General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Well, 403 Nitshill Road, Nitshill, GLASGOW, Lanarkshire, G53 7BN

Pharmacy reference: 1042441

Type of pharmacy: Community

Date of inspection: 20/02/2020

Pharmacy context

This is a community pharmacy located on a parade of shops. It dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. It offers a repeat prescription collection service and a medicines' delivery service. And it provides substance misuse services and dispenses private prescriptions. The pharmacy team advises on minor ailments and medicines' use. And supplies a range of over-the-counter medicines. It also offers a smoking cessation 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	2.2	Good practice	The pharmacy team members complete regular training relevant to their roles. And the pharmacy provides time during the working day to support them to do so.
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. They understand their role in protecting vulnerable people. And they complete regular training to ensure they are up-to-date with safeguarding requirements. People using the pharmacy can raise concerns. And team members know to follow the company's complaints handling procedure. This means they listen to people and put things right when they can. Pharmacy team members record and discuss some mistakes that happen whilst dispensing. And they use this information to learn and reduce the risk of further errors. They do not always collect detailed information about the causes of mistakes to help inform the changes they make. So, they may miss opportunities to improve. The pharmacy keeps the records it needs to by law. And it provides training for the team on how to keep confidential information. It has controls in place to keep people's private information secure.

Inspector's evidence

The pharmacy used working instructions to define the pharmacy processes and procedures. The team members had signed to confirm they followed the procedures. And to show they understood their roles and responsibilities. The company used a web-based system. And it notified the team members when new procedures had been issued. For example, the new pharmacy technician knew she still had to read SOP 23. The team members signed dispensing labels to show they had completed a dispensing task. And the pharmacist checked prescriptions and gave feedback to dispensers who failed to identify their own errors.

The team members used the pharmacy's web-based system to record some of their near-misses. And they were focussed on improving reporting due to the low number of records. The pharmacy team discussed ways to prevent errors. And the pharmacist reminded the team members to take care when selecting medication to manage quantity, strength and formulation risks. The team members had taken some action. And they had separated the different strengths of citalopram medication. The new pharmacist manager had taken up post in January 2020. And they had been carrying out service reviews to ensure that services were safe and effective. The pharmacist had made changes. For example, they had arranged for the pharmacy team to work over-time to re-arrange and tidy the pharmacy shelves. The team members had implemented the company's 'top 50' initiative. And this made it easier for them to manually monitor stock levels and take immediate action when stock fell below the minimum set levels.

The pharmacist managed the incident reporting process. And the pharmacy team members knew when incidents happened and what the cause had been. For example, the pharmacist was in the middle of investigating an incident that had been reported the day of the inspection due to levothyroxine 50mcg being supplied instead of 100mcg. The pharmacist had already checked the packs on the shelves. And they had found they looked different and were well-separated. The pharmacy used a complaints policy to ensure that the team members handled complaints in a consistent manner. And the pharmacy displayed a notice to inform people about its complaints process. The pharmacy invited people to provide feedback about the services they received. And this had been mostly positive with no suggestions for improvement.

The pharmacy maintained the records it needed to by law. And the pharmacist in charge kept the responsible pharmacist record up to date. The pharmacy had public liability and professional indemnity

insurance in place. And it was valid and up to date. The pharmacy team members kept the controlled drug registers up to date. And the new pharmacist had introduced weekly balance checks to comply with the company's requirements. The team members recorded controlled drugs that people returned for destruction. And the pharmacist and a team member recorded their name and signature against each destruction. A sample of private prescriptions were up to date and met legal requirements. And specials records were kept up to date with details of who had received each supply. The pharmacists used patient group directions (PGDs) to improve access to medicines and advice. And they accessed the PGDs via the NHS Greater Glasgow & Clyde web-site.

The pharmacy did not display a notice to inform people about its data protection arrangements. And it did not inform people about how it kept their personal information safe. The company regularly trained the team members to comply with its data protection arrangements. And they knew how to safely process and protect personal information. The team members used designated bags to dispose of confidential waste. And these were regularly collected for off-site shredding. The team members archived spent records for the standard retention period.

The pharmacy displayed a chaperone notice beside the consultation room. And it used the protecting vulnerable group (PVG) scheme to help protect children and vulnerable adults. The pharmacy team had been trained to follow the company’s safeguarding policy. And this ensured the pharmacy team knew how to handle concerns.The team members knew to monitor supplies of multi-compartment compliance packs. And this ensured they identified packs that people had not collected on time or people who were not at home when they expected them to be. The team members spoke to the pharmacist when they had concerns. And they contacted carers or the surgery to make further enquiries when needed.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy monitors the pharmacy team. And it ensures it has the right number of suitably skilled pharmacy team members throughout the week. The pharmacy team members reflect on their performance. And they identify and discuss their learning needs at review meetings to keep up to date in their roles. The pharmacy encourages and supports the pharmacy team to learn and develop. And the pharmacy team members support each other in their day-to-day work. They can speak up at regular meetings. And make suggestions for improvement to keep services safe and effective.

Inspector's evidence

The pharmacy workload had increased by around 3% in the past year. And it was continuing to grow due to an increase in the number of people it supplied multi-compartment compliance packs to. The new pharmacist manager continued to assess the capacity and capability within the pharmacy team. And the area manager had provided assurance that they would authorise the appointment of extra team members if the demand on services continued to grow. The pharmacy had replaced team members when they left. And a new part-time pharmacy technician had been appointed in December 2019. The company kept training qualifications at head office. And the following team members were in post; one full-time pharmacist, one full-time pharmacy technician, one part-time pharmacy technician, one part-time medicines counter assistant (MCA) and one delivery driver. The company managed annual leave requests. And it maintained minimum levels by authorising only one team member to be off at the one time. The team members submitted annual leave requests in advance to help arrange cover. And the company's relief dispensers provided cover when needed.

The company used individual performance reviews to help the pharmacy team members improve and develop in their roles. And one of the pharmacy technicians had agreed to develop their knowledge about the chronic medication service (CMS). This ensured they offered the service when people were eligible to receive it. The pharmacist had planned to carry out the performance reviews in six months' time. And this would provide them with enough time to identify areas for development or improvement.

The company provided structured training. And this ensured team members stayed current in their roles. The company had been phasing-in a new operating system in all of its branches. And it had provided e-learning and on-site training to ensure it supported the team members to carry out routine dispensing tasks using the new system.

The company provided mandatory training. And it tested the team members to confirm that the learning had been effective. For example, 'falsified medicines directive' (FMD), information governance, safeguarding and dementia friends training. The company used targets to grow and improve its services. And the team members were focussed on reducing its stock levels due to being over-stocked. The pharmacy team met every Monday to discuss the previous week's performance. And to agree new objectives for the coming week. For example, they had agreed to speak to people about the chronic medication service (CMS) to see if it would better support them to take their medicines. The team members did not feel undue pressure to meet the targets. And they felt empowered to raise concerns and provide suggestions for improvement. For example, the new pharmacy technician had transferred knowledge from their previous branch to help improve the management of multi-compartment compliance pack dispensing. And they had suggested reviewing the system to identify necessary

improvements.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises is clean and hygienic. It has a consultation room that is professional in appearance. And it is an appropriate space for people to sit down and have a private conversation with pharmacy team members.

Inspector's evidence

A well-kept waiting area presented a professional image to the public. The pharmacy provided seating. And it provided some patient information leaflets for self-selection. The pharmacy had allocated areas and benches for the different dispensing tasks. And the team members used a separate rear area to dispense, check and store multi-compartment compliance packs. The pharmacist supervised the medicines counter from the checking bench. And they could make interventions when necessary. The pharmacy had effective lighting. And the ambient temperature provided a comfortable environment from which to provide services. The pharmacy provided a well-equipped consultation room. And it presented a professional environment for people to speak to the team members in private.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy displays its opening times and healthcare information at the front of the pharmacy. And it lets people know what services are available to them. The pharmacy has working instructions in place for its services. And these support the pharmacy team to work in a safe and effective way. The pharmacy sources, stores and manages its medicines appropriately. And the pharmacist mostly keeps the pharmacy team up-to-date about high-risk medicines. This means that team members know when to provide people taking these medicines with extra information.

Inspector's evidence

The pharmacy had stepped access. And it kept a portable ramp on-site to provide access for people with mobility difficulties. The pharmacy kept a few leaflets in the waiting area. And it displayed its opening hours in the window. The pharmacist spoke to people about their medicines. And they attached stickers to prescription bags so that the team members knew to call on them. For example, to speak to people about high-risk medicines such as people taking warfarin or methotrexate medication. The pharmacist had recently spoke to some-one who was complaining about a chronic cough. And they advised them to contact their doctor for a review when they identified they had been taking lisinopril for around eight years.

The pharmacy provided a managed repeat dispensing service (FRPS). And this accounted for around 40 to 50% of the prescriptions it dispensed. The service enabled the team members to dispense prescriptions in advance of them being needed. And to utilise a new off-site dispensing hub. The team members had been authorised to send around 180 prescription items per week for dispensing. And they had been trained to follow the necessary procedures. The pharmacist carried out checks before the prescriptions were transmitted to the hub. And they carried out checks on sample prescriptions that had been dispensed and returned by the hub. And this provided assurance that the system was safe and effective.

The pharmacy team members used dispensing baskets. And they always kept prescriptions and medicines contained throughout the dispensing process. The pharmacy dispensed multi-compartment compliance packs for around 60 people. And this had increased from around 45-50 since the start of the year and continued to grow. The team members had read and signed the company's working instructions to confirm that dispensing was safe and effective. And they used an allocated area that was sufficient in size and layout to safely assemble, check and store the packs. The team members isolated packs when people's prescription needs had changed/were changing. For example, when they went into hospital. The team members used supplementary records to support the dispensing process. And they updated them following prescription changes. The team members carried out regular checks to ensure that people collected their medication on time. And this helped them to identify potential compliance issues which they referred to the pharmacist. The team members supplied patient information leaflets. And they provided descriptions of medicines to support people to take their medicines correctly. The pharmacy provided a delivery service to housebound and vulnerable people. And the delivery driver obtained signatures to confirm that people had received their medication.

The team members used a MethaMeasure to dispense methadone doses for around 20 people. And they obtained an accuracy check at the time of registering new prescriptions and at the time they

supplied each dose. The pharmacy purchased medicines and medical devices from recognised suppliers. And they kept a top 50 section of frequently used medication. This ensured they effectively managed stock levels and did not run out. The team members carried out regular stock management activities. And they highlighted short dated stock and split-packs during regular checks. The team members monitored and recorded the fridge temperatures. And they demonstrated that the temperature had remained between two and eight degrees Celsius. The pharmacy used clear bags instead of paper prescription bags for controlled drugs and fridge items. And this allowed the pharmacist to easily carry out additional checks at the time of supply. The team members kept controlled drugs in three separate cabinets. And this managed the risk of selection errors, for example, they kept multi-compartment compliance packs in a separate cabinet.

The team members acted on drug alerts and recalls. And they recorded the date they checked for affected stock and what the outcome had been. For example, in February 2020 they had checked Gliclazide stock. And they had recorded that they had no stock at the time. The company had trained the team members about the valproate pregnancy protection programme. But the team members did not know where to find the safety leaflets and cards and when to issue them. The pharmacist knew to speak to people that could be affected to confirm they knew about the risks. But they had not received any prescriptions since they had taken up their post in January 2020. The company had trained the team members about the Falsified Medicines Directive (FMD) and what it aimed to achieve. And it had implemented and embedded the system in their day-to-day processes.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services. And it keeps it clean and well-maintained.

Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the British National Formulary (BNF). It used crown-stamped measuring equipment. And the measures for methadone were highlighted, so they were used exclusively for this purpose. The pharmacy used a MethaMeasure for dispensing methadone doses. And the pharmacist calibrated the machine to show it was measuring accurate doses. The pharmacy kept cleaning materials for hard surface and equipment cleaning. And the pharmacy sink was clean and suitable for dispensing purposes. The pharmacy stored prescriptions for collection out of view of the waiting area. And it arranged computer screens, so they could only be seen by the pharmacy team. The pharmacy team members used portable phones. And they took calls in private when necessary.

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.