

# Registered pharmacy inspection report

**Pharmacy Name:** A & A Gilbride Ltd, 275 Main Street, High Blantyre, GLASGOW, Lanarkshire, G72 0DL

**Pharmacy reference:** 1042414

**Type of pharmacy:** Community

**Date of inspection:** 06/09/2022

## Pharmacy context

This is a community pharmacy on a main road in a residential area in the city of Glasgow, Lanarkshire. The pharmacy sells over-the-counter medicines, dispenses NHS and private prescriptions. And it delivers medicines for some people to their homes. The pharmacy supplies some people with their medicines in multi-compartment compliance packs to help them take their medicines. It also offers the NHS Pharmacy First 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
<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 has up-to-date processes in place to help the pharmacy team effectively and safely manage the risks to the services it provides to people. Team members keep most of the records they need to, and they generally keep people's private information safe. The team has the knowledge to help protect vulnerable people who use the pharmacy. Team members discuss and record details of mistakes they make while dispensing. And they review them to help make changes to the way they work to improve patient safety.

### Inspector's evidence

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 record keeping. Team members described their roles within the pharmacy and the processes they were involved in. Team members had read and understood the SOPs relevant to their roles. Team members signed a document to confirm they had read and understood an SOP. The pharmacy's superintendent pharmacist had reviewed the SOPs in 2021. They were scheduled to be reviewed every two years. This was to make sure they were up to date and accurately reflected the pharmacy's current practices.

The pharmacy had a process to record and report mistakes made by team members during the dispensing process. These were known as near misses. Team members used a near miss log to help them record each near miss. They recorded details including the type of near miss and the date and time the near miss happened. Team members recorded the reason why a near miss might have happened. And how they could prevent a similar mistake from happening again. The team analysed the near misses to look for any trends or patterns. And the team discussed how they could make changes to the way they worked to improve patient safety. Most recently, the team placed warning stickers on the shelves next to medicines that looked or sounded like each other. The stickers helped remind team members that these medicines were at a higher risk of being dispensed in error. The pharmacy used an electronic reporting system to record any dispensing errors that had reached people. But the team was unsure of how to access it. The pharmacy had a concerns and complaints procedure. People initially raised any complaints or concerns verbally with a team member. If the team member could not resolve the complaint, it was escalated to the pharmacy's owner.

The pharmacy was displaying an expired professional indemnity insurance. Following the inspection, the inspector was provided with an up-to-date certificate. There were two responsible pharmacist (RP) notices on display. And so, it was not clear who was the RP on duty. Entries in the RP record were mostly kept in line with legal requirements. But on some occasions, the RP had not recorded the time their RP duties ended. The pharmacy kept records of supplies against private prescriptions. It kept controlled drug (CD) registers, and 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 pharmacy kept up-to-date records of the destruction of out-of-date CDs and CDs that had been returned to the pharmacy by people.

The team held most 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 using a shredder. The pharmacy had a

procedure to help the team raise any concerns team members may have about the safeguarding of vulnerable adults and children. And team members described hypothetical safeguarding situations that they would feel the need to report. The RP had membership with the Protecting Vulnerable Groups (PVG) scheme.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team members have the skills to effectively provide the pharmacy's services. The pharmacy supports its team members in keeping their knowledge and skills up to date. And it supports them to make changes to improve the way the pharmacy operates. Team members feel comfortable in raising professional concerns and giving feedback.

### Inspector's evidence

At the time of the inspection the RP was the pharmacy's part-time resident pharmacist. During the inspection, the RP was supported by two full-time pharmacy assistants, a part-time pharmacy assistant and a part-time medicines counter assistant. The pharmacy also employed another part-time pharmacy assistant, a full-time pharmacy technician, a part-time delivery driver and a pharmacy degree undergraduate who worked on Saturdays. The pharmacy used locum pharmacists to cover the days the RP didn't work. Team members covered each other's absences. Team members were working well together, and they were seen dispensing prescriptions without any significant time pressures. Several team members had been working at the pharmacy for several years and had developed a good rapport with many people who visited the pharmacy, and they were seen effectively helping them manage their healthcare needs. Team members were supervised by the RP while they worked. They were observed asking appropriate questions when selling over-the-counter medicines to people and they were aware of what could and could not happen in the RP's absence.

Team members were encouraged to improve their skills and further their professional development. This was done through protected training time which was authorised on an ad-hoc basis. They used pharmacy related workbooks to learn about new over-the-counter medicines and how to treat various minor ailments. Team members were invited to attend team meetings during which they discussed workload and how they could improve the way they worked to improve patient safety. They had recently discussed a series of near misses involving amlodipine and amitriptyline. They decided to separate the two medicines to reduce the risk of them being selected by mistake during the dispensing process. Team members were encouraged to provide feedback on the delivery of the services the pharmacy provided to people. They explained that they would generally provide feedback to the pharmacy's owner through open, informal conversations. The pharmacy's owner visited the pharmacy each week to help the team do this. The team explained the pharmacy's dispensing workload had increased significantly since the beginning of the COVID-19 pandemic. In response to the team's concerns over workload, the pharmacy's owner had recruited a full-time qualified pharmacy assistant to help support the team. The pharmacy didn't have a whistleblowing policy in place. No specific targets were set for the team to meet.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and secure. And its premises are suitable for the services it provides. It has a small consultation room where people can have private conversations with team members.

### Inspector's evidence

The pharmacy was clean, well maintained, and professional in appearance. Benches were 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 small, private, soundproofed consultation room available for people to have private conversations with team members.

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 public 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 team manages and delivers the pharmacy's services well. And it makes its services easily accessible to people. The pharmacy sources its medicines from recognised suppliers, and it completes regular checks of its medicines to make sure they are suitable to supply. But it doesn't always keep records of the checks it makes to help show it is appropriately managing its medicines.

### Inspector's evidence

People had level access into the pharmacy through the main entrance door. This made it easy for people with wheelchairs or pushchairs to enter the pharmacy. There was some public car parking directly outside the pharmacy for people to use. The pharmacy didn't clearly advertise its opening hours on the premises. The opening hours were accurately displayed on the NHS inform website. The pharmacy provided large print labels to people with a visual impairment. One team member described how they used Google translate to help some who didn't speak fluent English. Team members had access to the internet which they used to signpost people requiring services the pharmacy didn't offer. The pharmacy displayed some information posters on the importance of reporting a persistent cough and the importance for people to be vaccinated from COVID-19. Team members described raising concerns about some people making frequent requests to purchase codeine based, over-the-counter medicines such as codeine linctus and co-codamol tablets. Team members explained they would refer these types of concerns to the RP. The RP then considered if supplying the person with a codeine based medicines was suitable or not. 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. and ensuring such people used appropriate contraception. The pharmacy provided the NHS Pharmacy First service. All team members were trained to provide the service. The pharmacy had an up-to-date formulary to help the team consider which treatments would be suitable for people. Team members usually undertook consultations with people in the pharmacy's consultation room. And they completed relevant paperwork. The pharmacist felt confident in the team's ability to appropriately counsel people and explained team members always involved the pharmacist if they were unsure. For example, if a person was taking other medicines for other conditions.

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, 'speak to pharmacist' stickers to highlight interactions between medicines or the presence of a fridge line or a CD that needed handing out at the same time. 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. The pharmacy had owing slips to give to people when the pharmacy could not supply the full quantity prescribed. The pharmacy offered a delivery service. It used a smartphone app to keep records of when deliveries had been made successfully, or if a person was not present to accept the delivery. If an attempted delivery was unsuccessful, the delivery driver left a note at the property informing the person that their medicines had been returned to the pharmacy.

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. They spread the workload over a four-week cycle. This helped the team manage the workload more evenly. Each person who received a pack was assigned a week number. Team members used master sheets which contained a list of the person's current medication and dose times. And they 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 medication record. The pharmacy supplied people receiving the packs with patient information leaflets. The packs were supplied with descriptions of the medicines to help people identify them. For example, 'orange, round, tablet'.

The pharmacy stored pharmacy (P) medicines behind the pharmacy counter. It stored other medicines in their original packaging on shelves and in drawers. The pharmacy had a process in place for the team to check the expiry date of the pharmacy's medicines. Team members highlighted any medicines that would expire within six months by marking the date on the packaging with a highlighter pen. But the pharmacy didn't keep any records of the completion of the process. And so, there wasn't an audit trail in place. No out-of-date medicines were found after a random check of around 30 randomly selected medicines. The pharmacy had medical waste bins, sharps bins and CD denaturing kits available to support the team in managing pharmaceutical waste. It used a domestic grade fridge to store medicines that needed cold storage. The team recorded the temperature ranges of the fridge each day. And a sample of the records showed the fridge was operating within the correct ranges. The pharmacy received regular updates via email of any drug alerts. Team members occasionally recorded the action they took following an alert.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment that it needs to provide its services. And it uses its equipment properly to help 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 awaiting collection 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 a private area. Team members had access to personal protective equipment including face masks and gloves.

### 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.