General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Merrylee Pharmacy, 213-215 Clarkston Road, GLASGOW, Lanarkshire, G44 3DS

Pharmacy reference: 1042325

Type of pharmacy: Community

Date of inspection: 06/10/2022

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 also provides a private podiatry service.

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
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 adequately identifies and manages risks to its services. Team members understand their role to help protect vulnerable people. And they suitably protect people's private information. Pharmacy team members record and discuss the mistakes they make to learn from them. And they take opportunities to make improvements to the pharmacy's services. But the pharmacy does not keep all its written procedures up to date and relevant. And this means it cannot always evidence that team members work in the safest and most effective way.

Inspector's evidence

The pharmacy had control measures to manage the risks and help prevent the spread of coronavirus. This included a plastic screen at the medicines counter. And the placing of hand sanitizer at the entrance and throughout the dispensary for visitors and team members to use. The pharmacy used 'standard operating procedures' (SOPs) to define its working practices. And team members annotated records when they had read and understood them. The 'superintendent pharmacist' (SI) had last reviewed and updated the SOPs in January 2018. This meant a review was overdue to provide the necessary assurances that working practices were safe and effective. Sampling showed a range of SOPs to cover activities such as the 'responsible pharmacist' (RP) regulations and 'controlled drug' (CD) procedures. But the SOP for the final accuracy checking of prescriptions had not been updated to reflect the 'accuracy checking technician' (ACT) role. And it did not define how pharmacists evidenced a clinical check so that ACTs could carry out a final accuracy check. This meant that ACTs acted on verbal authorisation, and there was a risk that they checked prescriptions that had not been clinically approved. Pharmacy team members signed medicine labels to show who had 'dispensed' and who had 'checked' prescriptions. This meant the pharmacy had an audit trail for dispensing. It also helped the pharmacists, and the ACTs identify dispensers to help them learn from their dispensing mistakes. The pharmacy kept records of near miss errors and dispensing incidents. And team members provided a few examples of changes following a review of the records. This included separating Tegretol Prolonged Release tablets and conventional Tegretol tablets due to selection errors. The pharmacy provided a complaints policy for team members to refer to. And the company had trained the pharmacy team to manage complaints effectively.

The pharmacy maintained the records it needed to by law. And it had public liability and professional indemnity insurances in place which were valid until 30/09/2023. The pharmacist displayed a 'responsible pharmacist' (RP) notice, and it was visible from the waiting area. The RP record showed the time the pharmacist took charge of the pharmacy. And it showed the time they finished at the end of the day. Team members maintained the electronic 'controlled drug' (CD) registers and kept them up to date. And they carried out balance checks once a week. People returned controlled drugs they no longer needed for safe disposal. And an electronic destructions register showed the pharmacist had confirmed destructions had taken place. Team members filed prescriptions so they could be easily retrieved if needed. And they kept supplies against private prescriptions and supplies of 'specials' up to date. The pharmacy trained team members to safeguard confidential information and to keep it safe and secure. And the company used an approved provider to collect and dispose of confidential waste at an off-site location. Team members knew how to manage safeguarding concerns. And they provided examples of concerns they had referred to the pharmacist to keep people safe. The pharmacy

promoted the 'SafeSpace’ scheme on a notice in the waiting area to help victims of domestic violence.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members to manage its workload. And they have the necessary qualifications and skills for their roles and the services they provide. The pharmacy is good at supporting its team members ongoing learning and development needs. And team members are proactive and suggest improvements to keep pharmacy services safe and effective.

Inspector's evidence

The pharmacy's dispensing workload had remained stable over the past year. And the superintendent pharmacist (SI) had not found it necessary to make changes to the pharmacy team. Team members were well-established and experienced in their roles. And 'pharmacist independent prescribers' (PIPs) and trainee PIPs worked across both branches, which included the SI. A second pharmacist usually supported the 'responsible pharmacist' (RP) in both branches. This meant that PIPs could prescribe treatments for common clinical conditions via the NHS Pharmacy First Plus service. The SI had recently appointed a new PIP to take on the role of pharmacist manager at the pharmacy. And another regular pharmacist worked at the pharmacy one day a week. This meant the pharmacy did not have to rely on locum pharmacist cover. The full-time and part-time pharmacy technicians had completed an 'accuracy checking technician' (ACT) course. And they were accredited and qualified to carry out final accuracy checks. A new team member had been in post for two months. And they had completed the pharmacy's induction period which included completing health and safety training and reading the pharmacy SOPs. The SI was supporting the new team member to submit an application form and supporting evidence to re-register as a pharmacy technician. The SI spent time with new starters to discuss their roles and responsibilities and obligations. Two part-time medicines counter assistants were experienced and well-established in their roles. And they covered for each other's leave. A new trainee pharmacist had also completed the pharmacy's induction period. They were two months into their foundation training year and about to attend a formal 13-week appraisal with one of the pharmacists who was their designated supervisor. A pharmacy driver delivered prescriptions on a part-time basis. And they worked overtime in response to extra demands. The pharmacy rota was arranged so that separate teams worked weekdays and at weekends. And each team produced handover notes to keep each other informed and to ensure service continuity. The SI worked on a Saturday at the other branch and was available to provide support if needed. The company provided protected learning time during working hours. And team members worked together to support each other. The team members had arrangements in place to cover leave. This included a part-time dispenser increasing their hours and team members from the other branch providing cover.

The SI supported team members to learn and develop in their roles. One of the pharmacy technicians was accredited to administer seasonal flu vaccinations. They had accessed relevant training on 'Turas', which was NHS Education for Scotland's (NES) single, unified learning platform for registered professionals which included pharmacy technicians. The system also provided a platform for recording information about the vaccinations that they administered. The SI had carried out a risk assessment before introducing the service and before authorising the pharmacy technician to administer flu vaccinations. This was based on the national flu protocol that was valid until 31 March 2023. The PIPs prescribed flu vaccinations when people arrived at the pharmacy. And they authorised the accredited pharmacy technician to administer the vaccination shortly afterwards.

The pharmacy provided access to mandatory training which team members completed on an annual basis. This included health and safety training such as slips trips and falls. It also provided ad-hoc training such as mental health training to help team members support people that used the pharmacy. And it provided information about ‘prescription only medicines’ (POMs) to ‘pharmacy only’ (P) re-classifications, such as fexofenadine (Telfast) medication. Team members were proactive at managing risks and taking action to make safety improvements. And following a team discussion they had spoken to the SI to suggest a reorganisation of the pharmacy’s storage arrangements to improve stock layout and reduce congestion. This was in response to changing prescribing patterns and stock level requirements over the past few years. This had been agreed and team members had arranged to work overtime on a Sunday when the pharmacy was closed. The SI reviewed near miss errors at the end of the month. And they shared their findings with the pharmacy team. This included information about any patterns and trends so the team could make improvements to manage dispensing risks. The RP and one of the ACTs knew to check the NHS mail inbox at least once a day. This ensured they were up to date with changes and tasks such as processing drug alerts in a timely manner.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises adequately support the safe delivery of services. And the pharmacy suitably manages the space for the storage of its medicines. It has appropriate arrangements for people to have private conversations with the team.

Inspector's evidence

The pharmacy was clean and well maintained. And the dispensary provided adequate space for dispensing and the storage of medicines. Team members used designated areas for dispensing. And they used a dispensing bench in a separate area of the pharmacy to assemble multi-compartment compliance packs. This provided them with ample space to safely dispense four packs at a time. The pharmacist supervised the medicines counter from the dispensary and could intervene and provide advice when necessary. Team members used a private booth to supervise the consumption of some medications. And they used a separate sound-proofed consultation room to provide other services such as the flu vaccination service. The room provided a confidential environment for private consultations. And it was equipped with a sink with hot and cold running water. The pharmacists and the pharmacy technician had access to clinical waste bins for used needles and other waste. And they also had access to an anaphylactic kit and a defibrillator.

The pharmacy provided a podiatry service from a dedicated treatment room. It only used the room for podiatry treatments. And it didn’t use it for any other services. The podiatrists used a separate sink to clean their equipment. And they used a dedicated autoclave to sterilise equipment. Team members used the dispensary sink for hand washing and the preparation of medicines. And they cleaned and sanitised the pharmacy on a regular basis to reduce the risk of spreading infection. This included frequent touch points such as keyboards, phones, and door handles. 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 services which are easily accessible. And it manages its services well to help people receive appropriate care. The pharmacy gets its medicines from reputable sources, and it stores them appropriately. It has arrangements in place to identify and remove medicines that are no longer fit for purpose. This ensures that its medicines are suitable to supply.

Inspector's evidence

The pharmacy advertised its services and opening hours in the window. And it had a step-free entrance that provided unrestricted access for people with mobility difficulties. The ‘pharmacist independent prescribers’ (PIPs) prescribed treatments for common clinical conditions via the NHS Pharmacy First Plus scheme. And they kept records of the treatments they provided. They notified the person’s GP about their prescribing decisions via 'situation, background, assessment, recommendation' (SBAR) templates. And they updated people’s medication records to reflect supplies. The pharmacists had briefed team members about the scheme. And they knew to gather background information and refer people for consultations. Podiatrists provided treatments from a dedicated treatment room. And a 'pharmacist independent prescriber' (PIP) provided supplies of aesthetics following a face-to-face consultation. The SI had arranged for the insurance provider to review the pharmacy’s public liability and professional indemnity insurance considering the extra services it provided. The SI had checked that the podiatrist’s professional registration was up to date and valid. And that they had personal indemnity insurance arrangements in place. They had also confirmed the PIPs professional registration status and the training they had completed relevant to aesthetics.

Team members kept stock neat and tidy on a series of shelves. And they kept the controlled drug cabinets well organised with sufficient space to keep items safely segregated. The pharmacy purchased medicines and medical devices from recognised suppliers. And team members carried out date checking activities. They didn’t keep records to evidence checks. But sampling showed that items were within their expiry date. The pharmacy had a fridge to keep medicines at the manufacturers recommended temperature. And team members monitored and recorded the temperatures every day. This provided assurance that the fridges were operating within the acceptable temperature range. Team members had completed training about valproate medication and the Pregnancy Prevention Programme. And the pharmacist knew to speak to people in the at-risk group about the associated risks. They annotated people’s medication records to show they had done so. Team members knew to supply patient information leaflets and to provide warning information cards with every supply.

The pharmacy supplied medicines in multi-compartment compliance packs to help support people. And it had capped the service due to space restrictions and capacity. The pharmacy had defined the assembly and dispensing process in a documented procedure for team members to refer to. And it used supplementary records to provide a list of each person's current medication and dose times which team members kept up to date. Team members obtained an accuracy check before they started de-blistering doses. And they used a separate rear area with ample bench space to safely assemble four packs at the one time. The pharmacy supervised the consumption of some medicines. And team members dispensed doses once a week using an automated dispensing system. This ensured doses were ready for consumption when required. The pharmacy dispensed serial prescriptions for a significant number

of people that had registered with the ‘medicines: care and review’ service (MCR). And it had a system in place for managing dispensing. People knew to contact the pharmacy a few days before their next supply was due. And this enabled team members to order and dispense items in advance of the due date. Most people collected their medication on time. And team members knew to refer people who arrived either too early or too late so the pharmacist could check compliance. The pharmacy provided a prescription delivery service to help vulnerable people stay at home. And the delivery driver kept an audit trail of deliveries to help them resolve any future queries. Team members accepted unwanted medicines from people for disposal. And the pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste. The pharmacy received drug alerts and recall notifications via the NHS mailbox. And team members printed, annotated, and retained the notices to show the action they had taken and what the outcome had been. For example, team members evidenced they had recently checked for Sandimmun Oral Solution in September 2022.

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 kept the measures separate, so they were used exclusively for this purpose. The pharmacy used an automated dispensing system to dispense methadone doses. And only authorised team members calibrated the pump once a week before they started dispensing. This ensured that measured doses were accurate. The pharmacy referred most people to the surgery for blood pressure monitoring. But it had recently purchased a new monitor for the pharmacists to use during consultations.

The pharmacy had a service contract in place to maintain an autoclave that the podiatrists used to sterilise their equipment. And they were responsible for cleaning and sanitising the treatment room in between sessions. The pharmacy stored prescriptions for collection out of view of the waiting area. And it positioned the dispensary computers in a way to prevent disclosure of confidential information. A portable phone allowed team members to carry out conversations in private if needed. The pharmacy used cleaning materials for hard surface and equipment cleaning. The sink was clean and suitable for dispensing purposes. Team members had access to personal protective equipment including face masks.

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.