outside of the accepted limits. The team didn't keep records of these ranges each day and so was unable to monitor if the fridge may not have been functioning properly. The pharmacy received regular alerts about medicines and medical devices. For example, if a manufacturer had issued a recall of a medicine. The team printed off the alert and kept a record of the action taken.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services. And it uses its equipment appropriately to protect people's confidentiality.

### Inspector's evidence

Team members had access to up-to-date reference sources. The pharmacy used a range of CE quality marked measuring cylinders. It stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. It suitably positioned computer screens to ensure people couldn't see any confidential information. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members could have conversations with people in private. Team members had access to personal protective equipment including face masks and gloves.

### 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.