General Pharmaceutical Council

# Registered pharmacy inspection report

**Pharmacy Name:** Rowlands Pharmacy, 456 Paisley Road West, GLASGOW, Lanarkshire, G51 1PX

**Pharmacy reference:** 1042452

**Type of pharmacy:** Community

**Date of inspection:** 01/07/2024

## Pharmacy context

This is a community pharmacy within a parade of shops in the city of Glasgow. Its main services include selling over-the-counter medicines and dispensing NHS prescriptions, including serial prescriptions. The pharmacy supplies medicines in multi-compartment compliance packs and single dose compliance pouches to people who need help to take their medicines. And it provides a private flu vaccination service. Pharmacy team members provide advice on minor ailments and medicines' use.

## 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 appropriately identifies and manages the risks with the services it provides. Pharmacy team members record and discuss mistakes made during the dispensing process and they make changes to help prevent the same mistake happening again. And they understand their role in helping to protect vulnerable people. The pharmacy keeps the records it needs to by law, and it suitably protects people's confidential information.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) designed to help team members work safely and effectively. They included SOPs about the safeguarding of children and vulnerable adults, the absence of the responsible pharmacist (RP) and blood pressure measuring. SOPs were reviewed by the superintendent pharmacist (SI) every two years. And paper-based records were maintained for each team member to show they had read and understood them. Notification of new or updated SOPs were communicated to the team via email. Team members described their roles and responsibilities within the pharmacy and accurately described what activities they could and couldn't undertake in the absence of the RP. And there was a business continuity plan in place to address disruption to services or unexpected closure.

A signature audit trail on medicines labels showed who had dispensed and checked each medicine. This meant the RP was able to help team members learn from dispensing mistakes identified within the pharmacy, known as near misses. The pharmacy kept paper-based records of near misses and included details such as the time and date the near miss happened, and any contributing factors. Mistakes identified after people received their medicines, known as dispensing incidents, were recorded on an electronic system, and then reviewed by the SI team at head office. A monthly patient safety review was carried out on near misses and dispensing incidents by the pharmacy manager. And team members discussed the findings from the patient safety review and agreed actions which were then put in place to manage the risk of a same or similar mistake happening again. This included separating stock of medicines with similar names or packaging to avoid selection errors, such as procyclidine and promethazine. And implementing a cleaning rota of controlled drug (CD) cabinets. Team members kept paper-based records of the discussions they had following the patient safety review and included details such learning points and actions taken. The pharmacy had a complaints procedure and welcomed feedback. There were leaflets available on the pharmacy counter that included a quick response code to allow people to submit feedback about the service they had received. Team members were trained to manage complaints and aimed to do so informally. But if they could not resolve the complaint, they would provide contact details for the SI team.

The pharmacy had current professional indemnity insurance. And it displayed an RP notice that was visible in the retail area which reflected the details of the RP on duty. And the RP record held electronically was completed accurately. Team members maintained complete electronic controlled drug (CD) registers and they checked the physical quantity in stock matched the balances recorded in the registers weekly. A random check of the quantity of three CDs against the register were correct. The pharmacy had records of CDs people had returned for safe disposal and it kept contact details for the local Controlled Drugs Accountable Officer. Private prescription records held electronically were mostly complete with some minor omissions of the prescribers' details. This was discussed and the RP provided

assurances this would be addressed after the inspection.

A privacy notice was on display. And team members knew how to protects people's confidential information. Confidential waste was segregated and collected by a third-party contractor to be disposed of off-site. Team members provided examples of situations where they had contacted the company data protection team for advice on information they could or could not provide when the local police requested information relating to a person. The pharmacy had a safeguarding policy in place to protect vulnerable people and team members discussed any safeguarding concerns with the RP. They described signs that would raise concerns and provided evidence of interventions the team had made to protect vulnerable people. Contact details for local safeguarding agencies were on display in the dispensary.

## Principle 2 - Staffing ✔ Standards met

### Summary findings

Pharmacy team members have the necessary skills and knowledge for their roles and the services they provide. They manage their workload well and support each other as they work. And they feel comfortable raising concerns and discussing improvements to provide a more effective service.

### Inspector's evidence

The pharmacy employed a full-time pharmacist who was the pharmacy manager, a full-time trainee accuracy checking pharmacy technician (ACPT), a full-time dispenser, three trainee dispensers, one full-time and two part-time. A pharmacist who worked in a different branch provided regular cover on some Saturdays. There was a delivery driver who worked every day. Although most team members were trainees they were experienced in their roles. One team member had been employed with the company for many years, and was progressing to gain their dispensing qualification. They were observed managing the workload well and providing support to each other as they worked. And they regularly reviewed skill mix arrangements to ensure continuity of work. Part-time team members worked additional hours to provide contingency during holidays and periods of absence. This helped ensure staffing levels remained sufficient to manage the workload safely.

Team members had protected learning time for undertaking accredited courses, and for continued learning and development. Team members spoken to at the time of inspection undertaking training felt well supported. They had attended face-to-face training for services they provided such as blood pressure measuring and the administration of influenza vaccinations. The RP shared relevant information with the team such as new initiatives and service changes. For example, team members knew to supply Salamol inhalers in place of Ventolin inhalers, in line with the local formulary. Team members received annual appraisals from the pharmacy manager to review progress and identify any individual learning needs. Team members asked appropriate questions when selling over-the-counter medicines. And explained how they would handle repeated requests for medicines liable to misuse, such as codeine-containing medicines, by referring to the RP for supportive discussions.

There was a clear culture of openness and honestly within the pharmacy team. Team members had regular informal discussions and shared suggestions to improve their ways of working. There was a whistleblowing policy in place. And team members explained they would feel comfortable raising concerns with the RP or SI team. The RP was in regular contact with the area manager and felt well supported in their role. Team members were set targets from the company. They felt these were achievable and relevant to the services provided.

## Principle 3 - Premises ✔ Standards met

### Summary findings

The pharmacy is clean, secure and provides a professional environment suitable for the services it delivers. It has a private consultation room where people can have confidential conversations with a member of the pharmacy team if needed.

### Inspector's evidence

The pharmacy premises were clean and provided a professional image. There was a well-presented retail area which led to a healthcare counter and dispensary. The healthcare counter acted as a barrier to prevent unauthorised access. The dispensary was laid out in a way which allowed the pharmacist to supervise the sale of medicines and intervene in a sale where necessary. Medicines were stored neatly around the perimeter of the dispensary and in drawers. The dispensary was small with limited work bench space. But it was well organised, and the team members managed the space well. And it had a sink with access to hot and cold water for professional use and hand washing. There was a second large area downstairs used for storage of stock, completed multi-compartment compliance packs and one-dose compliance pouches. And a second computer for team members to complete other tasks. Staff facilities were hygienic with access to hot and cold water. A team member explained there had been health and safety concerns relating to a leak in the ceiling of the staff facilities. It had been reported and team members had secured the area while awaiting resolution.

The pharmacy had a consultation room that was clearly advertised. It was clean, appropriate in size and fit for use. Lighting and temperature were kept to an appropriate level throughout the premises.

## Principle 4 - Services ✔ Standards met

### Summary findings

Pharmacy team members manage and provide the pharmacy's services safely and effectively. And they make them accessible to people. The pharmacy suitably sources its medicines from recognised suppliers, and it stores them appropriately. And team members carry out checks to help ensure they keep medicines in good condition.

### Inspector's evidence

The pharmacy had good physical access by a level entrance, and it advertised its opening hours in the main window. The pharmacy had a range of healthcare leaflets for people to read or takeaway relating to different healthcare conditions and treatment options. And it advertised services available in the local community such as help to quit smoking. The pharmacy had access to a translator service to support people who did not use English as their first language, and it had the facilities to provide large-print labels to help people with visual impairments take their medicines safely. It purchased medicines and medical devices from recognised suppliers. Team members checked the expiry dates of medicines as part of a rota. And placed stickers on medicines due to expire to indicate they should be used first. Records showed date checking was up-to-date and a random selection of 10 medicines found no out-of-date medicines. The pharmacy used two well-organised fridges to store medicines and prescriptions awaiting collection which required cold storage. And team members recorded the temperatures daily with records showing the fridges were operating within the recommended limits of between 2 and 8 degrees Celsius.

Team members used baskets during the dispensing process to separate people’s prescriptions and prevent medicines from becoming mixed-up. And they highlighted the inclusion of a fridge line, CD and higher-risk medicines that required further counselling by attaching coloured stickers to the outside of the bags of the dispensed medicines. Team members were aware of the risks associated with valproate-containing medicines and the Pregnancy Prevention Programme. They supplied valproate outside of the manufacturer’s container to two people, and a risk assessment had been completed alongside the people’s GP. The pharmacy kept records on the patient medication record (PMR) of the decision made and why. The pharmacy received Medicines Healthcare and Regulatory Agency (MHRA) patient safety alerts and medicine recalls on an online platform. Team members kept printed records which were signed after action had been taken and retained for future reference.

The pharmacy provided a delivery service and people signed to acknowledge receipt of their prescription. Some people received serial prescriptions as part of the Medicines: Care and Review service (MCR). Team members worked to an eight weekly cycle and prepared prescriptions in advance of people’s expected collection date. The pharmacy maintained records of each supply of a serial prescription. This allowed them to plan their workload in advance. And allowed the pharmacist to identify any issues with people not taking their medicines as they should. Team members used the company’s off-site hub pharmacy to assemble some people’s prescriptions which helped manage the workload within the pharmacy. They entered the details of the prescription electronically on the PMR and these were clinically checked and data accuracy checked by the RP before the data was sent to the hub pharmacy for assembly. Completed prescriptions were returned to the pharmacy within two working days. There was a poster displayed in the retail area to make people aware their prescription could be dispensed off-site.

The pharmacy provided some people's medicines in compliance pouches to help people take their medicines. These pouches were a roll of individually labelled and sealed packs containing people's medicines required for one dose. The roll of individual medicines were contained in a cardboard box. The pharmacy maintained a record of each individual's current medicines on a master sheet. The master sheet was used to check against the prescription when entering the details on the PMR. The details on the prescriptions were entered by the pharmacy and then the medicines were assembled in the pouches offsite at the company's hub pharmacy. An accuracy check was performed on receipt of pouches dispensed off-site if the prescription had a second part which was assembled locally in the pharmacy. There was a two-week turnaround time for changes to medicines supplied within the compliance pouches. A team member explained how they manage changes to people's medicines that are urgent, by supplying new medicines or changes to medicines in a multi-compartment compliance pack until changes could be made to the compliance pouches. This was communicated with people to ensure they understood the changes and continued to take their medicines safely. Backing sheets were attached to the outer cardboard box of pouches and included directions for use, warning labels and a description of what each medicine looked like. Patient information leaflets (PILs) were supplied monthly. The pharmacy didn't supply all medicines in the pouches, this included CDs and higher-risk medicines. The RP carried out a risk assessment on people's understanding of how to use the pouch system and the risks associated with supplying medicines outside of the pouches in skillet boxes. Following the risk assessment, a small number of people still received medicines in multi-compartment compliance packs dispensed from the pharmacy.

The pharmacy provided private influenza vaccinations to people in the local community. And the pharmacist manager attended in person specialist training to be able to provide this service. The pharmacist received regular resources and up-to-date information to continue to provide the service safely. And kept records of administration. The pharmacy provided a blood pressure measuring service. Team members received face-to-face training to provide the service. They managed the service under a company protocol that listed when referral to a GP would be appropriate. And they kept records electronically of people's blood pressure measurements.

The pharmacy provided the NHS Pharmacy First service. This included providing medicines for minor conditions such as urinary tract infections and skin infections under a Patient Group Direction (PGD). Team members were trained to ask the appropriate questions. And they used consultation forms to gather relevant information with people before referring to the pharmacist for treatment. The pharmacy kept well-organised paper-based records to record treatment provided or referral decisions. And team members communicated these to people's GPs to ensure their medical records were kept up to date.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

Pharmacy team members have access to appropriate equipment that is fit for purpose and safe to use. And team members use the equipment appropriately to protect people's confidentiality.

### Inspector's evidence

The pharmacy had up-to-date written resources available which included the British National Formulary (BNF) and the local health board formulary. And team members were able to access electronic resources to obtain up-to-date information and guidelines to support them in their roles.

A range of equipment was available for use in the consultation room, including a blood pressure monitor. It was visibly free from wear and tear. And received testing annually to ensure it remained fit for use. The pharmacy had clean CE-stamped measuring cylinders and tablet counters. And they had highlighted specific measures to be used solely for the purpose of measuring substance misuse medicines.

Prescriptions awaiting collection were stored in a retrieval area behind the healthcare counter and confidential information was not visible to people in the retail area. Computers were password protected and positioned in a way that prevented unauthorised view. And cordless telephones were used to enable private conversations in a quieter area.

## 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. |