

Registered pharmacy inspection report

Pharmacy Name: The Park Road Pharmacy Ltd., 405 Great Western Road, GLASGOW, Lanarkshire, G4 9HY

Pharmacy reference: 1042367

Type of pharmacy: Community

Date of inspection: 28/04/2023

Pharmacy context

This is a community pharmacy in Glasgow. It dispenses NHS and private prescriptions including supplying medicines in multi-compartment compliance packs. 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

Pharmacy team members follow safe working practices. And they manage dispensing risks to continue to keep services safe. Pharmacy team members recognise and appropriately respond to safeguarding concerns. They suitably protect people's private information and keep the records they need to by law. Team members make records of mistakes and review the pharmacy's processes and procedures. They learn from mistakes and take the opportunity to improve the safety of services.

Inspector's evidence

The pharmacy used 'standard operating procedures' (SOPs) to define the pharmacy's working practices. And the superintendent pharmacist (SI) reviewed and updated them on a regular basis. Team members read the SOPs and annotated them to confirm they understood and followed them. A sample of SOPs showed they were valid and due to be reviewed in June 2023. These included 'responsible pharmacist' and controlled drug' procedures. Three 'accuracy checking technicians' (ACTs), carried out final accuracy checks on prescriptions that had been clinically checked and approved by a pharmacist. The pharmacy had documented the process in a SOP for team members to follow. And this meant they were aware of the risks and the necessary mitigations to keep dispensing safe. This included the need for pharmacists to annotate prescriptions to show they had clinically approved them. This meant the ACTs could identify the prescriptions they were authorised to check.

Team members signed medicine labels to show who had 'dispensed' and who had 'checked' prescriptions. This meant the pharmacist and the ACTs were able to help individuals learn from their dispensing mistakes. Team members recorded near miss errors and the SI carried out a near-miss review to identify patterns and trends which they discussed with staff. Until recently, they carried out a review on a monthly basis. But due to workload increases they were carrying out the review around every two months. Team members provided examples of improvements they had agreed upon to manage the risks associated with patterns and trends and dispensing mistakes. This included checking the seals on packs to manage the risk of quantity errors. They were also crossing split packs on every side of the pack before placing them back on the shelf. The pharmacy trained its team members to respond to complaints and to follow its documented complaints procedure. They knew to record dispensing incidents on a form which they shared with the superintendent's office for review. The form included a section to record information about the root cause and any mitigations to improve safety arrangements.

Team members maintained the records they needed to by law. And the pharmacy had public liability and professional indemnity insurances in place which expired on 30 April 2023. 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 the electronic controlled drug (CD) registers and kept them up to date. And they evidenced they checked and verified the balance once a month. People returned CDs they no longer needed for safe disposal. And the pharmacy had an electronic CD destruction register to record all the items it received. A team member and a pharmacist signed the register to evidence they had carried out a destruction. The pharmacy filed prescriptions so they could easily be retrieved if needed. And records of supplies against private prescriptions and supplies of 'specials' were up to date. The RP had

introduced a form to document interventions. And this provided an audit trail of queries and subsequent changes following discussions with other healthcare providers. For example, following a query about whether a gelatine capsule was of bovine or plant origin. Team members understood data protection requirements and how to protect people's privacy. And they used a shredder to dispose of confidential waste. The pharmacy trained its team members to respond to safeguarding concerns and to follow its safeguarding policy. The policy included contact details for the relevant agencies. And pharmacy team members knew to refer safeguarding concerns to the pharmacist. They also communicated with the relevant agencies to discuss concerns about vulnerable people.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members have the necessary qualifications and skills for their roles and the services they provide. And they work together well to manage the workload. Pharmacy team members continue to learn to keep their knowledge and skills up to date.

Inspector's evidence

The pharmacy's workload had significantly increased over the past year. And the pharmacy had reviewed and made changes to its workload to maintain compliance with its safe working practices and policies and procedures. For example, reducing the number of people it dispensed multi-compartment compliance packs for. The pharmacy had been trying to recruit a dispenser to replace someone who had left. But it had been unsuccessful in finding the right candidate. A new part-time team member who had been working at the medicines counter was about to increase their hours to full-time and was about to enrol on qualification training, so they were eligible to work in the dispensary. They had completed the pharmacy's induction procedures. This included reading the relevant SOPs and shadowing other team members carrying out tasks.

The locum responsible pharmacist (RP) had worked at the pharmacy for one year. They worked three days a week and the owner pharmacist worked the rest of time. Another part-time locum pharmacist provided extra support on a Wednesday. The superintendent pharmacist (SI) and the owner also provided cover. This meant that the pharmacy was self-sufficient and only occasionally had to rely on other locums. Team members were experienced and mostly long-serving. And the following staff worked at the pharmacy; two full-time 'accuracy checking technicians' (ACTs), one part-time ACT, one part-time dispenser, two part-time 'medicine counter assistants' (MCAs) and one part-time team member who collected prescriptions from the surgeries and delivered medicines to people at home. The team member had worked at the pharmacy for around two months. And they were yet to be enrolled on the necessary qualification training. Team members planned annual leave. And they planned the workload in advance with only one team member permitted to take leave at the one time.

The RP supported team members to learn and keep up to date with new initiatives and procedural changes. And the pharmacists and the ACTs had completed training about semaglutide medication due to an increase in the number of prescriptions they received. The RP had also briefed the team members to check for penicillin allergies. And to counsel people on whether to take antibiotics before or after meals depending on the treatment they had been prescribed. Team members were proactive at making changes and improvements with the pharmacist's approval. And they had recently suggested increasing the prescription waiting time to 30 minutes due to the pharmacy's increased workload. This had helped to manage people's expectations and to reduce the pressure on team members and the risk of dispensing mistakes.

The superintendent pharmacist (SI) used the near miss review to help the pharmacy team to learn and improve. And they had discussed a recent increase in labelling errors which the team agreed was mostly due to a PMR software update and labelling instruction changes. They also agreed to take corrective action and to concentrate more until they adapted to the new software changes. The SI also used near miss reviews to help individual team members improve their accuracy in dispensing. And they

conducted one-to-one meetings to try to identify causes for any decline in accuracy. Following a discussion with one team member they identified a lapse in concentration when labelling and having to answer the phone at the same time. And it was agreed that they left the phone for another team member to answer. It was also agreed that they would review the new arrangement to assess whether or not it had been effective.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's 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

These were average-sized premises with adequate storage facilities and dispensing benches. A sound-proofed consultation room with a sink was available for use. And it provided a clinical environment for the administration of vaccinations and to carry out various checks such as blood pressure monitoring. The consultation room also provided a confidential environment. And people could speak freely with the pharmacist and the other team members during private consultations. They cleaned and sanitised the pharmacy regularly, and this ensured it remained hygienic for its services. Lighting provided good visibility throughout, and the ambient temperature provided a suitable environment from which to provide services. A separate room provided adequate space for team members to take comfort breaks.

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. The team carries out checks to make sure medicines are in good condition and suitable to supply. And it removes medicines that are no longer fit for purpose.

Inspector's evidence

The pharmacy had a step-free entrance, and this helped people with mobility difficulties access services. The pharmacy provided access to 'prescription only medicine' (POM) treatments against 'patient group directions' (PGDs). And the PGD for treatments for urinary tract infections was valid until August 2024. The pharmacy purchased medicines and medical devices from recognised suppliers. And team members conducted monitoring activities to confirm that medicines were safe to supply. This included date checking and an audit trail of activities evidenced when checks were next due. This managed the risk of supplying short-dated stock in error. The pharmacy used two fridges to keep medicines at the manufacturers recommended temperature. Team members used the main fridge to keep most of its stock. And they used the second fridge for slow moving stock. Team members monitored and recorded the temperature of the main fridge. And this provided assurance that the fridge was operating within the accepted range of two and eight degrees Celsius.

Team members kept stock neat and tidy on a series of shelves. And they used secure controlled drug cabinets for some items and medicines were well-organised. The pharmacy had medical waste bins and 'controlled drug' (CD) denaturing kits available to support the team in managing pharmaceutical waste. Team members produced an audit trail of drug alerts. And they evidenced they had checked for affected stock so that it could be removed and quarantined straight away. This included a recent drug alert for the withdrawal of pholcodine medication. 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 as not to cover-up the warning messages. The pharmacy supplied patient information leaflets with every supply, and they had spare information cards.

Team members used dispensing baskets to safely hold medicines and prescriptions during dispensing. And this helped to manage the risk of items becoming mixed-up. The pharmacy supplied medicines in multi-compartment compliance packs to a significant number of people to help them with their medication. The numbers had decreased over the previous year as the pharmacy was busier with dispensing other prescriptions. Trackers helped team members to plan pack dispensing. And this ensured that people received their medications when they were due. They used supplementary records that provided a list of each person's current medication and dose times which they kept up to date. And they checked new prescriptions against the records for accuracy. Team members provided descriptions of medicines. And they supplied patient information leaflets for people to refer to. People collected the packs either themselves or by a representative. And the team members monitored the collections to confirm they had been collected on time. Team members contacted the relevant authorities to raise concerns to ensure that people were receiving support 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 dispensing so they could order items and dispense in advance. Most people collected their medication when it was due. And team members knew to refer people who arrived either too early or too late so the pharmacist could check compliance.

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 confidential 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 these were kept clean and ready for use. The pharmacy stored its prescriptions for collection out of view of the public waiting area. And it positioned the dispensary computers in such a way as to prevent disclosure of confidential information. Team members could conduct conversations in private if needed, using portable telephone handsets. The pharmacy used cleaning materials for hard surface and equipment cleaning. And the sink was clean and suitable for dispensing purposes.

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.