General Pharmaceutical Council

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 142-144 Paisley Road, RENFREW, Renfrewshire, PA4 8DA

**Pharmacy reference:** 1042945

**Type of pharmacy:** Community

**Date of inspection:** 09/05/2023

## Pharmacy context

This is a community pharmacy in Glasgow. It dispenses NHS and private prescriptions including supplying medicines in multi-compartment compliance packs. Pharmacy team members advise on minor ailments and medicines use. And they supply over-the-counter medicines and prescription only medicines via 'patient group directions' (PGDs).

## 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

Pharmacy team members follow safe working practices. And they manage dispensing risks to keep services safe. Team members recognise and appropriately respond to safeguarding concerns. They suitably protect people's private information and keep the records they need to by law. Team members make some records of mistakes and review the pharmacy's processes and procedures. They learn from these mistakes and take the opportunity to improve the safety of services.

### Inspector's evidence

The company used 'standard operating procedures' (SOPs) to define the pharmacy's working practices. And team members annotated records when they had read and understood them. The company had recently changed the way it introduced new procedures and now issued them via its online operating system. Team members read the SOPs and annotated records to show they had agreed to follow them. Records showed that 'responsible pharmacist' and 'controlled drug' procedures were up to date. Dispensers signed medicine labels to show who had 'dispensed' and who had 'checked' prescriptions. This meant the pharmacist and was able to help individuals learn from their dispensing mistakes. Team members knew to record their own near miss errors. And they discussed the errors at a monthly team briefing to help them identify and manage dispensing risks. Team members had recently discussed near miss error record keeping due to low numbers. And they had agreed to review their personal record keeping arrangements and make improvements if necessary. The pharmacy used bar-code scanning technology that helped to identify and manage selection errors. And when team members were unable to scan an item, they obtained an accuracy check from a colleague. 'Incorrect quantity' was the main cause of near miss errors, and team members knew to always score packs to highlight part packs. Team members had recently read a new 'incident reporting' SOP. And they knew to liaise with five team members to ensure the pharmacy followed the correct process and accurately record the incident. They used an electronic template which they sent to the superintendent's office. The template included a section to record information about the root cause and any mitigations to improve safety arrangements. The pharmacy trained its team members to handle complaints. And the company provided a SOP for them to refer to.

Team members maintained the records they needed to by law. And the pharmacy had public liability and professional indemnity insurances in place. The pharmacist displayed a responsible pharmacist notice which was visible from the waiting area. And the RP record showed the name and registration details of the pharmacist in charge. Team members maintained the controlled drug registers and kept them up to date. And they evidenced that they carried out balance checks every week. People returned controlled drugs they no longer needed for safe disposal. And team members used a CD destruction register to document items which the pharmacist signed to confirm destructions had taken place. Team members filed prescriptions so they could easily retrieve them if needed. They kept records of supplies against private prescriptions and supplies of 'specials' that were up to date. The pharmacy provided training so that team members understood data protection requirements and how to protect people's privacy. And they used a designated container to dispose of confidential waste. An approved provider collected the waste for off-site destruction. The pharmacy trained its team members to manage safeguarding concerns. And team members knew to speak to the pharmacist whenever they had cause for concern. The pharmacy had contact details for local agencies for ease of access.

## Principle 2 - Staffing ✔ Standards met

### Summary findings

Pharmacy team members have the necessary qualifications and skills for their roles and the services they provide. And they work together well to manage the workload. Team members continue to learn to keep their knowledge and skills up to date.

### Inspector's evidence

The pharmacy's prescription workload had increased over the previous year. And the company had carried out a review at the beginning of 2023 to ensure the pharmacy had the right number of team members with the necessary knowledge and skills for the services it provided. There had been recent staffing changes with a few experienced team members leaving to take up new posts. The pharmacy had recruited new team members to replace those that had left. And the RP had confirmed funding for succession planning and to register dispensers on qualification training so they would be eligible to register as pharmacy technicians. The company had authorised service changes and the pharmacy had capped the dispensing of some items to optimise staffing and working arrangements. The pharmacy was located a short distance away from a sister branch and the pharmacy teams provided support when there were shortages. A long-serving responsible pharmacist (RP) worked at the pharmacy. And they job-shared with another regular locum pharmacist. They had recently completed 'pharmacist independent prescriber' (PIP) training and were in discussions about the development of prescribing services.

The pharmacy provided some protected learning time in the workplace so that team members completed mandatory and qualification training. This included keeping up to date with 'standard operating procedures' (SOPs) and completing pharmacovigilance training such as UK GDPR and safeguarding procedures. The company had also provided locum pharmacist cover to support the RP when they were undergoing PIP training. The following team members worked at the pharmacy; one full-time pharmacist, one full-time dispenser, three part-time dispensers, one part-time trainee dispenser and one part-time Saturday trainee dispenser. The RP managed annual leave requests. And part-time team members worked overtime when needed. New team members completed a three-month probationary period. This included health and safety training and reading the pharmacy's policies and procedures that were relevant to their roles and responsibilities. Once completed the company enrolled the new staff on qualification training. Team members followed a 'model-day' rota which was displayed on the dispensary wall. This helped them to complete all the necessary tasks to ensure the pharmacy was running safely and effectively.

The RP supported team members to learn and develop and keep up to date with changes and new initiatives. For example, they had recently discussed weight loss treatments due to an increase in the number of private prescriptions the pharmacy received. Team members used their personal logon credentials to access learning. This included new SOPs and e-learning, and once completed the system updated individual learning records. Team members attended a monthly briefing to discuss and improve working practices. They documented the safety improvements they had agreed upon and displayed them on the dispensary wall to act as an aide memoire. This included an action to improve near miss recording to help team members identify and mitigate dispensing risks. The RP represented pharmacy team members from across the area. And they gathered feedback which they shared with

senior staff at a listening event. This helped the company to see things from an employee's perspective and to assess morale across its branches. The RP had provided feedback about the company's new operating system. And it had acted on the feedback and implemented changes straight away.

## Principle 3 - Premises ✔ Standards met

### Summary findings

The pharmacy premises support the safe delivery of its services. And it effectively manages the space for the storage of its medicines. The pharmacy has suitable arrangements for people to have private conversations with the team.

### Inspector's evidence

The company had carried out a recent risk assessment. And it had rearranged the pharmacy's working areas as a result, so that team members had adequate space to safely carry out the pharmacy's activities. A sound-proofed consultation room with a sink was available for use. And it provided a clinical environment for the administration of vaccinations and other services such as blood pressure monitoring. The consultation room also provided a confidential environment. And people could speak freely with the pharmacist and the other team members during private consultations. Team members cleaned and sanitised the pharmacy regularly, and this ensured it remained hygienic for its services. Lighting provided good visibility throughout, and the ambient temperature provided a suitable environment from which to provide services. A separate room provided adequate space for team members to take comfort breaks.

## Principle 4 - Services ✔ Standards met

### Summary findings

The pharmacy provides services which are easily accessible. And it manages its services well to help people receive appropriate care. The pharmacy gets its medicines from reputable sources, and it stores them appropriately. The team carries out checks to make sure medicines are in good condition and suitable to supply. And it has arrangements to identify and remove medicines that are no longer fit for purpose.

### Inspector's evidence

A step-free entrance provided access to the pharmacy, and this helped people with mobility difficulties. The pharmacy purchased medicines and medical devices from recognised suppliers. And team members conducted monitoring activities to confirm that medicines were safe to supply. They checked expiry dates and kept audit trails to evidence when checks were next due. This managed the risk of supplying short-dated stock in error. The pharmacy used a fridge to keep medicines at the manufacturers' recommended temperature. And team members monitored and recorded the temperature to provide assurance it was operating within the accepted range of two and eight degrees Celsius.

Team members kept stock neat and tidy on a series of shelves. And they used secure controlled drug cabinets for some items and medicines were well-organised. The pharmacy had medical waste bins and 'controlled drug' (CD) denaturing kits available to support the team in managing pharmaceutical waste. Team members produced an audit trail of drug alerts. And they evidenced they had checked for affected stock so that it could be removed and quarantined straight away. This included a recent drug alert for Emerade medication. Team members knew about the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They knew about the warning labels on the valproate packs, and they knew to apply dispensing labels so as not to cover-up the warning messages. The pharmacy supplied original packs which contained patient information leaflets and information cards. But they did not have spare information cards in the event they needed to supply split packs. The pharmacy used 'pharmacist information forms' (PIFs) to communicate information during the dispensing process, such as changes to dosage regimes. And this helped the pharmacist carry out the necessary safety checks.

Team members used dispensing boxes to safely hold medicines and prescriptions during dispensing. And this helped to manage the risk of items becoming mixed-up. The pharmacy supplied medicines in multi-compartment compliance packs to help people with their medication. The numbers had recently decreased due to a cap placed on the number of people registered with the service. Trackers helped team members to plan pack dispensing. And this ensured that people received their medications when they were due. They used supplementary records that provided a list of each person's current medication and dose times which they kept up to date. And they checked new prescriptions against the records for accuracy. Team members provided descriptions of medicines. And they supplied patient information leaflets for people to refer to. Some people collected the packs either themselves or by a representative. And the team members monitored the collections to confirm they had been collected on time. Team members contacted the relevant authorities to raise concerns to ensure that people were receiving support when necessary. The pharmacy dispensed serial prescriptions for people that had registered with the ‘medicines: care and review’ service (MCR). The pharmacy had a system for

managing dispensing so they could order items and dispense in advance. Most people collected their medication when it was due. And team members knew to refer people who arrived either too early or too late so the pharmacist could check compliance.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide safe services. And it uses its facilities to suitably protect people's private information.

### Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the British National Formulary (BNF). Team members used crown-stamped measuring cylinders, and they used separate measures for methadone. They had highlighted the measures, so they were used exclusively for this purpose. The RP sometimes used a blood pressure monitor. And they renewed or calibrated the monitor to ensure it was accurate in its readings. The pharmacy stored prescriptions for collection out of view of the public waiting area. And it positioned the dispensary computers in a way to prevent disclosure of confidential information. Team members could carry out conversations in private if needed, using portable telephone handsets. The pharmacy used cleaning materials for hard surface and equipment cleaning. And the sink was clean and suitable for dispensing purposes.

## 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. |