General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: High Street Pharmacy, 128 High Street, GLASGOW, Lanarkshire, G1 1PQ

Pharmacy reference: 1092760

Type of pharmacy: Community

Date of inspection: 14/04/2023

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
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 recognise and appropriately respond to safeguarding concerns. They suitably protect people's private information and keep the records they need to by law. The pharmacy defines its working practices in standard operating procedures (SOPs). But it does not review them on a regular basis so it may be missing opportunities to make its services safer. Team members learn from mistakes and take the opportunity to improve the safety of the pharmacy's services.

Inspector's evidence

The pharmacy had control measures in place to manage the risks and help prevent the spread of infections. This included a plastic screen at the medicines counter which faced onto a large waiting area. The pharmacy used 'standard operating procedures' (SOPs) to define the pharmacy's working practices. And these were available for team members to access when they needed to. Relevant SOPs were seen, and these included 'responsible pharmacist and 'controlled drug' procedures. The dates on the documents showed the pharmacy had not reviewed the SOPs since 2018. And not all team members had signed to confirm they had signed and understood them. This meant that the pharmacy team may not always be aware of the risks and the mitigations to keep dispensing safe. Team members signed medicine labels to show who had 'dispensed' and who had 'checked' prescriptions. This meant the pharmacist was able to help individuals learn from their dispensing mistakes. Team members recorded their own near miss records to help them learn. And they identified and discussed patterns and trends on an ad-hoc basis. A few examples of improvements were provided. For example, attaching a shelf-edge caution label to highlight the different strengths of diazepam. Team members followed the pharmacy's complaints handling procedure and they knew when to refer to the responsible pharmacist when there were safety concerns. The 'responsible pharmacist' (RP) recorded dispensing incidents on a form that they shared with the superintendent's office. The form included a section to record information about the root cause and any mitigations that they introduced to improve safety arrangements.

Team members maintained the records they needed to by law. And the pharmacy had public liability and professional indemnity insurances in place that were valid until 2 March 2024. The pharmacist displayed an RP 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 electronic 'controlled drug' (CD) registers and kept them up to date. And they evidenced that they checked and verified the balance at least once a month. People returned CDs they no longer needed for safe disposal. And the pharmacy had a CD destruction register to record all the items it disposed of. The pharmacy filed prescriptions so they could be easily retrieved if needed. And records of supplies against private prescriptions and supplies of 'specials' were up to date. 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. Team members knew to act on safeguarding concerns. And the pharmacy provided a protocol for them to refer to. This included contact details for local agencies for ease of access. Team members discussed concerns with the pharmacist. And they communicated with relevant agencies to discuss concerns about vulnerable people. A chaperone notice advised that people could be accompanied during consultations.

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. Pharmacy team members continue to learn to keep their knowledge and skills up to date. And the pharmacy supports team members with qualification training.

Inspector's evidence

The pharmacy's prescription workload had remained stable over the past year. And the number of team members it employed had remained the same. The 'responsible pharmacist' (RP) had been in post since 2020 and the other team members were well-established in their roles. A regular relief pharmacist was providing cover at the time of the inspection. They also provided cover at a nearby sister branch and knew the pharmacy operations well. Regular locum pharmacists provided cover, and this provided continuity for the pharmacy to rely on. The following team members were in post; one full-time pharmacist, two full-time dispensers, one part-time trainee dispenser, one full-time trainee pharmacist, four part-time pharmacy students and one full-time delivery driver. The pharmacy employed a pharmacy student from each year of the pharmacy degree course. They provided Saturday cover and weekday cover when required. They also supported each other with course work. The pharmacy participated in the training of student pharmacy technicians that were employed by the health board. And the pharmacist supported the trainee pharmacist develop the necessary competencies to register as a pharmacist.

The RP supported team members undergoing qualification training. And they allocated protected time in the workplace to support them with their learning. The pharmacist had been referring to the pharmacy's near miss records to support the trainee dispenser with their learning and development. And this had helped them to increase their awareness of 'look alike and sound alike' (LASA) medicines and to manage the risk of dispensing mistakes. Team members were aware of their obligation to raise whistleblowing concerns. And the RP was confident that they would speak up if required to do so. The RP was undergoing training and development, so they were accredited to provide a seasonal flu vaccination and travel vaccination service. Pharmacy team members were proactive at making changes and improvements to the pharmacy's working practices with the pharmacist's approval. The trainee dispenser had suggested re-arranging the shelves at the medicines counter to reflect the NHS pharmacy first formulary. This provided improved access for team members to find items more easily.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's 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

These were large, modern, purpose-built premises which provided ample storage and dispensing benches. Four sound-proofed consultation rooms provided a confidential environment for professional services. And a separate area at the side of the medicines counter was available should people wish extra privacy. One of the consultation rooms had off-street access. This was mostly used to supervise the consumption of some medicines via an integrated hatch from the dispensary. Three of the consultation rooms had a sink with hot and cold running water.

The dispensary had a sink with hot and cold running water. And team members used it for hand washing and the preparation of medicines. They cleaned and sanitised the pharmacy daily, and this ensured it remained hygienic for the services it provided. 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 comfort breaks.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides services which are easily accessible. And it manages its services to help people receive appropriate care. 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 it has arrangements to identify and remove medicines that are no longer fit for purpose.

Inspector's evidence

The pharmacy had a step-free entrance and pressure operated door. This helped people with mobility difficulties access services. The pharmacy displayed information in the window. This included its opening hours and the most recent community pharmacy public health campaign. The pharmacist provided access to 'prescription only medicines' (POM) treatments against 'patient group directions' (PGDs). This included treatments for urinary tract infections. The 'responsible pharmacist' (RP) accessed up to date PGDs via the relevant health board's website and they were accredited to provide various treatments. A GMC registered doctor provided homeopathy treatments from a dedicated consultation room. Team members responded to calls and made appointments which they communicated to the doctor.

The pharmacy purchased medicines and medical devices from recognised suppliers. And team members conducted monitoring activities to confirm that medicines were safe to supply. Date checking records helped team members with date checking tasks. They recorded short-dated items which helped them remove items well before they expired. They also attached stickers to highlight short-dated medicines. The pharmacy used a fridge to keep medicines at the manufacturers recommended temperature. Team members monitored and recorded the temperatures every day. And this provided assurance that the fridge was operating within the accepted range of two and eight degrees Celsius. They used clear bags for dispensed items. This helped them identify items and check with people for accuracy before they supplied them. Team members kept stock neat and tidy on a series of shelves. And they used secure 'controlled drug' (CD) cabinets for some items and medicines were well-organised. The pharmacy had recently purchased a new CD cabinet two weeks previously which they were using to store multi-compartment compliance packs. The RP had attached shelf edge caution labels to the shelves in the cabinets to instruct staff to take care when selecting items. The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste.

The pharmacist instructed team members to check for stock following drug alerts and recalls. And they knew to remove, and quarantine affected stock straight away. The trainee dispenser had checked for pholcodine containing items which they had removed and isolated from stock. The pharmacy kept an audit trail of the drug alerts and recalls they had acted on. 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 patient information leaflets and patient cards with every supply. Team members used dispensing baskets 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. And the pharmacy had defined the assembly and dispensing process in a

documented procedure for team members to refer to. But the procedure had last been reviewed in 2019. The pharmacy had capped the dispensing service to reflect its resources. Trackers helped team members plan and dispense the packs. And supplementary records provided a list of each person's current medication and dose times which they kept up to date. They checked new prescriptions against the records for accuracy. And recorded a signature audit trail on a spreadsheet to show the various checks that they undertook. For example, the pharmacist signed to evidence they had checked original containers before de-blistering into packs. Team members provided descriptions of medicines on backing sheets. And they supplied patient information leaflets for people to refer to with the first of the four packs. Packs were stored in boxes in alphabetical order on a series of shelves until they were supplied. 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. The delivery driver followed a schedule to track deliveries and they highlighted failed deliveries. A separate record sheet was used to record supplies to help team members monitor supplies.

The pharmacy supervised the consumption of some medicines. And the number of people using the service had remained stable over the past year. Team members dispensed some doses using an automated dispensing machine. And they obtained a clinical and accuracy check at the time of registering new prescriptions on the system. 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. And they retrieved and dispensed prescriptions once a week on a Friday before they were due. Team members sent a text to notify people their medication was ready for collection. 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.

The pharmacy had been using a collection point machine for approximately one year. And people who were registered with the service collected their prescriptions at their own convenience even when the pharmacy was closed. The pharmacy had carried out a risk assessment before its installation. And it had excluded high risk medications such as controlled drugs and items that required refrigeration. Team members checked the machine for uncollected items which they then removed after two weeks and contacted people to let them know.

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 confidential 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 used an automated dispensing system to dispense methadone doses. Team members calibrated the system each morning to ensure accuracy of doses. The pharmacy kept a blood pressure monitor, but it could not show when it was first used or calibrated. This meant the pharmacy could not provide assurance that the monitor was measuring accurately. The pharmacy used a collection point. And the company that provided it was on hand to carry out repairs and support the pharmacy team when there were problems.

The pharmacy stored prescriptions for collection out of view of the public waiting area. And it positioned the dispensary computers in such a way as to prevent disclosure of confidential information. Team members could conduct conversations in private if needed, using portable telephone handsets. The pharmacy used cleaning materials for hard surface and equipment cleaning. And team members referred to a cleaning rota to make sure tasks were completed on time. For example, they cleaned the consultation rooms once every two weeks. The dispensary sinks were clean and suitable for dispensing purposes. They used one sink to dispense methadone doses and another separate sink for everything else.

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.