

Registered pharmacy inspection report

Pharmacy Name: A & A Gilbride Ltd., 170 Carmyle Avenue, Carmyle, GLASGOW, Lanarkshire, G32 8EE

Pharmacy reference: 1042312

Type of pharmacy: Community

Date of inspection: 05/10/2023

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).

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
1. Governance	Standards not all met	1.1	Standard not met	The pharmacy does not keep its policies and procedures up to date, and there is evidence that team members do not follow them.
		1.2	Standard not met	The pharmacy does not routinely record near miss errors and dispensing mistakes. And there are no arrangements in place to learn from things that go wrong.
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 not all met

Summary findings

The pharmacy does not keep its policies and procedures up to date. And there is evidence to show that team members do not always follow them. The pharmacy does not keep records of near miss dispensing mistakes. And it does not always take the opportunity to monitor and provide assurance that services are safe. Team members recognise and appropriately respond to safeguarding concerns. They suitably protect people's confidential information and keep the records they need to by law.

Inspector's evidence

The pharmacy's standard operating procedures (SOPs) had not been reviewed since 2020. And there was no evidence to show they had been approved by the superintendent pharmacist. The SOPs showed they had been authorised by people who were not connected to the company. A new regular responsible pharmacist (RP) had been working at the pharmacy for around four weeks. And they had previously signed the SOPs in 2022 when they had worked there occasionally as a locum pharmacist. The long serving dispenser had signed the SOPs in 2020 to confirm she had read and understood them. A new team member had been working in the pharmacy for around one month. At the time of the inspection, they were de-blistering medicines and dispensing them into multi-compartment compliance packs. They confirmed they had read the SOPs but could not confirm whether they had read or had access to the SOP for dispensing the packs. A new delivery driver had been employed at the pharmacy for around one month. There was no evidence to show they had been trained to follow SOPs and the RP believed another delivery driver was supporting them but could not confirm this in practice.

There was evidence to show that team members did not follow near miss record keeping procedures and they did not document near miss errors as they were required to do so. This meant they missed opportunities to identify patterns and trends and new and emerging risks so they could manage them. Team members did not routinely sign medicine labels to show who had dispensed and who had checked prescriptions. This also created a barrier to learning and introducing safety improvements to manage risks. There was limited evidence of team members discussing dispensing risks and they provided an example of selection errors involving the wrong pack size of glyceryl trinitrate sprays. Team members had separated the packs on the shelf, and when this had been ineffective, they had decided to only keep stocks of the 200-dose packs. Team members knew how to manage complaints. And they knew to refer dispensing mistakes that people reported after they left the pharmacy. The RP knew to document the incident on the relevant electronic form and inform the SI.

Team members maintained the records they needed to by law. And the pharmacy had public liability and professional indemnity insurances in place which were valid until 30 April 2024. The pharmacist displayed an RP notice which was visible from the waiting area. It showed the name and registration details of the pharmacist in charge. The RP record showed the time the pharmacist assumed their duties, but it did not always show the time their duties ended. The pharmacy maintained the controlled drug (CD) registers and kept them up to date. And the RP used their own checklist to facilitate and document bi-weekly CD checks to verify the registered balances. The NHS Greater Glasgow and Clyde inspection officer for CDs had recently attended the pharmacy to carry out a witnessed destruction of CDs. They had also investigated a CD discrepancy that the pharmacy had reported. People returned CDs they no longer needed for safe disposal. And the pharmacy used a CD destruction register to document items which the RP signed to confirm destructions had taken place.

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. Team members understood data protection requirements and knew how to protect people's privacy. For example, they used a shredder to dispose of confidential waste. Team members knew how to manage safeguarding concerns effectively and the RP confirmed that team members referred individuals when they had cause for concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members have the necessary qualifications and skills for their roles and the services they provide. But the pharmacy cannot show it has adequate induction procedures in place to help new team members follow safe practices. Team members work together to manage the workload. But they don't always take the opportunity to learn together and make improvements to keep services safe.

Inspector's evidence

The pharmacy had been operating with different locum pharmacists up until recently. And one of the company's relief pharmacists had been providing regular cover over the past four weeks. The pharmacy's prescription workload had increased and there had been staffing changes with one team member leaving and a new team member appointed to replace them. One of the dispensers was long-serving and experienced in their role. And they had recently increased their hours from part-time to full-time to help manage the increased workload. A new team member had worked at the pharmacy for around one month and the RP and the long-serving dispenser had been helping them settle into their new role. There was no formal induction and they supervised them whilst they carried out tasks. A new delivery driver had been appointed and the RP believed they were being supported by the other delivery driver. There was no evidence to show that new team members had read the SOPs to confirm they would follow them. And there was no evidence to show that team members recorded their near miss errors so they could learn from them to manage dispensing risks in the future.

The pharmacy managed annual leave requests with only one dispenser authorised to take leave at the one time. This managed the risk of staffing pressures and helped with service continuity. The pharmacy employed pharmacy students and they provided cover when the regular team members were on leave. The RP briefed the pharmacy team about changes to new and existing services. They had recently been discussing a new application (App) that the pharmacy was about to introduce to help people with their prescriptions. They had also been discussing the sales of pharmacy only medicines (P-meds). This had included relevant questions to ask people who were taking other medications such as prescription only medicines (POMs). The pharmacy was about to introduce new services such as for weight loss. The RP had obtained the relevant patient group directions (PGDs) and was carrying out learning, so they developed the knowledge and skills to safely deliver the service. The long-serving dispenser understood their whistleblowing obligations. And they knew to speak up whenever they had concerns.

Principle 3 - Premises Standards met

Summary findings

The pharmacy premises support the safe delivery of its services. And it effectively manages the space for the storage of its medicines. The pharmacy has suitable arrangements for people to have private conversations with the team.

Inspector's evidence

The pharmacy had started to refurbish its premises on the day of the inspection. And one of the dispensers was assisting the builders to safely remove fixtures and fittings from the waiting area to manage the risk of slips, trips and falls. The plans showed a redesign of the dispensary to create more space for dispensing procedures. It also included a new consultation room for people to have private conversations with the team. Lighting provided adequate visibility throughout, and the ambient temperature provided a suitable environment from which to provide services. A separate area provided an area for team members to have comfort breaks. And they cleaned the pharmacy to ensure it remained hygienic for its services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services which are easily accessible, and it obtains its medicines from reputable sources. Team members stores medicines appropriately. But they are not always able to show they are in good condition and suitable to supply. The pharmacy cannot show it has arrangements to identify and remove medicines that are no longer fit for purpose.

Inspector's evidence

A step-free entrance provided access to the pharmacy which helped people with mobility difficulties. The pharmacy purchased medicines and medical devices from recognised suppliers, and it had a systematic approach for date checking which managed the risk of supplying short-dated stock in error. Sampling showed that stock was within its expiry date. The pharmacy used two fridges to keep medicines at the manufacturers' recommended temperature and they both were within the accepted temperature range of between two and eight degrees. But team members did not keep an audit trail to show they checked the temperatures every day and to show the temperature had remained within the accepted range. Fridges were organised and items were stored and safely segregated. This helped to manage the risk of selection errors. Team members used two secure CD cabinets for some of its items and medicines were well-organised. The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste.

An audit trail of drug alerts was available up until 2022. But team members could not evidence they had recently checked for affected stock. The RP remembered receiving a recent notification but could not remember what it was for. The long-serving dispenser 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 as not to cover-up the warning messages. The pharmacy used dispensing baskets to keep medicines and prescriptions together during the dispensing process. This helped to manage the risk of items becoming mixed-up.

The pharmacy supplied medicines in multi-compartment compliance packs to a substantial number of people to help them with their medication. It had not capped the number of people registering with the service due to a refurbishment and an extension to create more space for dispensing procedures. The pharmacy used a rear bench to assemble packs and they used a separate area to store packs for collection or delivery. Some people arranged for their packs to be collected. And team members monitored the area to confirm that packs had been collected on time. They contacted the relevant authorities to raise concerns when people did not collect medication on time. Supplementary records helped team members plan and dispense the packs. And they referred to records that provided a list of people's current medication to make supplies in accordance with prescription changes. They checked new prescriptions for accuracy and updated the records when necessary. The pharmacy dispensed serial prescriptions for people that had registered with the Medicines: Care and Review service (MCR). The pharmacy had a system for managing the dispensing of serial prescription dispensing. And they retrieved prescriptions on a Tuesday for collection at the end of the week. Most people collected their medication on time. And team members knew to inform the pharmacist when people did not collect when they expected them to.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services. And it 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 methadone. They had highlighted the measures, so they were used exclusively for this purpose. 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.