

# Registered pharmacy inspection report

**Pharmacy Name:** Bannerman's Pharmacy, 100 Napierhall Street,  
GLASGOW, Lanarkshire, G20 6HS

**Pharmacy reference:** 1084161

**Type of pharmacy:** Community

**Date of inspection:** 28/02/2024

## Pharmacy context

This is a community pharmacy in Glasgow. It dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. The pharmacy provides substance misuse services and dispenses private prescriptions. 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy team members work to professional standards to keep services safe and effective. They discuss mistakes that happen when dispensing. And they keep records to identify patterns in the mistakes and reduce the risk of errors. The pharmacy keeps the records it needs to by law, and it protects confidential information to keep it safe and secure. Team members understand their roles in protecting vulnerable people.

### Inspector's evidence

The pharmacy had changed ownership in June 2023. The superintendent pharmacist (SI) had introduced new standard operating procedures (SOPs) to reflect the pharmacy's working practices. And the new pharmacist manager had carried out relevant risk assessments to confirm the pharmacy was operating safely. The SOP for multi-compartment compliance pack dispensing did not reflect the pharmacy's working practices. And team members had developed an aide memoire to define the procedure which included transmitting prescriptions to another pharmacy in the company for dispensing. The pharmacist monitored compliance with SOPs and team members signed to confirm they had read and understood them.

A signature audit trail on the medicine labels showed who was responsible for dispensing each prescription. This meant the pharmacist was able to identify and help team members learn from their dispensing mistakes. The pharmacist kept records of errors and monitored them to identify any patterns or trends. They had not identified any patterns since they had taken up post. But they had ongoing discussions with team members to identify and manage dispensing risks. For example, the team had rearranged drawers and had highlighted the various strengths of venlafaxine to manage the risk of selection errors. Team members knew how to manage complaints and discussed them in private in the consultation room. They also knew how to manage dispensing mistakes that people reported after they left the pharmacy. The pharmacist completed an incident report following their investigation. This included information about the root cause and any necessary improvements they had made. They sent a copy of the report to the SI to make sure they were aware of the incident.

Team members maintained the records they needed to by law. And the pharmacy had current professional indemnity insurances in place. The pharmacist displayed a responsible pharmacist (RP) notice which was visible from the waiting area and the RP record was up to date. Team members maintained controlled drug (CD) registers and they checked and verified the balances at least once a month. This ensured they identified and investigated any discrepancies in a timely manner. The pharmacy used a CD destruction register to record CDs that people returned for disposal. And team members kept a signature audit trail to confirm destructions had taken place. Team members filed prescriptions so they could easily retrieve them if needed and they kept records of supplies of unlicensed medicines and private prescriptions that were up to date.

The pharmacy displayed a notice that provided information about its privacy arrangements. This provided assurance that it kept confidential information safe and secure. Team members knew to protect people's privacy and they used a shredder to dispose of confidential waste. Team members discussed safeguarding concerns with the pharmacist to protect vulnerable people. For example, when people did not collect their medication on time. And when people made excessive

requests for codeine-containing medicines.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy reviews its staffing levels to ensure it has the right number of suitably skilled pharmacy team members working when it needs them. Team members have the right qualifications and skills for their roles and the services they provide. And the pharmacy supports team members to learn and develop.

### Inspector's evidence

The SI had carried out a staffing review when they had taken ownership of the pharmacy in June 2023. They had appointed extra team members which included a pharmacy technician who had transferred from another pharmacy in the company. The new pharmacist was also familiar with the company's governance arrangements due to working in another branch. This meant they were able to help colleagues adapt to the pharmacy's new ways of working. This included following the new SOPs and operating the patient medication record (PMR). The following team members worked at the pharmacy; a full-time pharmacist, one full-time pharmacy technician, one part-time pharmacy technician, one full-time dispenser and one delivery driver. Minimum staffing levels provided service continuity with only one team member permitted to take leave at one time. A nearby pharmacy within the company provided cover when necessary.

The company supported team members to develop in their roles and provided them with opportunities to undergo qualification training. The pharmacist had recently qualified as an independent prescriber (PIP) and encouraged team members to enrol on training courses. The pharmacy technician had agreed to undergo training, so they were accredited to carry out final accuracy checks. And a dispenser was about to undergo training, so they were eligible to register as a pharmacy technician. The pharmacy technician had completed training to administer flu vaccinations, and the pharmacist provided the necessary support and supervision to safely provide the service. The pharmacist provided travel vaccinations and had provided training to enable the pharmacy technician to gather the relevant information such as recording people's personal information and their travel health requirements.

Team members understood their obligations to raise whistleblowing concerns, and they knew when to refer concerns to the pharmacist. The pharmacist encouraged the pharmacy team to suggest improvements to the pharmacy's working arrangements. And they had been involved in discussions about pharmacy's new layout following the pharmacy's change of ownership.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are secure, clean, and hygienic. The pharmacy has adequate facilities for people to have private conversations with pharmacy team members.

### Inspector's evidence

The premises were secure and provided a professional image. The pharmacy team managed the available workspace well to ensure dispensing procedures were conducted safely and effectively. They had designated workstations depending on the various tasks they carried out. This included a separate rear area for the dispensing of multi-compartment compliance packs. This ensured there was sufficient space for the de-blistering of medicines. The pharmacist had good visibility of the medicines counter and could intervene when necessary.

The pharmacy had a separate dedicated consultation room with hot and cold running water. This provided an environment for people to speak freely with the pharmacist and other team members during private consultations. There was a clean, well-maintained sink in the dispensary that was used for medicines preparation. And team members cleaned and sanitised all areas of the pharmacy on a regular basis. This ensured the pharmacy remained hygienic for its services. Lighting provided good visibility throughout. And the ambient temperature provided a suitable environment to store medicines and to provide services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides services which are easily accessible. And it provides its services safely. The pharmacy gets its medicines from reputable sources, and it stores them appropriately. The team conducts checks to make sure medicines are in good condition and suitable to supply. And they identify and remove medicines that are no longer fit for purpose.

### Inspector's evidence

The pharmacy provided access via a step-free entrance which helped people with mobility difficulties. A hearing loop in the consultation room helped people with hearing aids who suffered from hearing loss. The pharmacist manager provided the NHS Pharmacy First Plus service and provided treatments for acute common clinical conditions such as for ear problems. They communicated their prescribing decisions with the person's GP so their medical records were kept up to date.

The pharmacy purchased medicines and medical devices from recognised suppliers. And team members conducted monitoring activities to confirm that medicines were fit for purpose. The company had arranged a stock take in June 2023 when the pharmacy had changed owners. This had included checks of expiry dates and labels had been attached to packs to highlight short-dated items. Team members checked expiry dates at the time of dispensing. But they did not keep records to show they carried out regular checks and when checks were due. Sampling showed that items were in date.

The pharmacy used a fridge to keep medicines at the manufacturers' recommended temperature. And team members read the temperature every day and kept records to show that fridges remained within the accepted range of between two and eight degrees Celsius. The fridge was organised with items safely segregated which helped team members manage the risk of selection errors. Team members used secure cabinets for some of its items. Medicines were well-organised and items awaiting destruction were kept segregated from other stock.

The pharmacy received drug alerts and recall notifications. Team members checked the notifications and acted on them when necessary. They kept audit trails to confirm they had carried out the necessary checks which included removing affected items and isolating it from stock. The pharmacy had medical waste bins and denaturing kits available to support the team in managing pharmaceutical waste. 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 people were able to read the relevant information. They also knew about recent legislative changes which required them to provide supplies in the original manufacturer's pack unless in exceptional circumstances.

The pharmacy used containers to keep individual prescriptions and medicines together during the dispensing process. This helped team members to manage the risk of items becoming mixed-up. The containers were colour coded and this helped them with dispensing tasks, such as prioritising prescriptions according to when they were needed.

The pharmacy supplied some people with multi-compartment compliance packs to help them with their medicines. Most of the packs were dispensed by a hub pharmacy within the company on receipt of

prescriptions that had been clinically, and accuracy checked by the pharmacist. This helped to free up team members time and helped them with their workload. The hub pharmacy did not accept prescriptions for medicines that required refrigeration, CDs, or those with more than thirteen items. Supplementary records helped team members manage dispensing to ensure people received their medication at the right time. They referred to records that provided a list of people's current medication and the time of the day it was due. And they checked new prescriptions for accuracy and kept records up to date. Team members were in the process of updating the supplementary records for people they supplied packs to. This included obtaining contact details so that they could discuss concerns. The hub pharmacy provided descriptions of medicines on the medicines administration record (MAR) chart they attached to each pack. But team members did not always provide descriptions on the packs they dispensed themselves. Some people arranged collection of their packs. And team members monitored the collections to confirm they had collected them on time. This helped them to identify when they needed to contact the relevant authorities to raise concerns.

The pharmacy used an automatic dispensing machine for some of its medicines. The pharmacist carried out a clinical and accuracy check at the time team members entered new prescriptions onto the system. They also carried out a final accuracy check at the time of supply.



## 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 substance misuse medicines. They had highlighted the measures, so they were used exclusively for this purpose. The pharmacy also used an automated dispensing machine and team members cleaned and calibrated the machine each morning before use. This ensured it accurately measured the required doses. A blood pressure monitor was available for use in the consultation room. But the pharmacy had not considered keeping records to ensure the monitor was calibrated or replaced on a regular basis. 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 conduct conversations in private if needed, using portable telephone handsets.

### 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.