General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Tollcross Pharmacy, 229 Tollcross Road, GLASGOW, Lanarkshire, G31 4UN

Pharmacy reference: 1042519

Type of pharmacy: Community

Date of inspection: 28/04/2021

Pharmacy context

This is a community pharmacy on a parade of shops. It dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. And it offers a medicines' delivery service to vulnerable people. The pharmacy provides substance misuse services and dispenses private prescriptions. The pharmacy team members advise on minor ailments and medicines' use. And they supply a range of over-the-counter medicines.

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 acts to help keep members of the public and team members safe during the Covid-19 pandemic. It has policies and procedures in place for the services it provides. Most of the procedures have been reviewed but some of them are out-of-date. This may mean that some risks in the pharmacy are not being managed. Team members discuss dispensing mistakes and make improvements to avoid the same errors happening again. The pharmacy keeps the records it needs to by law, and it keeps confidential information safe. Team members securely dispose of personal information when it is no longer required.

Inspector's evidence

The pharmacy had introduced new processes to manage the risks and help prevent the spread of coronavirus. Posters on the entrance door reminded people visiting the pharmacy to wear a face covering as required by law. And informed them the waiting area could only accommodate a maximum of three people to allow them to maintain a safe two-metre distance from each other. People were seen to be following the guidelines without any instruction from the pharmacy team members. Hand sanitizer was available in the waiting area and throughout the dispensary. A plastic screen was in place along the entire length of the medicines counter. This acted as a protective barrier between team members and members of the public. Pharmacy team members were wearing face masks and protective shield visors throughout the inspection. A separate rest room was in use, and breaks were organised so that only one team member could use it at a time. The pharmacy used working instructions to define the pharmacy's processes and procedures, and team members had recorded their signatures to show they understood and followed them. The previous superintendent pharmacist had reviewed and updated most of the procedures. Sampling showed the procedure for controlled drugs was due to be reviewed in April 2019. But the procedure for dispensing multi-compartment compliance packs showed it had not been reviewed since June 2016.

The pharmacy had risk management procedures in place. Team members signed medicine labels to show who had ‘dispensed’ and who had ‘checked’ each prescription. This helped them to learn about their near-miss errors through feedback, and to avoid the same mistakes in the future. Team members kept records of near misses, and the quantity and quality of the records provided meaningful information about patterns and trends and where the pharmacy team needed to make improvements. Team members had produced a list of medicines that they kept in a visible location to highlight the risk of selection errors. For example, amitriptyline/amlodipine and trazadone/tramadol. Although team members recorded near-miss errors and made changes to manage dispensing risks, they did not record or monitor the improvements they made to show their risk management processes were effective. The pharmacy kept records of incidents. And it provided information about service improvements to prevent a similar incident in the future. The pharmacy trained its team members so they were effective at handling complaints. And it had received mostly positive feedback about the level of service it had provided throughout the pandemic.

The pharmacy maintained the records it needed to by law, and the pharmacist in charge kept the responsible pharmacist record up to date. It kept its private prescription forms in good order and kept a record of the supplies it made. The pharmacy had public liability and professional indemnity insurance

in place, and they were valid until April 2022. The pharmacy was in the process of introducing an electronic controlled drug register. At the time of the inspection the owner was transferring stock from the hard copy registers. They were also carrying out a stock check at the same time. Team members had been checking the balance of controlled drugs at the time of dispensing. And following a recent review they were about to introduce monthly balance checks for all stock. Expired stock awaiting destruction had been placed in a labelled bag at the bottom of the controlled drug cabinet well away from other stock. The back of the private prescription register was being used to record controlled drugs that people returned for destruction. A small quantity was being kept in the CD cabinet at the time of the inspection but had not been documented in the register.

The pharmacy provided a prescription delivery service. This helped vulnerable people and those that were shielding to stay at home. The drivers left items on people's doorstep and waited until they were taken safely inside. They used a handheld device to record the deliveries they made. The pharmacy provided training so that team members understood data protection requirements and how to protect people's privacy. The pharmacy did not display a notice or inform people about how it used or processed their information. A separate identifiable bag was used to dispose of confidential waste and spent records. A company specialising in confidential waste disposal collected the bag and securely disposed of it.

The pharmacy used a safeguarding policy, and it provided training so that team members understood how to protect children and vulnerable adults. The policy had been reviewed in 2016. The pharmacist was registered with the protecting vulnerable group (PVG) scheme. This helped to protect children and vulnerable adults. Team members knew to speak to the pharmacist whenever they had cause for concern. For example, they monitored the collection and delivery of multi-compartment compliance packs and acted when people either didn't collect them on time, or when there were failed deliveries.

Principle 2 - Staffing ✔ Standards met

Summary findings

Most of the pharmacy team members have the necessary qualifications and skills for their roles and the services they provide. They complete training as and when required. And, they learn from the pharmacist to keep their knowledge and skills up to date. Pharmacy team members speak-up and make suggestions to help improve pharmacy services.

Inspector's evidence

The pharmacy's workload had fluctuated over the past year due to coronavirus. When a part-time dispenser and a part-time accuracy checking technician had left their posts, the pharmacy had been unable to replace them with trained staff. It had made appointments and had enrolled two new team members on the relevant training course to allow them to work in the dispensary. The trainees were allocated one half day each week for training and they were supported by the pharmacist and other team members.

The following team members were in post at the pharmacy; one full-time pharmacist, one full-time dispenser (pharmacy manager), one full-time dispenser, two full-time trainee dispensers, one part time trainee pharmacy technician and one part-time delivery driver. Another team member worked as a dispenser, but the RP could not confirm if they had completed the necessary training course. The pharmacist was supporting a pre-registration pharmacist (Pre-reg) to develop her knowledge and skills. Regular meetings had taken place to ensure they were gaining the relevant experience. The Pre-reg had been providing all of the pharmacy's services under the supervision of the pharmacist. The pharmacy team had been instructed to self-isolate due to contact tracing for the coronavirus. And team members from another branch had been redeployed to provide cover during the isolation period. The responsible pharmacist provided support from home, to ensure the new team were supported so there was minimal impact on service provision.

The pharmacy did not carry out individual performance reviews and it did not provide regular structured training. Team members had kept up to date with the relevant coronavirus guidance. This included how to keep themselves and other people safe. For example, they were carrying out twice-weekly Covid-19 testing to confirm they were free from the virus. Team members understood the need for whistleblowing and felt empowered to raise concerns when they needed to.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean, tidy, secure and is well maintained. It has a sound-proofed room where people can have private conversations with the pharmacy's team members. It has made suitable changes to its premises to help reduce the risk of spreading coronavirus.

Inspector's evidence

Workstations were at least two metres apart and team members could keep their distance from each other for most of the day. Dispensary benches had been arranged for different tasks, and a dedicated bench was being used to assemble and check multi-compartment compliance packs. A separate controlled entrance provided access to an area that was used only to provide methadone doses. A Perspex screen had been installed at the counter to manage the risk of coronavirus infections. Only one person at a time was permitted entry to the area and people had to activate a security buzzer to gain access. The pharmacist observed and supervised the main medicines counter from the checking bench, and they could intervene and provide advice when necessary. A sound-proofed consultation room was in use. It was well-equipped and provided a confidential environment to have private consultations. A sink was available for hand washing and the preparation of medicines. The pharmacy was clean and well maintained. Team members cleaned and sanitised the pharmacy every hour to reduce the risk of spreading the infection. Lighting provided good visibility throughout and the ambient temperature provided a suitable environment from which to provide services.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides services which are easily accessible. And it generally manages its services well to help people receive appropriate care. The pharmacy gets its medicines from reputable sources and it stores them properly. The team carries out checks to make sure medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy advertised its services and opening hours in the windows at the front of the pharmacy. It had a step-free entrance which provided unrestricted access for people with mobility difficulties. The pharmacy used dispensing baskets to manage the risk of items being mixed-up. Dispensing benches were organised and clutter-free. Team members kept the pharmacy shelves neat and tidy, and three controlled drugs cabinets were well-organised to manage the risk of selection errors. The pharmacy purchased medicines and medical devices from recognised suppliers. Team members carried out three-monthly expiry date checks and they attached stickers to highlight products that were short dated. A full expiry date check had been completed at the time of a stock take on 1 April 2021. No out-of-date medicines were found after a check of around 12 randomly selected medicines. Two medical fridges were in use. One was used mostly for insulin and the other for prescriptions that had been dispensed and awaiting collection or delivery. The responsible pharmacist monitored and recorded the fridge temperatures every morning. The records showed that the temperatures had remained between two and eight degrees Celsius.

The pharmacy kept a record of the delivery of medicines to people. Due to the pandemic, the delivery driver didn't ask people to sign for receipt of their medication. The driver left the medicines on the person's doorstep before moving away and waiting to watch them pick up the medicines and take them inside. 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. The pharmacist confirmed they were currently only dispensing prescriptions for males. They knew to contact prescribers if they received new prescriptions for people in the at-risk group. The pharmacy did not have extra patient information leaflets for valproate, but the pharmacist confirmed that packs had extra warning cards that they could use. The pharmacy supplied medicines in multi-compartment compliance packs to a significant number of people. It used a waiting list system so that the workload remained manageable and the service safe and effective. Team members kept the storage area for the packs well-organised. And they checked the area regularly to ensure packs were being collected on time. The packs were provided either weekly or every four weeks depending on people's ability to manage their medicines. Supplementary records which contained a list of the person's current medication and dose times were kept up to date. And team members checked prescriptions against the master records for accuracy before they started dispensing them. Queries were discussed with the relevant prescriber. Team members annotated descriptions of medicines in the pack and supplied patient information leaflets.

The pharmacy supplied methadone does to a significant number of people and team members used a Methameasure system for measuring doses. The pharmacist checked new prescriptions at the time they were entered onto the system, and they carried out an accuracy check at the time of dispensing and supply. Team members annotated prescriptions with start and finish dates, and the dates were

checked at the time of dispensing. The pharmacy had been working with the Health Board's smoking cessation advisors to maintain the service for people who wanted to use it. The advisors spoke to, and supported people with their quit attempts, and the pharmacy provided supplies of nicotine replacement therapies (NRT).

The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste. Team members accepted unwanted medicines from people for disposal. They put on disposable protective gloves before handling the packages and quarantined them for 72 hours before processing the waste for destruction. Drug alerts were prioritised, and team members knew to check for affected stock so that it could be removed and quarantined. A recent drug alert for trimethoprim had been checked with no affected stock found.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy’s equipment is clean and well-maintained. It uses equipment appropriately to protect people's confidentiality. It takes precautions so that people can safely use its facilities when accessing its services during a pandemic.

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. A separate measure was used for methadone and a Methameasure system was in use. Team members calibrated the system each morning to provide assurance it was measuring accurately. 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 members. The pharmacy had a cordless phone, so that team members could have conversations with people in private. The pharmacy used cleaning materials for hard surface and equipment cleaning. The sink was clean and suitable for dispensing purposes. 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.