

Registered pharmacy inspection report

Pharmacy Name: Bishopton Pharmacy, 111 Greenock Road,
BISHOPTON, Renfrewshire, PA7 5AX

Pharmacy reference: 1042868

Type of pharmacy: Community

Date of inspection: 02/09/2024

Pharmacy context

This is a community pharmacy in the village of Bishopton in Renfrewshire. Its main services include, dispensing NHS prescriptions including serial prescriptions, and selling over-the-counter medicines. The pharmacy provides medicines in multi-compartment compliance packs to people who need help to take their medicines at the right times. And it offers seasonal influenza vaccinations and a delivery 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 dispensing mistakes identified during the dispensing process and make changes to prevent the same mistake happening again. The pharmacy keeps the records it needs to by law, and team members understand their role in helping to protect vulnerable people.

Inspector's evidence

The pharmacy had a comprehensive set of standard operating procedures (SOPs) available to its team members designed to help them work safely and effectively. SOPs were paper-based and stored in folder that was easily accessed. They included SOPs about the absence of the responsible pharmacist (RP) and the management of higher-risk medicines, such as valproate-containing medicines. SOPs were reviewed every two years by the superintendent pharmacist (SI) and team members signed a record of competence for all SOPs to show they had read and understood them. Mostly SOPs were in date with a small number showing they were overdue their review. SOPs were regularly reviewed and updated as ways of working changed, for example, the SOP for dispensing medicines in multi-compartment compliance packs was under review due a recent change in the process. The pharmacy employed an accuracy checking pharmacy technician (ACPT) who followed a procedure for conducting final accuracy checks, and they knew to only check prescriptions that had been clinically checked and annotated by a pharmacist. Team members described their roles and responsibilities within the pharmacy. And they accurately described what activities they could and couldn't undertake in the absence of the RP. There was an emergency provision protocol in place to address any 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 and ACPT were able to help team members learn from dispensing mistakes identified within the pharmacy, known as near misses. The pharmacy kept electronic records of near misses and included details such as the time and date the near miss happened, and any contributing factors. Team members were encouraged to record the near miss when it happened as a method of reflection following a mistake. Mistakes identified after a person received their prescription, known as dispensing incidents, were recorded on an online system, and reviewed by the SI. An audit was carried out on near misses and dispensing incidents once a month. Team members then discussed the findings from the audit and agreed actions they put in place to minimise the risk of the same or a similar mistake happening again. This included separating stock of higher-risk medicines with similar sounding names such as risperidone and ropinirole to prevent selection errors. And team members implemented a second check on all entries recorded in controlled drug (CD) registers following a discrepancy.

The pharmacy had a complaints procedure and welcomed feedback. Team members were trained to resolve complaints and aimed to do so informally. However, if they could not resolve the complaint they would refer to the SI. The pharmacy had current professional liability insurance. The pharmacy displayed an RP notice which was visible from the retail area and reflected the correct details of the RP on duty. And the electronic RP log was complete. Most CD registers were electronic, the register for substance misuse liquid medicines was paper based. Registers were mostly complete with omissions of the full address of the wholesaler. Team members checked the physical balance of CDs in stock matched the balances recorded in the registers every two weeks and a random balance check of two

CDs were correct against the balances recorded in the registers. The pharmacy had records of CDs people had returned for safe disposal. Records of private prescriptions were up to date and mostly complete with a sample of six records showing the incorrect prescriber details. This was discussed at the time of inspection and the RP provided assurances this would be addressed.

There was a chaperone policy and safeguarding policy in place. And team members had completed online training relating to the safeguarding of vulnerable people. They provided examples of signs that would raise concerns and interventions they had made to protect vulnerable people. Confidential waste was segregated and shredded on-site, and team members understood the importance of protecting people's confidential information.

Principle 2 - Staffing ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy employed two regular part-time pharmacists, one of whom was the SI and pharmacy manager, one full-time ACPT, one part-time pharmacy technician, one part-time trainee pharmacy technician, two part-time dispensers, three part-time medicines-counter-assistants (MCAs), two part-time trainee MCAs and two delivery drivers. A team member had recently commenced employment and would be enrolled on accredited qualification training following completion of their probationary period. Two locum pharmacists provided double cover on two days per week. Delivery drivers planned their route in advance and kept paper-based records of the delivery of each prescription. Most team members were experienced in their role. Team members managed the busy workload well and were observed providing support to each other as they worked. The pharmacy manager managed annual leave requests to ensure staffing levels remained sufficient to manage the workload safely. And part-time team members provided contingency cover during periods of absence.

Both regular pharmacists had completed independent prescriber qualification training. And had received face-to-face specialist training to provide the NHS Pharmacy First Plus service. Team members received protected learning time when undertaking accredited qualification training and for other specific learning and development. For example, they attended face-to-face training to provide a smoking cessation service and online training to provide a nutrition support service. Team members received appraisals once a year to review progress and identify any individual learning needs. Team members spoken to at the time of inspection felt well supported in their ongoing learning and development. They described a situation where they were unsure on dispensing prescriptions for made-to-measure lymphoedema products for people. A team member contacted the manufacturer of the products and arranged an education session at the pharmacy with a representative from the company. They 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. The pharmacy had a positive working relationship with the local GP practice, the regular pharmacists attended the practice for regular visits to discuss ways to improve partnership working.

Team members were encouraged to make suggestions to improve ways of working. Following team discussions around the quantity of multi-compartment compliance packs they provided, they changed the way in which they stored packs by separating those awaiting collecting from those awaiting delivery to people's homes. This made it a timelier process for team members working on the healthcare counter retrieving prescriptions. There was a whistle blowing policy in place and team members explained they would feel comfortable raising concerns with the SI. There were no targets set for team members.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, secure and provides a professional image 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 modern, clean, and provided a professional appearance. There was a well-presented retail area with two chairs for people waiting. The retail area led to a healthcare counter and dispensary. And the healthcare counter acted as a barrier to prevent unauthorised access. The dispensary was good-sized and laid out in a way which allowed the pharmacist to supervise the sale of medicines and intervene in a sale if necessary. Medicines were stored neatly around the perimeter of the dispensary and on shelves underneath work benches. The dispensary was well organised with plenty of work bench space. And it had a sink with access to hot and cold water for professional use and hand washing. Staff facilities were clean and hygienic with access to hot and cold water. The pharmacy had a good-sized consultation room that was clean, fit for use and lockable. The consultation room provided a storage area for some stock and some prescriptions awaiting collection. 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 services safely and effectively. And they make them easily accessible to people. The pharmacy sources its medicines from recognised suppliers and it stores them appropriately. And team members carry out checks to ensure they keep medicines in good condition.

Inspector's evidence

The pharmacy had good physical access by means of a ramp that led to the main door with a push pad that opened the door automatically. The automatic door is sensitive to heavy rain and at the time of inspection it was opened manually. But team members aided people who required help to gain access to the pharmacy. It advertised its opening hours in the main window. The pharmacy had a range of healthcare leaflets available for people to read or take-away and they advertised services available in the local community such as an audiology service. Team members provided large print labels to people with visual impairments to help them take their medicines safely. And they had access to an interpreter service to communicate with people who did not use English and their first language. The pharmacy purchased medicines from recognised suppliers. Team members checked the expiry dates of medicines and kept paper-based records of action taken. And they attached coloured stickers to the outside of boxes of medicines with shorter expiry dates to highlight it should be used first. Records showed date checking was up-to-date and a sample of 25 medicines showed none had expired. The pharmacy used two well-organised fridges to store its medicines and prescriptions awaiting collection that required cold storage. And team members recorded the temperature daily to ensure the fridges were operating within the recommended limits of between 2 and 8 degrees Celsius. Some entries showed the maximum temperature had exceeded the recommended limits, but team members recorded the action they had taken and confirmed the temperature was operating within normal limits the following day.

Team members used baskets during the dispensing process to separate people's prescriptions and prevent medicines from becoming mixed-up. They attached coloured stickers to the outside of the bags of dispensed medicines to indicate it contained a fridge line, CD or higher-risk medicines that required further counselling. Team members were aware of the Pregnancy Prevention Programme and the risks associated with valproate-containing medicines. They always supplied valproate-containing medicines in the manufacturers original packaging and provided patient information leaflets (PILs) and patient alert cards with each supply. The pharmacy received Medicines Healthcare and Regulatory Agency (MHRA) patient safety alerts and product recalls via email and actioned these on receipt. A team member printed the recall and signed it to indicate it was completed. And they kept paper-based records for future reference. Some people received serial prescriptions under the Medicines: Care and Review (MCR) service. People who received serial prescriptions called the pharmacy to let them know their expected collection date. Team members kept records of each supply and of expected collection dates. This allowed them to manage their workload and allowed the pharmacist to identify any potential issues with people not taking their medicines as they should. Team members used barcode technology to store prescriptions awaiting collection. They scanned a barcode on the label on the bag of dispensed medicines and then scanned a barcode of a specific shelf within the pharmacy. This would record where the prescription was stored. When a person collected their prescription, team members would search their name and the electronic device would then indicate which shelf the prescription was stored on. This provided an audit trail of when a prescription was collected.

The pharmacy supplied a large quantity of medicines in multi-compartment compliance packs to people when requested to help them take their medicines properly. Team members worked on a four-week cycle, this allowed them sufficient time to resolve any queries with people's medication. They maintained a record of each person's current medicines on a master sheet. This was checked against prescriptions before dispensing. And they kept records of any changes to people's medicines supplied, such as when a strength of a medicine was increased or decreased and when a person was admitted to hospital. Team members attached backing sheets to each pack that included directions for use, warning labels for each medicine and a description of what each medicine looked like. They included PILs every month to ensure people had up-to-date information relating to their medicines.

Pharmacy team members were trained to provide the NHS Pharmacy First service within their competence and under the supervision of a pharmacist. They asked appropriate questions before referring to the pharmacist to provide treatment. Both regular pharmacists were independent prescribers (PIPs) and they provided the NHS Pharmacy First Plus service. They treated several common clinical conditions including those affecting the throat and skin. They provided support to each other and received support from colleagues within the local GP practice. They worked to an agreed formulary that listed medicines that could be prescribed, supporting information for prescribers and when referral to a GP would be appropriate. They held consultation records electronically and these were communicated to people's GP to ensure their medical records were kept up to date. Pharmacy team members provided a nutrition support service. They supplied oral nutritional supplements (ONS) to people living in the local community that had recently been reviewed by a Dietetic team within the health board. The Dietetic team determined people's starting weight, which ONS product was appropriate and how often their weight should be recorded. Consultation records were sent to the pharmacy via email to allow supply. Team members worked under a service specification and kept paper-based records of each supply and recorded the weight of each person. They completed online training to provide the service and were supported by Dietetic colleagues.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Pharmacy team members have access to the appropriate equipment that is fit for use. And they use the equipment appropriately to protect people's confidential information.

Inspector's evidence

The pharmacy had up-to-date written resources available which included the British National Formulary (BNF). And team members had access to internet services to obtain current information and guidelines to support them in their roles.

The pharmacy had a set of clean CE-stamped cylinders and tablet counters that were fit for use. And they had highlighted specific measures to be used only for the purpose of measuring substance misuse liquids. There was a range of equipment for use in the consultation room that included weighing scales, a blood pressure monitor, and a thermometer. Electrical equipment was visibly free from wear and tear. And team members used single use earpieces when taking people's temperature.

Prescriptions awaiting collection were stored on shelves in the dispensary. Some prescriptions awaiting collection were stored in the consultation room. Team members ensured confidential information could not be seen when the consultation room was in use. Computers were password protected and positioned in a way that prevented unauthorised view. And cordless telephones were in use to allow 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.