

Registered pharmacy inspection report

Pharmacy Name: Pollokshields Pharmacy, 275 Maxwell Road,
Glasgow, G41 1TE

Pharmacy reference: 9011379

Type of pharmacy: Community

Date of inspection: 30/11/2021

Pharmacy context

This is a community pharmacy on a parade of shops. It dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. And it offers a medicines' delivery service to vulnerable people. The pharmacy provides substance misuse services and dispenses private prescriptions. Pharmacy team members advise on minor ailments and medicines' use. And they supply a range of over-the-counter medicines and prescription only medicines via 'patient group directions' (PGDs). This was a follow-up inspection and was completed during the COVID-19 pandemic.

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 acts to keep members of the public and team members safe during the Covid-19 pandemic. It has policies and procedures in place and team members follow them. The pharmacy team discuss dispensing mistakes and make some improvements to avoid the same errors happening again. The pharmacy keeps the records it needs to by law, and it keeps confidential information safe. Team members securely dispose of personal information when it is no longer required.

Inspector's evidence

The pharmacy had introduced new processes to manage the risks and help prevent the spread of coronavirus. Posters on the entrance door reminded people visiting the pharmacy to wear a face covering as required by law. And informed them to maintain a safe two-metre distance from each other. The waiting area was large, and the pharmacist had recently applied a restriction of two people waiting due to a new coronavirus variant. People were seen to be following the guidelines without any instruction from the pharmacy team members. Hand sanitizer was available in the waiting area and throughout the dispensary. A plastic screen was in place along the entire length of the medicines counter. This acted as a protective barrier between team members and members of the public. Pharmacy team members were wearing face masks throughout the inspection. The pharmacy used working instructions to define the pharmacy's processes and procedures. The pharmacist, who owned and worked onsite at the pharmacy, had reviewed, and authorised the procedures in September 2021. The procedures were kept electronically on a separate PC that was not used for general dispensing tasks. And team members could easily access the documents when they needed to. They had recorded their signatures to show they had read and understood them. Team members signed medicine labels to show who had 'dispensed' and who had 'checked' each prescription. Two pharmacy technicians had enrolled on the 'accuracy checking technician' (ACT) training programme and had developed their knowledge and skills to provide feedback and support dispensers to reflect and learn from their mistakes. The pharmacist and the trainee ACTs recorded near miss errors and once a week they reviewed the records to identify patterns and trends which they acted on. For example, they had separated carbamazepine/carbamazepine prolonged release tablets to manage the risk of selection errors. Team members also knew to obtain a double check from a colleague at the time of selecting these products. The pharmacy had access to an incident reporting template, and the pharmacist knew to record information about the incident. This included the root cause and any improvements they had made to manage the risk of the same incident happening again. The pharmacist confirmed there had been no incidents over the past year. The pharmacy trained its team members to handle complaints, and it had defined the complaints process in a documented procedure for team members to refer to. It did not display contact details to advise people how to submit a complaint.

The pharmacy maintained the records it needed to by law. It had public liability and professional indemnity insurance in place, and they were valid until 20 May 2022. The pharmacist in charge displayed a responsible pharmacist (RP) notice and kept the RP record up to date. Team members maintained its controlled drug registers and kept them up to date. They checked and verified fast moving stock at the time they dispensed it. This meant they did not regularly check the balance of slow-moving stock. Space at the bottom of the controlled drug cabinet was available to quarantine stock awaiting destruction. The pharmacist confirmed that people rarely returned any controlled drugs for

destruction. A register was available to record destructions should it be needed. Team members kept private prescription forms in good order and kept a record of the supplies they made. The pharmacy provided training so that team members understood data protection requirements and how to protect people's privacy. The pharmacy displayed a notice to inform people about how it used or processed their information. A separate bin was used to collect confidential waste and spent records, and team members used a shredder to dispose of it securely. The pharmacy trained its team members to manage safeguarding concerns and it had introduced a procedure for them to refer to. It had also introduced a whistleblowing policy. Team members knew to speak to the pharmacist whenever they had cause for concern, and they knew how to protect children and vulnerable adults. Team members provided multi-compartment compliance packs to a significant number of people. They monitored the packs to ensure that people collected them on time and contacted the relevant agency when they had concerns. The pharmacist was registered with the protecting vulnerable group (PVG) scheme. This also helped to protect children and vulnerable adults.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members have the necessary qualifications and skills for their roles and the services they provide. They complete training as and when required. And they learn from the pharmacist to keep their knowledge and skills up to date. Pharmacy team members speak-up and make suggestions to help improve pharmacy services.

Inspector's evidence

The pharmacy's workload had remained stable over the past year, and the pharmacist had not needed to make any changes to the pharmacy team. The team members had worked at the pharmacy for several years and were well-established in their roles. The pharmacy team included one full-time pharmacist, one full-time and one part-time pharmacy technicians, two full-time trainee dispensers, one full-time dispenser and one part-time delivery driver. A regular pharmacist and two pharmacy students worked every Saturday and provided cover when needed. Team members displayed their training certificates on a dispensary wall that could be seen from the waiting area. The pharmacist and the pharmacy team supported the trainees with their courses, and protected learning time was provided so they made satisfactory progress. Two pharmacy technicians had enrolled on the ACT training programme and the pharmacist was supporting them to develop in their roles. They had been discussing the need for a documented procedure to define the checking process, and they had discussed the new initiative with the rest of the pharmacy team so that everyone understood each other's roles and responsibilities. The trainees had also suggested using a stamp so that a signature audit trail could be clearly recorded, including the pharmacist's clinical check. The pharmacist kept the team members up to date with the relevant coronavirus initiatives and had recently trained team members to provide supplies of lateral flow tests. Team members had also learnt about changes to the NHS Greater Glasgow and Clyde's 'Healthy Start' vitamins initiative which had been replaced with supplies of 'vitamin D3' to breastfeeding mothers and children under three years of age. Team members understood the need for whistleblowing and felt empowered to raise concerns when they needed to.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, well-equipped, and professional in appearance. It has a large sound-proofed room where people can have private conversations with the pharmacy's team members.

Inspector's evidence

The dispensary was large and team members had been able to organise their workstations, so they were at least two metres apart. This helped them to keep as far apart as possible from each other throughout the day. They had organised the dispensary to segregate dispensing tasks, so they carried them out safely and effectively. A large downstairs area was being used to assemble, check and store multi-compartment compliance packs. A small kitchen and rest room was available in the same area, and more than one team member at a time could safely remove their masks during comfort breaks due to its large size. The pharmacist could observe and supervise the main medicines counter from the checking bench, and they could intervene and provide advice when necessary. A sound-proofed consultation room was in use. It was well-equipped and provided a confidential environment to have private consultations. A separate private hatch was available and was used to provide supervised consumptions. A sink was available for hand washing and the preparation of medicines. Team members cleaned and sanitised the pharmacy on a regular basis to reduce the risk of spreading infection. Lighting provided good visibility throughout and the ambient temperature provided a suitable environment from which to provide services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services which are easily accessible. And it generally manages its services well to help people receive appropriate care. The pharmacy gets its medicines from reputable sources and it stores them safely and securely. The team carries out checks to make sure medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy advertised its services and opening hours in the windows at the front of the pharmacy. It had a step-free entrance which provided unrestricted access for people with mobility difficulties. Dispensing benches were organised and clutter-free, and team members used dispensing baskets to manage the risk of items becoming mixed-up. The baskets were coloured to highlight the urgency of prescriptions. Stock was kept neat and tidy on a series of shelves. One controlled drug cabinet was well-organised and provided good visibility to manage the risk of selection errors. The pharmacy purchased medicines and medical devices from recognised suppliers. Team members checked expiry dates on a regular basis and kept a date checking matrix up to date. Two large glass-fronted medical fridges were in use. One was used mostly for insulin and the other for prescriptions that had been dispensed and awaiting collection or delivery. The pharmacist monitored the fridge temperatures which were within the accepted range at the time of the inspection. But they hadn't documented the temperatures, including the maximum and minimum readings since the beginning of the year. Team members knew about the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. The pharmacist knew to contact prescribers if they received new prescriptions for people in the at-risk group. Team members only supplied original packs which contained patient information leaflets and warning cards.

The pharmacy supplied medicines in multi-compartment compliance packs to a significant number of people. A separate downstairs area was used to assemble the packs. And the storage area for the packs was well-organised. Team members checked the area regularly to ensure packs were being collected on time and if they weren't, they alerted the relevant person or agency for help. One of the pharmacy technicians took responsibility for re-ordering prescriptions for the following four-week cycle. Supplementary records which contained a list of the person's current medication and dose times were kept up to date. And team members checked prescriptions against the master records for accuracy before they started dispensing packs. Queries were discussed with the relevant prescriber. Team members supplied patient information leaflets with the first pack of the four-week cycle. They only annotated descriptions of medicines on the pack when people asked them to. The pharmacy provided a prescription delivery service. This helped vulnerable people and those that were shielding to stay at home. Team members produced a list of deliveries for the driver to complete. They attached 'fridge' and 'controlled drug' stickers, so the driver knew to return them for safe keeping in the event of a failed delivery. The driver wore a face mask and regularly sanitised their hands. Team members accepted unwanted medicines from people for disposal and quarantined them for 72 hours before processing the waste for destruction. The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste. Drug alerts were prioritised, and team members knew to check for affected stock so that it could be removed and quarantined straight away. Team members produced an alert they had just received for mometasone nasal spray. They had checked for

stock and when none was found they had signed, annotated, and retained the documentation to show their findings.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy's equipment is clean and well-maintained. It uses equipment appropriately to protect people's confidentiality.

Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the British National Formulary (BNF). It used crown-stamped measuring equipment. A separate measure was used for methadone. The pharmacy stored prescriptions for collection out of view of the waiting area. And it arranged computer screens, so they could only be seen by the pharmacy team members. The pharmacy had a cordless phone, so that team members could have conversations with people in private. The pharmacy used cleaning materials for hard surface and equipment cleaning. The sink was clean and suitable for dispensing purposes. Team members had access to personal protective equipment including face masks and gloves.

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.