General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boots, 220 Dalmellington Road, Crookston, GLASGOW, Lanarkshire, G53 7FY

Pharmacy reference: 1085313

Type of pharmacy: Community

Date of inspection: 20/08/2024

Pharmacy context

This is a community pharmacy located in a residential area in the city of Glasgow. Its main service's include dispensing NHS prescriptions, including serial prescriptions and selling over-the-counter medicines. The pharmacy provides medicines in multi-compartment compliance packs to people to help them take their medicines at the right times. And it provides a substance misuse service. Pharmacy team members provide advice on minor ailments and medicines' use.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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 mistakes made during the dispensing process and they make changes to help prevent the same mistake happening again. And they understand their role in helping to protect vulnerable people. The pharmacy keeps the records it needs to by law, and it suitably protects people's confidential information.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) available to its team members designed to help them work safely and effectively. Most of the SOPs were accessed electronically, but some were paper-based and stored in a folder. They included SOPs about the absence of the Responsible Pharmacist (RP) and managing higher-risk medicines. There was an SOP that covered dispensing prescriptions via a semi-automated assembly process, using barcode technology, known as, Assisted Due Date Dispensing (ADDD). SOPs were reviewed by the Superintendent Pharmacist (SI) team every two years. And team members completed an online competency assessment to show they had read and understood them. Notification of new or updated SOPs were communicated to team members via a company online system. The pharmacy employed two accuracy checking pharmacy technicians (ACPTs). They followed a procedure for conducting final accuracy checks and 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. And there was a business continuity plan in place to address disruption to services and unexpected closure.

A signature audit trail on medicine labels showed who was responsible for dispensing and checking each medicine. This meant the RP or ACPTs were able to help team members learn from dispensing mistakes identified within the pharmacy, known as near misses. The pharmacy recorded near misses on an online system 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 that were identified after a person received their prescription, known as dispensing incidents, were recorded on an online system, and then reviewed by the SI team at head office. A patient safety review was carried out on near misses by one of ACPTs once a month. Team members then discussed the findings of the audit and agreed actions which they put in place to manage the risk of the same or similar mistake happening again. This included separating higher-risk medicines such as quetiapine, and medicines with similar packaging or similar sounding names, to avoid selection errors.

The pharmacy had current professionally indemnity and liability insurance. It displayed an RP notice which was visible in the retail area and reflected the correct details of the RP on duty. And the paper-based RP log was complete. Team members maintained paper-based controlled drug registers that were mostly complete, with minor omissions of the details of the wholesalers address. This was discussed at the time of inspection. They checked the physical quantities in stock matched the balances recorded in the registers weekly. A random balance check on the quantity of three CDs was correct against the balances recorded in the registers. The pharmacy kept records of CDs people had returned for safe disposal. Records of private prescriptions held electronically were up to date, but some records

showed the incorrect prescriber details. The pharmacy held certificates of conformity for unlicensed medicines and details of supply were included to provide an audit trail.

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 provide contact details for the customer care team. There was a data processing notice on display and team members had completed online information governance (IG) training. Confidential waste was segregated and collected by a third-party contractor to be securely destroyed off-site. There was a safeguarding policy in place and team members discussed any safeguarding concerns with the RP. Team members provided examples of signs that would raise concerns, and of interventions they had made to protect vulnerable people. And they knew how to access to contact details for local safeguarding agencies.

Principle 2 - Staffing ✔ Standards met

Summary findings

Pharmacy team members have the necessary skills and knowledge 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 discussing improvements to provide a more effective service.

Inspector's evidence

The pharmacy employed three part-time regular pharmacists, one of which had the role of pharmacy manager, one full-time accuracy checking pharmacy technician (ACPT), one part-time ACPT, two full-time dispensers, four part-time dispensers, one part-time trainee dispenser and a qualified dispenser who worked under a zero-hour contract. A pharmacy student provided contingency cover. And at the time of inspection a trainee pharmacist was working within the pharmacy. The pharmacy offered a delivery service daily. Delivery drivers were organised via the company, they planned their route in advance and used an electronic device to record delivery of each prescription. Team members were observed managing the busy workload well and they provided support to each other as they worked. The pharmacy manager managed annual leave requested to ensure staffing levels remained sufficient to manage the workload safely. Part-time team members provided contingency cover during periods of absence.

Protected learning time was provided for team members undertaking accredited qualification training. And for new services or for specific continued learning and development. Team members had attended specific face-to-face training for services they provided such as injection equipment provision and a palliative care service. The team regularly discussed new learning points such as the introduction of new safety measures relating to topiramate. They received annual appraisals and regular reviews from the pharmacy manager to review progress and identify any individual learning needs. Team members were observed asking appropriate questions when selling over-the-counter medicines. And they explained how they would handle repeated requests for medicines liable to misuse, such as codeine-containing medicines, by referring to the RP or person’s GP for supportive discussions.

Team members were encouraged to make suggestions to improve ways of working within the pharmacy. There was a whistle blowing policy in place and team members explained they would feel comfortable raising professional concerns with the pharmacy manager or SI team, should they need to. Team members were set targets by the company and felt these were reasonable for the services they provided.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are appropriate for the services it provides. They are clean, secure and provide a professional appearance. There is a private consultation room where people can have confidential conversations with a member of the pharmacy team.

Inspector's evidence

The pharmacy premises were clean, secure, and provided a professional image. There was a large well-presented retail area which led to a healthcare counter and dispensary. Pharmacy-only-medicines were stored in glass cabinets behind the healthcare counter. The dispensary was laid out in a way which allowed the pharmacist to supervise the sale of medicines and intervene in a sale if necessary. But also allowed for privacy during the dispensing process. Medicines were stored neatly on shelves throughout the dispensary. The dispensary was comprised of two areas, one area was used for the dispensing and checking of prescriptions and the second area was used for the assembly of multi-compartment compliance packs. The dispensary was well-organised with plenty of work bench space. It had a sink with access to hot and cold water for professional use and hand washing. Staff facilities were clean with access to hot and cold water. And there were two areas used to store stock. Lighting and temperature were kept to an appropriate level throughout the premises. There was a consultation room that was well advertised, good-sized and fit for use. And there was a second private area used for substance misuse medicine supervision.

Principle 4 - Services ✔ Standards met

Summary findings

Pharmacy team members manage and provide the pharmacy service's safely and effectively. And they make them easily accessible to people. The pharmacy suitably 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 which led to a front door that was opened automatically by a push pad. It advertised some of the services it offered in the main window. The pharmacy had a range of healthcare leaflets available for people to read or takeaway. And it advertised services available in the local community such as help to stop smoking. Pharmacy team members explained how they would communicate with people who did not use English as their first language, by accessing on online translator service. And they provided large print labels to help people with visual impairments take their medicines safely. The pharmacy purchased medicines from recognised suppliers, and it stored them appropriately. Team members checked the expiry dates of medicines and recorded their actions on a date checking matrix. And they attached stickers to the boxes of medicines with a shorter expiry date to indicate it should be used first. Records showed date checking was up-to-date and a random selection of 20 medicines showed none had expired. The pharmacy used two well organised fridges to stores its medicines and prescriptions awaiting collection that required cold storage. Team members recorded the temperatures of the fridges daily, to ensure they were operating within the recommended limits of between 2 and 8 degrees Celsius.

The pharmacy had safeguards in place during the dispensing process. Team members used baskets to separate people's prescriptions and prevent medicines from becoming mixed-up. They used a handheld electronic device to scan a barcode on person's prescription bag before handing it out to people. The handheld device prompted team members to provide advice and to complete a set of patient-safety questions before handing out. This included for higher-risk medicines such as warfarin or methotrexate, with questions such as when their last blood test was. The handheld device also alerted team members if the prescription contained a fridge line or a CD. Team members were aware of the Pregnancy Prevention Programme. And the risks associated with valproate-containing medicines. Valproate-containing medicines were supplied to one person outside of the manufacturers original packaging. A risk assessment had been completed, and the pharmacy kept electronic records of this on the patient medication record (PMR), and they shared these with the person's GP. The pharmacy received Medicines Healthcare and Regulatory Agency (MHRA) patient safety alerts and product recalls via the clinical mailbox and actioned these on receipt. And they kept records of action taken for future reference.

Some prescriptions were dispensed using a semi-automated assembly process within the pharmacy, known as Assisted Due Date Dispensing (ADDD). Team members used barcode technology to enter the prescription data on the PMR. Once all prescription information was entered, the RP carried out a clinical check of the prescriptions. A data accuracy check was performed if there were changes to a prescription for example, a change to directions for administration. When the prescription stock medicines arrived in the pharmacy, barcode technology was used to match the medicines against the prescription. Prescription labels were printed and applied to the medicines. The medicines stock and

the labels were scanned again to ensure the correct medicine was put in the correct person's bag. Prescriptions were then placed on to retrieval shelves for people to collect. If there was an error at any point, the barcode technology would alert a team member that a mistake had been made and would not allow further progress. Some medicines were not suitable to be dispensed using ADDD. This included, CDs, medicines that required cold storage and medicines that were required to be removed from the manufacturers original packaging. Some people received serial prescriptions via the Medicines:Care and Review service. Team members prepared prescriptions in advance of their expected collection dates. The pharmacy maintained records of each supply and expected collection dates. This allowed team members to plan their workload in advance. And allowed the pharmacist to identify any potential issues with people not taking their medicines as they should. The pharmacy provided a text message service to alert people that their prescription was ready to be collected. They obtained consent for this service and kept records of this.

The pharmacy supplied medicines to people in multi-compartment compliance packs, 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 relating to people's medicines. They maintained a record of each person's current medications on a master sheet. This was checked against prescriptions before dispensing. Team members attached dispensing labels to each person's pack, which included warning labels for each medicine, directions for use and a description of what each medicine looked like. They included Patient Information Leaflets (PILs) every month to ensure people had up-to-date information relating to their medicines.

The NHS Pharmacy First service was popular. And team members were trained to deliver the service within their competence, and under the supervision of a pharmacist. The pharmacist provided medicines for common conditions such as, urinary tract infections and skin infections under a Patient Group Direction (PGD). Team members used consultation forms to gather relevant information before referring to the pharmacist for treatment. The pharmacy kept well-organised paper-based consultation records to record treatment provided or referral decisions. The pharmacy provided a local NHS injection equipment provision service. This included providing equipment, as well as advice and information that may be of use. Team members were trained to ask the appropriate questions. And the kept non-identifiable information by using reference numbers on an online platform. The pharmacy was part of the Community Palliative Care Network. The pharmacist attended specialist in-person training, and they worked under a service specification and medicines list to ensure people had access to palliative care medicines. They were supported by local health board colleagues and received up-to-date information to be able to continue to provide the service safely.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

Team members have access to the appropriate equipment that is fit for purpose and safe to use. And they use them appropriately to keep people's confidential information secure.

Inspector's evidence

The pharmacy had up-to-date written resources which included the British National Formulary. 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. Team members used a manual dispensing pump for dispensing substance misuse medicines. They cleaned it after each use and had the first doses checked each time to ensure it measured accurate doses. It was calibrated annually by the company to ensure it remained fit for use.

Prescriptions awaiting collection were stored on shelves behind the healthcare counter, and confidential information was not visible to people in the waiting area. 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.