

Registered pharmacy inspection report

Pharmacy Name: Boots, 350b Duke Street, GLASGOW, Lanarkshire,
G31 1RB

Pharmacy reference: 1042336

Type of pharmacy: Community

Date of inspection: 04/01/2024

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).

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 team members work to professional standards to keep services safe and effective. They discuss mistakes that happen when dispensing and they keep records to identify patterns in the mistakes. And then take the opportunity to improve and reduce the risk of further errors. 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 complete regular training to ensure they are up to date with safeguarding requirements.

Inspector's evidence

The company used digital standard operating procedures (SOPs) to define the pharmacy's working practices. Team members accessed new and existing SOPs on the pharmacy's online operating system. They also had the option to access them from their own personal phones. The pharmacy team knew to read any new SOPs and complete the necessary assessment within the company's specified deadline which was usually around six weeks. This was recorded on individual learning records and monitored by the pharmacist manager to ensure everyone was up to date. 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 documented their own errors to reinforce any learnings to help them avoid making the same mistake in the future. One of the dispensers had been appointed as the pharmacy's patient safety lead. And they were responsible for carrying out a monthly near miss error review to identify patterns and trends which they documented. They discussed their findings with the other team members, and they identified at least three improvement actions to help keep the pharmacy's processes and procedures safe and effective which they documented and displayed on a notice board. A recent review for December 2023 showed improvement actions. This included a review of core dispensing processes to manage the risk of quantity errors and a focus on the different types of formulations of medicines to manage the risk of selection errors. It also included a review of the hand-out procedure for multi-compartment compliance packs which included confirming the person's identity with a colleague.

The pharmacy used bar code scanning technology which had reduced the number of selection errors associated with look-alike sound-alike (LASA) medications. But team members continued to document the errors, so they continued to learn. The pharmacist carried out regular auditing activities to confirm compliance with the company's standards. This provided assurance that regular governance checks were up to date, such as confirming the balance of higher-risk medicines and the responsible pharmacist record was up to date. The pharmacist provided updates at weekly and monthly regional meetings which also included learnings from the patient safety reviews. Team members knew how to manage complaints. And the pharmacy used a practice leaflet to inform people about the complaints process. Team members knew how to report dispensing mistakes that people reported after they left the pharmacy. And they recorded and submitted the reports online to the superintendent pharmacist's office for further review.

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 June 2024. 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. Team members

maintained controlled drug (CD) registers and kept them up to date. They checked and verified the balances once a week and at the time of dispensing to confirm the accuracy of the registers. 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.

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 completed regular mandatory training and knew to protect people's privacy. The pharmacy had a designated container to dispose of confidential waste and an approved provider collected the waste for off-site destruction. Team members completed regular training and knew how to manage safeguarding concerns effectively. Notices signposted people if they needed help for domestic abuse. And a chaperone notice advised people they could request to be accompanied by someone of their choosing when accessing services in the consultation room.

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. The pharmacy encourages and supports the pharmacy team to learn and develop. And it provides access to ongoing training. The pharmacy team members support each other in their day-to-day work. And they discuss mistakes to learn from each and improve their performance.

Inspector's evidence

The pharmacy's prescription workload had increased slightly over the past few months. The company conducted regular reviews to confirm that the pharmacy continued to have the right skill-mix and staffing levels for the services it provided. And a recent review had provided assurance that the pharmacy was not experiencing any shortfalls. The following team members worked at the pharmacy; one full-time pharmacist, two full-time dispensers, two part-time dispensers and one part-time delivery driver. Pharmacy team members had worked at the pharmacy for more than a year, and they were experienced and competent in their roles and responsibilities. One of the dispensers had enrolled on the NVQ pharmacy services level three training. Once qualified this would enable them to register as a pharmacy technician. The pharmacy also provided the opportunity for pharmacy technicians to enrol on accredited checking pharmacy technician (ACPT) training. The company provided protected learning for trainees undergoing qualification training. And the pharmacist allocated the trainee pharmacy technician the company's recommended training time for the qualification they were enrolled on.

The pharmacy supported the pharmacy team with ongoing learning such as mandatory training and the reading of new SOPs. Team members attended off-site training, so they had the relevant knowledge and skills to deliver pharmacy services. For example, two of the dispensers had completed training to enable them to deliver the smoking cessation service. They had also completed training following 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. This included a monthly review, so they knew which medicines they were authorised to supply.

Team members completed annual eLearning such as how to safeguard vulnerable adults and children. They also completed health and safety training and updated their knowledge of UK GDPR requirements to protect confidential information. The pharmacist conducted annual appraisals with individual team members. This included a performance review and how they could improve the following year. Team members understood their obligations to raise whistleblowing concerns, and they knew when to refer concerns to the pharmacist. The company provided a dedicated telephone number which individuals could access to raise concerns anonymously.

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 a confidential environment for people to speak freely with the pharmacist and other team members during private consultations. People also had the option to use a private hatch at the side of the medicine counter to speak freely with the team members.

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 services which are easily accessible. And it provides its services in accordance with safe working practices. 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

A step-free entrance provided access which helped people with mobility difficulties, and a range of 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 monitoring activities to ensure that medicines were fit for purpose. This included the checking of dates, so they identified and removed items before they expired. Team members also applied supplementary labels to packs to highlight short-dated stock. Sampling showed that stock was well within its expiry date. The pharmacy used a fridge 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 three secure cabinets for some of its items. Medicines were well-organised and items awaiting destruction were kept well-segregated from other stock. The pharmacy had medical waste bins and denaturing kits available to support the team in managing pharmaceutical waste.

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 used individual containers which they used 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. The pharmacist had placed a limit on the number of people that could access the service due to the availability of workspace. Supplementary records helped team members manage dispensing to ensure people received their medication at the right time. 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 provided descriptions of medicines on the medicines label, and 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 contact the relevant authorities 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 system for managing the dispensing of the prescriptions. And they prepared prescriptions five days in advance so they could order items and dispense them at a suitable time. Team members regularly checked dispensed prescriptions that awaited collection, and they removed items that had not been collected after 35 days. They messaged people to remind them and informed the relevant GP when they had concerns.

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 substance misuse medicines. They had highlighted the measures, so they were used exclusively for this purpose. Team members also used a dispensing pump which had been recently replaced. A label on the pump showed it had been calibrated in December 2023. This meant that team members knew when to calibrate it again in the future. 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.