General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Gallagher Pharmacy, 33 New Street, Stevenston, North Ayrshire, KA20 3HB

Pharmacy reference: 9011678

Type of pharmacy: Community

Date of inspection: 11/03/2024

Pharmacy context

This is a community pharmacy in the town of Stevenston in Ayrshire. Its main services include dispensing of NHS prescriptions. And it delivers medication to people's homes and supplies some people with their medicines in multi-compartment compliance packs to help them with taking their medicines. Team members advise on minor ailments and medicines use. And they deliver the NHS Pharmacy First service.

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	1.2	Good practice	The pharmacist and pharmacy keep comprehensive records of near misses and other patient safety incidents. The pharmacy continually monitors and updates its procedures to ensure they remain effective and further improve patient safety.
		1.8	Good practice	The pharmacy has a clear culture of safeguarding children and vulnerable adults. It supports its team members in raising concerns. And team members can provide examples of safeguarding interventions they have made with evidence of positive interventions.
2. Staff	Standards met	2.2	Good practice	The pharmacy provides a good amount of protected learning time for all team members to complete ongoing learning while they are at work. And it provides additional learning opportunities such as training events for team members.
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 manages the risks associated with the services it provides for people. Its complete set of written procedures help the team carry out tasks consistently and safely. They record, review and learn from the mistakes they make when dispensing. And they keep the records they need to by law. Team members have knowledge and experience to help support vulnerable people. And they work well together to protect people's welfare.

Inspector's evidence

The pharmacy had a comprehensive set of standard operating procedures (SOPs) relevant to the pharmacy's services to help team members manage risks. The SOPs had been updated by the superintendent pharmacist (SI) in February 2024. Team members had read the SOPs and had signed a record of competence to indicate they understood and would follow the procedures. Team members were observed working within the scope of their roles. And there was an SOP detailing roles and responsibilities for the team. Team members were aware of the responsible pharmacist (RP) regulations and what tasks they could and couldn't do in the absence of an RP.

Pharmacy team members recorded any mistakes they identified during the dispensing process, known as near misses, on a paper near miss record. Team members each had their own near miss log. They explained that an error would be highlighted to them by the pharmacist, and it was their responsibility to enter it onto the record. This allowed them to reflect on the mistake. Each entry was then discussed with the RP, and they signed the record to confirm it had been reviewed. The pharmacist also maintained a near miss record for any errors identified from the automated dispensing machine. The pharmacy had a near miss analysis record for each team member and this was completed monthly by the pharmacist. This enabled team members to identify their own most common errors and trends. And they could apply their own learning from the review to the dispensing process. Team members explained that after an error occurred, they would implement actions to reduce the likelihood of a similar error happening again. Recently there had been an increase in errors which looked alike, or names sounded alike (LASA), for example azithromycin and amoxicillin. The team had separated the medicines to reduce the recurrence of this type of error. Team members also recorded details of any errors which were identified after the person had received their medicines, known as dispensing incidents. These incidents were recorded and were then reviewed by the SI. The pharmacist and SI also shared an anonymised version of the incident with other pharmacies owned by the same company. This enabled other pharmacy teams to implement actions to reduce the risk of a similar error occurring. The pharmacy team aimed to resolve any complaints or concerns informally. But if they were not able to resolve the complaint, they would escalate to the manager or SI. The pharmacy had paper questionnaires for people to complete, these were displayed in the retail area. And they were reviewed by the pharmacist and SI.

The pharmacy had current indemnity insurance. The RP notice displayed contained the correct details of the RP on duty, and it could be seen clearly from the retail area. The RP record was compliant. The pharmacy team maintained a dispensary duty log which detailed the team members present and their responsibilities on that day. The pharmacy had a controlled drug (CD) register and the entries checked were in order. Team members checked the physical stock levels of CDs against the balances recorded in the CD register weekly. The pharmacy held certificates of conformity for unlicensed medicines and full

details of the supplies were included to provide an audit trail. Accurate records of private prescriptions were maintained.

A company privacy notice and an NHS Pharmacy First privacy notice were displayed in the retail area informing people how the pharmacy handled their data. Team members were aware of the need to keep people's confidential information safe. And they were observed separating confidential waste into separate waste bags for secure collection and destruction by the pharmacy's head office. The pharmacy stored confidential information in a staff-only storage area of the pharmacy. Pharmacy team members had completed learning associated with their role in protecting vulnerable people. They understood their obligations to manage safeguarding concerns well and were familiar with common signs of abuse and neglect. And they had access to contact details to relevant local agencies. They provided recent examples of safeguarding interventions they had made with positive outcomes. A notice board in the dispensary displayed other relevant information relating to safeguarding. The pharmacists were members of the Protecting Vulnerable Groups (PVG) scheme.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has sufficient team members with the right qualifications and knowledge to manage its workload and provide its services. The pharmacist and pharmacy team supports its members well to complete appropriate training for their roles and keep their skills up to date. Members of the team work well together and communicate effectively. And they are comfortable raising concerns should they need to.

Inspector's evidence

The pharmacy employed a full-time pharmacist who was also the manager, and they were currently completing their independent prescriber qualification. Other team members included a full-time pharmacy technician, a full-time dispenser, four part-time dispensers, four part-time students and three trainee dispensers. And the pharmacy had support from a second pharmacist four days per week. The team were observed working and communicating well together and managing the workload. Planned leave requests for the pharmacy team were managed so that only one or two team members were absent at a time. Team members were able to rotate tasks so that all tasks could be completed effectively during absence periods. Part-time staff members were also used to help cover absences. And additional dispenser support was requested from head office when needed.

Team members who were enrolled on an accredited training course received four hours of protected learning time per week to support its completion. And they had regular reviews with the pharmacy manager who was their course supervisor. Team members recently employed by the pharmacy completed a formal induction. They had an induction folder containing mandatory learning which included safeguarding and general data protection regulation. And the folder had formal documented appraisal forms which were completed at set intervals with the pharmacist manager. A new team member completing their induction was also observed shadowing a more experienced team member completing various dispensing activities. All team members received protected learning time to support with reading the SOPs and completion of mandatory training modules. The pharmacist also held bi-annual learning events with all team members. These were supported by the company head office.

The pharmacy team received regular visits from the superintendent pharmacist and the pharmacy owner. Team members felt comfortable to raise any concerns with their manager. They received regular feedback as they worked. And had an annual formal appraisal with their manager. The team had regular meetings to discuss workload plans and updates from the SI. Team members were observed asking appropriate questions when selling medicines over the counter and referring to the pharmacist when necessary. They explained how they would identify repeated requests from people for medicines subject to misuse, for example, codeine-containing medicines. And that they would refer them to the pharmacist. There were no targets set for pharmacy services.

Principle 3 - Premises ✔ **Standards met**

Summary findings

The pharmacy premises are suitable for the services provided and the team maintains them to a high standard. It has private consultation rooms where people can have confidential conversations with a pharmacy team member.

Inspector's evidence

The pharmacy had recently moved to new premises that were secure and maintained to a high standard. It was clean and organised throughout. The pharmacy workspace was well organised with designated areas for completion of pharmacy tasks and suitable storage of prescriptions. The dispensary was comprised of two main areas and an automated dispensing machine separated these two areas. The dispensary area nearest the retail counter was used to label and dispense urgent prescriptions. And there was a space used by team members to dispense multi-compartment compliance packs to the rear. A bench used by the RP to complete the final checking process was at the front of this area, near the retail counter. The medicines counter could be clearly seen from the dispensary which enabled the pharmacist to intervene in a sale when necessary. The dispensary area furthest from the retail counter was used to label and dispense non-urgent prescriptions including repeat prescriptions and serial prescriptions as part of the Medicines: Care and Review service. There was an additional checking bench used by the second pharmacist in this area. This area enabled team members to work without distractions. A storage area, staff facilities and toilets were at the rear of the premises. Two good sized consultation rooms could be accessed from the dispensary and retail area. And one consultation room had a hatch to the dispensary to allow for supervision of a substance misuse service. The rooms were suitably equipped and fit for purpose. These spaces allowed team members to have private conversations with people. The consultation rooms were locked when not in use.

There was a clean, well-maintained sink in the dispensary used for medicines preparation and there were other facilities for hand washing. The pharmacy kept the room temperature to an acceptable level. And there was bright lighting throughout.

Principle 4 - Services ✔ **Standards met**

Summary findings

The pharmacy provides a range of services to support people's health needs. It manages its services well and they are easy for people to access. The pharmacy receives its medicines from reputable sources and stores them appropriately. And team members carry out checks to help ensure they keep medicines in good condition.

Inspector's evidence

The pharmacy had good physical access with a level entrance and an automatic door to the main retail store. The pharmacy displayed its opening hours and some pharmacy services in the window. The team also kept a range of healthcare information posters and leaflets for people to read, these included information on dementia and smoking cessation services. And they had a pharmacy information leaflet.

The dispensary had separate areas for labelling, dispensing, and checking of prescriptions. Team members used baskets to store medicines and prescriptions during the dispensing process to prevent them becoming mixed-up. And they stored the baskets waiting to be checked on shelves. This allowed the dispensary benches to remain clear. Team members signed dispensing labels to maintain an audit trail of who had dispensed and checked the medicines. They provided owing's slips to people when they could not supply the full quantity prescribed. And they contacted the prescriber when a manufacturer was unable to supply a medicine. A record was maintained of any action relating to the owing. The pharmacy offered a delivery service and kept records of completed deliveries including CD deliveries.

Team members demonstrated a good awareness of the Pregnancy Prevention Programme (PPP) for people who were prescribed valproate, and of the associated risks. And they knew of the additional information to be supplied to help them take their medicines safely. The team were aware of the most recent patient safety alert relating to valproate. The team had recently completed an audit of people who took valproate and did not have anyone in the at-risk group.

The pharmacy had an automated dispensing machine that team members used to help select medicines to be dispensed. Prescriptions were scanned electronically where possible, labelled on the patient medication record and then transferred to the dispensing machine. The team used 2D barcodes to manage stock in the automated dispensing machine. The barcode enabled the machine to identify the medicine, brand, batch number and expiry date. This allowed the machine to identify the storage location and how to recognise it when required. The pharmacy team members clearly explained how they used the automated dispensing machine. And how it supported them to dispense prescriptions accurately. The dispensing machine had an emergency operation function to allow team members to dispense manually as a contingency in case of any system failure. This had not been used by the pharmacy.

Team members managed the dispensing of serial prescriptions as part of the Medicines: Care and Review (MCR) service. The prescriptions were dispensed in advance of people collecting. This enabled team members to manage the workload. They kept a record of when the prescription was due and the date the prescription was collected. Team members could then identify any potential issues with people not taking their medication as they should. The pharmacy provided the NHS Pharmacy First service. This involved supplying medicines for common clinical conditions such as urinary tract

infections under a patient group direction (PGD). The pharmacist could access the PGDs electronically and they kept a printed copy. And they kept a printed copy of the completed consultation forms. The medicines counter assistant asked people relevant consultation questions and documented the responses on a consultation form. They then referred to an approved list of medicines before suggesting a treatment option to the pharmacist. The pharmacist then completed the consultation.

Some of the pharmacy's workload involved supplying people's medicines in multi-compartment compliance packs. This helped people better manage their medicines. Team members used medication record sheets that contained each person's medication and dosage times. They ordered people's repeat prescriptions and matched these against the medication record sheet. And they kept a record of any changes to people's medicines. This ensured there was a full audit trail should the need arise to deal with any future queries. The packs were labelled and had descriptions of medicines within. The pharmacy supplied people with patient information leaflets. The compliance packs were signed by the dispenser and RP so there was an audit trail of who had been involved in the dispensing process.

Pharmacy-only (P) medicines were stored behind the pharmacy counter and a Perspex screen to prevent unauthorised access. The pharmacy obtained medicines from licensed wholesalers and stored these tidily on shelves and within the automated dispensing machine. And it used medical grade fridges to keep medicines at the manufacturers' recommended temperature. Team members monitored and recorded the temperatures every day. This provided assurance that the fridges were operating within the required range of between two and eight degrees Celsius. Team members checked the expiry dates of medicines monthly. And had an audit trail to demonstrate completion. The pharmacy also used the automated dispensing machine to monitor for short-dated and expired medicines. The machine determined the medicines expiry date via the 2D barcode on each pack. If the pack did not have a barcode, the expiry date was entered into the machine's system manually when they placed the medicine in the system. Each month, pharmacy team members used the system's data to retrieve any medicines expiring that month for disposal. A random selection of medicines were checked and all were found to be within their expiry date. The pharmacy received notifications of drug alerts and recalls via email. Team members carried out checks and knew to remove and quarantine affected stock. They returned items received damaged or faulty to manufacturers as soon as possible. The pharmacy had medical waste bins for pharmaceutical waste.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to support the safe delivery of its services. It maintains its equipment to ensure it remains fit for purpose and safe to use. And its team members use the equipment appropriately to protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources including the British National Formulary (BNF) and the BNF for children. And there was access to internet services. The pharmacy had a range of CE marked measuring cylinders which were clean and safe for use. And it had a set of clean, well-maintained tablet counters. The automated dispensing machine had planned regular servicing by the external provider. And engineer support was available via telephone. An automated dispensing machine was used to dispense liquid CDs for a substance misuse service. This was calibrated daily and cleaned.

The dispensary was designed so that computer monitors could not be seen by unauthorised people. The computer system was password protected. Prescriptions awaiting collection were positioned so that people's personal information could not be seen. And there was a cordless telephone to enable conversations to be kept private.

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.