

Registered pharmacy inspection report

Pharmacy Name: Guidi's Pharmacy, 139 Thurston Road, Hillington, GLASGOW, Lanarkshire, G52 2AZ

Pharmacy reference: 1042512

Type of pharmacy: Community

Date of inspection: 25/06/2019

Pharmacy context

The pharmacy is in a residential suburb and lies on the southwestern edge of Glasgow. The pharmacy provides an NHS prescription collection service. And it offers a range of extra health services. The pharmacy supplies medicines in multi-compartmental compliance packs to help people take their medicines. And it provides a prescription delivery service when needed. Consultation facilities are available, and people can be seen in private.

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 team members complete training and work to professional standards. They provide safe services and look after people. The pharmacy keeps records of mistakes when they happen. And senior pharmacy team members carry out checks to make sure the pharmacy is running safely. The pharmacy keeps the records it needs to by law. And it trains the pharmacy team to keep confidential information safe. People using the pharmacy can raise concerns. And the pharmacy team listen to people and put things right when they can. The pharmacy team understands its role in protecting vulnerable people. But, team members would benefit from having a company policy. And this would ensure they were up to date with current practices.

Inspector's evidence

The pharmacy displayed the responsible pharmacist notice. And people could identify who was in charge. The pharmacy team signed to confirm they followed standard operating procedures (SOPs). And the SOPs defined the pharmacy processes and staff responsibilities. The new pharmacist had reviewed and updated the SOPs and had set a new review date of 2020.

The pharmacy team signed dispensing labels to show they had completed a dispensing task. And used a quadrant stamp on prescriptions to confirm when a clinical check had been carried out. The pharmacy employed an accuracy checking technician (ACT) who knew to follow the accuracy checking SOP.

The pharmacist and ACT checked prescriptions and gave feedback to dispensers who failed to identify their own errors. The pharmacy team recorded near-misses. And the level of recording was proportionate to level of dispensing carried out. The pharmacy did not use a formal data analysis to identify patterns and trends. But, the pharmacist and the ACT discussed significant errors and made changes to avoid it happening again. For example, the pharmacist had instructed the pharmacy team to separate methotrexate and folic acid when there had been a mix up. The ACT provided other examples of change, such as, placing an elastic band around dispensed fridge items. This was due to a dispenser not seeing a dispensing label on an item that had not been segregated. The pharmacy team had reviewed the general storage arrangements. And had moved anti-diabetic products to a separate section to manage selection risks.

The pharmacist managed the incident reporting process. And the pharmacy team had been trained to fill-out the company's incident report form. The pharmacy team knew when incidents had happened and what the cause had been. For example, when a change sheet and a backing sheet had not been completed following a gliclazide dose increase. The pharmacist had reflected on the incident and was now using a red pen to highlight changes identified at the clinical check. The pharmacy had not introduced a multi-compartmental compliance pack dispensing SOP.

The pharmacy displayed a complaints notice in the waiting area. And this informed people about the complaints process which included contact details. The pharmacy had carried out a survey when it had completed a refurbishment in January 2019. The pharmacy displayed the results in the waiting room with 125 participants rating the pharmacy good or excellent. The survey had shown that people did not

know about the consultation areas. And as a result, the pharmacists were raising awareness when appropriate. The pharmacy team knew how to handle complaints; however, a complaints policy was not available at the time of the inspection.

The pharmacy maintained the legal pharmacy records it needed to by law. And the pharmacist in charge kept the responsible pharmacist record up to date. The pharmacy team kept the controlled drug registers up to date. And checked and verified the balance of controlled drugs once a month. The pharmacy had been commissioned to keep an agreed stock of medicines used in palliative care. And the pharmacy team checked the expiry date and stock levels at regular intervals to ensure they met minimum stock requirements. The pharmacy team recorded controlled drugs that people returned for destruction. The pharmacy used loose sheets to record the returns. And the pharmacist and the team member recorded their names and signatures against each record following a destruction. A sample of private prescriptions were up to date and met legal requirements. A sample of specials records were up to date. And the pharmacy team recorded the name of the person who had received the medication. The pharmacists used patient group directions (PGD) to improve access to medicines and advice. The pharmacy kept PGDs in a folder, but these had expired in 2018. The pharmacist provided assurance that new PGDs had been issued in the last 6 months.

The pharmacy team knew how to safeguard sensitive data. And displayed a data protection notice so that people knew their personal information was being managed in a safe and secure way. The staff disposed of confidential information using an onsite shredder. And a collection service was also used to uplift information for off-site shredding. The pharmacy team archived spent records for the standard retention period. And they stored prescriptions for collection out of view of the waiting area. The pharmacy team took calls in private using a portable phone when necessary. And used passwords to restrict access to patient medication records.

The protecting vulnerable group scheme was used to help to protect children and vulnerable adults. And the pharmacy had registered the pharmacist with the scheme. The pharmacy team had not been formally trained. But knew to raise concerns when they recognised the signs and symptoms of abuse and neglect. The ACT had introduced monitoring records to identify people who did not collect their multi-compartmental compliance packs. And this ensured that people were referred to their medical practice for support. A dispensary notice displayed key contact details so that referrals could be made in a timely manner. Public liability and professional indemnity insurance were in place. And expired on 30 April 2020.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy monitors its staffing levels. And ensures it has the right number of pharmacy team members throughout the week. The pharmacy team members reflect on their performance. And they identify and discuss their learning needs at regular review meetings. This ensures they keep up to date in their roles. The pharmacy encourages and supports the pharmacy team to learn and develop. And it provides access to ongoing training. The pharmacy team members support each other in their day-to-day work. They can speak up and suggest service improvements. But, they do not always come together as a team. And this would provide the opportunity for everyone to be involved in service developments.

Inspector's evidence

The pharmacy work-load had remained stable over the past year. The pharmacist had worked at the pharmacy for around eight months. And most of the pharmacy team had worked at the pharmacy for several years. The pharmacy kept staff qualifications on-site so that evidence of accreditation was available. And the following staff were in post; one full-time responsible pharmacist, one full-time ACT, one part-time pharmacy technician, one full-time and two part-time dispensers, three part-time medicines counter assistants, one pharmacy student working on a Saturday and one delivery driver. The pharmacy managed annual leave and a pharmacy student worked during the summer to cover holidays. The pharmacy owner did not use service targets and relied on the pharmacy team to provide a good service to maintain and develop the business.

The pharmacy used an annual appraisal to develop the pharmacy team. For example, the ACT had agreed to delegate more, and had developed a list of key tasks for everyone to follow. The pharmacy provided e-learning so that the pharmacy team kept up to date. The pharmacy team were expected to complete a learning activity each month. And the ACT had introduced a training matrix to ensure that everyone was on track. The pharmacy team had learned about ovarian cancer in April 2019 and allergies in March 2019. The pharmacy team were supported and encouraged to learn. The pharmacist had been enrolled on an independent prescriber's course. And the owner had encouraged a dispenser to enrol on the NVQ pharmacy service level 3 course so that she would be eligible to register as a pharmacy technician.

The pharmacy used a communications diary to relay key information. And the pharmacy team were expected to raise concerns and suggest service improvements. For example, the ACT had suggested labelling the original containers that had been used to dispense multi-compartmental compliance packs. This ensured that packs were checked on receipt of drug alerts. The pharmacist discussed queries with patients. And gave advice when handing out prescriptions.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean and provide a safe, secure and professional environment for patients to receive healthcare.

Inspector's evidence

The pharmacy had been refurbished in January 2019 and presented a modern, professional image to the public. The pharmacy was regularly cleaned and checked to maintain its good condition. The pharmacy provided seating in the waiting area. And patient information leaflets were available for self-selection. The pharmacy had ample benches for the different dispensing tasks. And the pharmacy team were able to dispense walk-in prescriptions near to the waiting area. A separate quiet area had been developed for multi-compartmental compliance pack dispensing.

The pharmacist supervised the medicines counter from the checking bench. And made interventions when needed. A security alarm and shutters protected the pharmacy after hours. And panic buttons and CCTV were available. The pharmacy had effective lighting. And the ambient temperature provided a comfortable environment from which to provide services. A consultation room and additional private areas were available and professional in appearance.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a range of services. And there is access to warfarin services for local people. The pharmacy dispenses multi-compartmental compliance packs for people who need extra help with their medicines. And provides an NHS prescription collection and delivery service when needed. The pharmacy provides service information in the window. And provides information leaflets for self-selection and people are helped to get the most out of their medicines. The pharmacist updates the pharmacy team about high-risk medicines. This means that staff are up to date with current safety messages. The pharmacy team identifies people on high-risk medicines and takes extra care to monitor their treatment. The pharmacy sources, stores and manages medicines to ensure they are fit for purpose. And it has the capability to follow the new falsified medicines directive. The pharmacy has working instructions in place for most of its services. But, it would benefit from introducing a procedure for dispensing multi-compartmental compliance packs. This would ensure that team members are up to date with improvements in the process.

Inspector's evidence

The pharmacy had moved the main entrance during a refurbishment in January 2019. And a pressure activated pad had also been installed. This provided level access and additional support for people with mobility difficulties. The pharmacy displayed its opening hours at the front of the pharmacy. And provided a range of information leaflets for self-selection. The pharmacist helped people to get the most out of their medicines. And contacted GPs when people did not collect their repeat prescriptions. Such as, someone with dementia who had not collected their medication six weeks after it was due. The pharmacist used the chronic medication service questionnaire to identify compliance problems. For example, people taking carbamazepine for epilepsy to check there were no interactions.

The pharmacy used the consultation room to provide a nurse managed warfarin clinic. And this improved access for local people who did not have to go to hospital to have their blood tested. The pharmacy had additional consultation areas and asked people using the smoking cessation service to avoid Tuesday mornings when the warfarin clinic was running. The pharmacy provided an NHS prescription collection and delivery service to housebound and vulnerable people. And the driver asked people to sign for prescriptions to confirm receipt.

The pharmacy team used dispensing baskets. And kept prescriptions and medicines contained throughout the dispensing process. The pharmacy benches were well-organised with allocated space for the different dispensing tasks. The pharmacy team had been consulted at the time the pharmacy was refurbished, and suggestions had been taken on board. For example, a separate private area had been created to dispense multi-compartmental compliance packs. The ACT managed and dispensed multi-compartmental compliance packs for people who needed extra support to take their medicines. The ACT dispensed the packs in advance of annual leave and the pharmacy team were briefed so they could provide cover. The pharmacy used trackers to manage the work-load, and this ensured that people did not go without their medication. The pharmacy team recorded prescription changes on the patient's records and included the date the change was notified and the name of the person authorising the change. The pharmacy team isolated packs when people were in hospital. And this ensured they were not issued by mistake. The ACT had started applying large green dots to packs so that the

pharmacy team knew to issue medicines that had been dispensed out of the packs. The pharmacy team did not always supply patient information leaflets but supplied descriptions of medicines to support people and their carers take and administer medicines. The pharmacy used a Methameasure machine to dispense methadone doses. And the dispensing process had been defined in a company SOP. The pharmacy team kept the pharmacy shelves neat and tidy. And purchased medicines and medical devices from recognised suppliers.

The pharmacy team carried out regular stock management activities. And highlighted short dated stock using red dots and part-packs using crosses. They monitored and recorded the fridge temperatures. And demonstrated that the temperature had remained between two and eight degrees. The pharmacy team accepted returned medicines from the public. And disposed of them in yellow containers that the health board collected.

The pharmacy team acted on drug alerts and recalls. And recorded the outcome, and the date they checked for affected stock. For example, they had checked stocks of co-amoxiclav in May 2019 with none found. The pharmacist had carried out checks to identify people who were taking Valproate medication. And to confirm that the GP had provided them with advice. The pharmacist had briefed the pharmacy team about the use of Valproate in women. And they knew about the pregnancy protection scheme and where to find safety leaflets and cards. The pharmacy had installed a bar-code reader and the associated software needed to meet the falsified medicines directive (FMD). The pharmacy team understood the system and checked for labels that met FMD requirements, but the system had not been implemented.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services. Staff are able to access a range of up to date reference sources to ensure they have the latest information about medicines.

Inspector's evidence

The pharmacy had access to a range of up to date reference sources, including the British National Formulary (BNF). The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. And it had a separate range of measures for measuring methadone. The measures were marked black for methadone and others were available for measuring other liquids such as antibiotics. The pharmacy used a Methameasure to provide methadone doses. And the pharmacist calibrated the machine each morning to ensure it measured the correct dose. The pharmacy team cleaned the machine at the end of the day to avoid cross-contamination. The pharmacy had a range of equipment for counting loose tablets and capsules. And a separate triangle was used for cytotoxic medication. Cleaning materials were available for hard surface and equipment cleaning. And the pharmacy sink was clean and suitable for dispensing purposes. The pharmacy had a few consultation facilities. And this protected people's privacy and dignity.

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.