General Pharmaceutical Council

# Registered pharmacy inspection report

**Pharmacy Name:** Bannerman's Pharmacy, 220-222 Saracen Street, GLASGOW, Lanarkshire, G22 5ER

**Pharmacy reference:** 1042485

**Type of pharmacy:** Community

**Date of inspection:** 27/02/2020

## Pharmacy context

This is a community pharmacy on a busy high street. 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 offers blood pressure testing. And provides flu vaccinations and 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 | 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 can show it manages risks in the pharmacy. But it does not have up-to-date written procedures for the team members to follow. This means they may not be following current best practices. And they may not be managing all the safety risks. The pharmacy team members record and discuss mistakes that happen whilst dispensing. And they use this information to learn. But they do not always collect detailed information about the causes of mistakes to help inform the changes they make. The team members understand their role in protecting vulnerable people. And people using the pharmacy can raise concerns. But the pharmacy does not use a complaints handling procedure. This may mean that the team members do not always handle complaints in a consistent manner. And complaints may be unresolved. 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. But the superintendent had not reviewed them since 2016 or 2017. And they could not provide the necessary assurance that the pharmacy team's knowledge was as up-to-date as it needed to be to provide safe and effective services. The pharmacist displayed the responsible pharmacist notice. But it was not visible from the waiting area. And people could not identify the pharmacist in charge. The pharmacy employed an accuracy checking technician (ACT). And the pharmacist annotated prescriptions to show they had carried out a clinical check to provide the necessary authorisation for the ACT to carry out accuracy checks. The pharmacy team members signed dispensing labels to show they had completed a dispensing task. And the pharmacist and the accuracy checking technician (ACT) checked prescriptions and gave feedback to dispensers who failed to identify their own errors. The pharmacist and the team members recorded errors. But, the level of recording was low compared to the number of items they dispensed. And this meant they were unable to show they were managing dispensing risks in the pharmacy. The pharmacist was responsible for managing the incident reporting process. And they knew to update the pharmacy team members when incidents happened and what the cause had been. The pharmacist had access to an incident reporting template. But they had not used it as they had not received reports of dispensing incidents.

The pharmacy did not provide a complaints policy to help the team members handle complaints in a consistent manner. And it did not provide information to help people to complain if they needed to. The pharmacy encouraged people to provide feedback about the services they received. And this had been mostly positive with no suggestions for improvement. The pharmacist had introduced a new form for prescribers to communicate changes to prescriptions for multi-compartment compliance pack dispensing. And this included questions to confirm that they had reviewed the original prescription and discontinued medication when appropriate.

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 until 31 August 2020. The pharmacy team members kept the electronic controlled drug registers up to date. And they carried out balance checks once a month, with

methadone checked more frequently due to the level of manufacturer's overage in each bottle. 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. 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 a sample showed that the NHS Greater Glasgow & Clyde Seasonal Influenza vaccination PGD was valid until August 2020.

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 trained the team members during their induction to comply with its data protection arrangements. And they knew how to safely process and protect personal information. The team members used a shredder to dispose of confidential waste. And they archived spent records for the standard retention period.

The pharmacy displayed a chaperone notice inside the consultation room. And it used the protecting vulnerable group (PVG) scheme to help protect children and vulnerable adults. The pharmacy did not use a safeguarding policy. But the team members knew to refer concerns to the pharmacist. For example, they knew to monitor supplies of multi-compartment compliance packs. And this ensured they identified people who had not collected their packs 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 its staffing levels. And it ensures it has the right number of suitably skilled pharmacy team members throughout the week. The pharmacy team members discuss their learning needs at regular review meetings. And they are encouraged and supported to enrol onto pharmacy courses. The pharmacist supports the pharmacy team members to learn. And this ensures they keep up-to-date and current in their roles. 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 1000 items per month since the pharmacist took up their post around a year and a half ago. The pharmacist carried out reviews to ensure the pharmacy team continued to have the capacity and capability to provide the services it offered. And they had recently been authorised to appoint a new part-time dispenser to help them manage the extra demand on services. The pharmacy team members were well-established. And they were experienced and knowledgeable in their roles and responsibilities. The pharmacy kept training qualifications on-site. And the following team members were in post; one full-time pharmacist, one full-time accuracy checking technician (ACT), one trainee accuracy checking technician, one full-time pre-registration pharmacist, three part-time dispensers and one delivery driver. The pharmacy managed annual leave requests. And it maintained minimum levels by authorising only one team member to be off at the same time. A sister branch was located on the opposite side of the street. And they had a reciprocal arrangement in place so that team members provided cover when needed. The pharmacy opened between the hours of 1.00pm and 5.00pm on a Saturday. And the sister branch opened between 9.00am and 1.00pm. The team members from both pharmacies followed a rota. And they worked in their own branch and the sister branch to provide cover.

The pharmacist spoke to the team members about their development. And this was around about the same time that NES announced its funding options. The pharmacy supported the team members to enrol on courses. For example, a pharmacy technician had recently enrolled onto the accuracy checking technician (ACT) course. And a dispensary had recently enrolled onto the pharmacy technician course. The team member negotiated protected learning time. And they knew that they had to be up-to-date with dispensary tasks before the pharmacist authorised them to take it.
The company did not provide ongoing structured training for all of the team members. And the pharmacist briefed them to ensure they kept up-to-date and current in their roles. For example, they knew about the valproate pregnancy protection programme, the falsified medicines directive (FMD) and data protection procedures. The pre-registration pharmacist had been supporting the trainee ACT. And they had been coaching them about calculations.

The pharmacist supported the pre-registration pharmacist. And they met at regular intervals to check they were making good progress. The pre-registration pharmacist was gaining experience in providing all aspects of community pharmacy. And they had completed the necessary training to provide the pharmacy first service under the supervision of the pharmacist.

The company did not use performance targets to grow the services it provided. The team members

were focussed on speaking to people about its services when appropriate. And they did not feel undue pressure when carrying out tasks. The pharmacy team members felt empowered to raise concerns and provide suggestions for improvement. For example, they had recently introduced a notice board that they used to keep each other up-to-date about changes to multi-compartment compliance packs. The notice board had replaced the 'post-it' pad notes they had previously used. And it improved the security and effectiveness of the information they handled.

## Principle 3 - Premises ✔ Standards met

### Summary findings

The premises is clean and hygienic. It has consultation rooms 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

A large well-kept waiting area presented a professional image to the public. And it provided seating and some patient information leaflets for self-selection. The large dispensary was split with a separate rear area used mainly to assemble and store multi-compartment compliance packs. The front dispensary had good bench space and storage areas. And this helped the team members to work in safe and effective way. 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 had a consultation room and separate booth. And they were professional in appearance and provided private areas for people to speak to the team members.

## 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 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. But the team members had good visibility of the entrance. And they helped people with mobility difficulties to access the pharmacy. The pharmacy kept a few leaflets in the waiting area. And it displayed its opening hours in the window. The pre-registration pharmacist had been speaking to people about their medicines under the supervision of the pharmacist. And they had been speaking to people on nonsteroidal anti-inflammatory drugs (NSAIDs) to confirm they were taking extra medication to reduce the risk of gastrointestinal adverse events. The pharmacist worked collaboratively with a smoking cessation advisor based in the health centre opposite the pharmacy. And they provided a successful smoking cessation service with good quit rates. The pharmacist provided health checks and administered flu vaccinations at an off-site location. And they provided healthy living advice when appropriate.

The pharmacy team members used dispensing baskets. And they kept prescriptions and medicines contained throughout the dispensing process. The pharmacy dispensed multi-compartment compliance packs for around 170 people. And the team members had read and signed the company's working instructions to confirm that dispensing was safe and effective. The team members used an allocated rear 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 kept a signature audit trail to show who had dispensed and who had checked the packs. And this helped them to identify dispensing risks and areas for improvement. 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 30 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. The pharmacy kept stock on open shelves. And they used a separate section close to the dispensing bench for fast-moving stock items. This ensured the team members continually monitored the stock, so they did not run out. The pharmacy purchased medicines and medical devices from recognised suppliers. And the team members carried out regular stock management activities to check for short dated stock and split-packs. The team members monitored and recorded the fridge temperatures. And they demonstrated

that the temperature had remained between two and eight degrees Celsius. The team members used two fridges. And they kept insulin products separate to ensure they stored them safely to manage the risk of dispensing errors. The team members kept controlled drugs in two separate cabinets. And they managed the risk of selection errors, for example, they kept out-of-date and returned medication separate from routine stock until they carried out destructions.

The team members acted on drug alerts and recalls. And they recorded the date they checked for affected stock and the outcome. For example, in February 2020 they had acted on an alert concerning Oxylan. And on checking the shelves they had no affected stock. The pharmacist had trained the team members about the valproate pregnancy protection programme. And they knew where to find the safety leaflets and cards and when to issue them. The pharmacist monitored prescriptions for valproate. And they spoke to people that could be affected to confirm they knew about the risks. The pharmacist had trained the team members about the Falsified Medicines Directive (FMD) and what it aimed to achieve. And they were using the system in their day-to-day processes when they received packs with 2D data barcodes and anti-tamper devices.

## 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 team members used a MethaMeasure to dispense methadone doses. And the team members calibrated the machine to confirm accuracy in dispensing. The team members used a blood pressure monitor. But they did not keep records to show when they had last calibrated it.

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 had access to a portable phone. And they were able to take 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. |