General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Catterson Pharmacy, 5-9 McArthur Street, Glasgow, G43 1RU

Pharmacy reference: 9012376

Type of pharmacy: Community

Date of inspection: 15/10/2024

Pharmacy context

This is a busy community pharmacy located in Shawlands in the city of Glasgow. Its main services include dispensing NHS prescriptions and selling over-the-counter medicines. The pharmacy provides medicines in multi-compartment compliance packs for people who need help to take their medicines at the right times. And it provides a medicines' delivery 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

Overall, the pharmacy appropriately manages and identifies the risks with the services it provides. Pharmacy team members understand their role in helping to protect vulnerable people. And they keep people's confidential information secure. They generally keep accurate records as needed to by law. Team members have written procedures to refer to. But not all of its team members are familiar with its written procedures, and they do not always follow them.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) that were designed to help its team members work safely and effectively. SOPs were paper-based and stored in a folder. Both pharmacy owners were working in the pharmacy at the time of inspection, one of whom was the superintendent pharmacist (SI). They explained SOPs were overdue their review date which was the year 2022. But they were currently under review. The set of SOPs seen were template SOPs prepared by a national pharmacy organisation that the SI had read and approved to say they reflected the processes team members should follow. The SOPs contained the details of who had prepared them. But some were missing details of when the next review should take place. And they were missing an authorised signature. This included SOPs such as selling over-the-counter medicines and for the management of controlled drugs (CDs). On a sample of SOPs seen dated 2015, signature sheets were included to show team members had read and understood them. But there were no signature sheets included for the current set. The pharmacy had introduced an automated dispensing machine for dispensing a large amount of multi-compartment compliance packs. There was a set of reference guides for how to operate the automated dispensing machine. But these had not been officially standardised into a SOP and there was no signatory sheet to show all team members had read and understood them. Following the inspection, the SI shared a set of amended SOPs, including for the automated dispensing of compliance packs. Team members described the tasks they were involved in within the pharmacy. But team members did not always recognise dispensing tasks should only be completed by team members with dispensing qualifications. This was rectified following the inspection. They were aware of the responsible pharmacist (RP) regulations and what activities they could or couldn't undertake in the absence of the RP.

A signature audit trail on medicines labels showed who had dispensed and checked each medicine during the dispensing process. This allowed the RP to help team members learn from dispensing mistakes identified within the pharmacy, known as near misses. Team members were encouraged to record the near miss in a paper diary at the time as a method of reflection following a mistake. They included details such as the date the near miss happened and the details of the error. For example, the medicine that should have been dispensed and the medicine that was dispensed. But they did not include any contributing factors and team members weren't always consistent with the recording of near misses. A team member explained how they managed errors identified relating to the automated dispensing machine. And any amendments received a second check. But they did not record these as near misses. This meant team members may miss opportunities to share learning and reduce the risk of errors happening again. Mistakes identified after a person received their prescription, known as dispensing incidents, were recorded on an electronic system, and then reviewed by the SI. The pharmacy owner described steps team members had taken to mitigate the risk of mistakes occurring, by separating medicines on shelves with similar sounding names or packaging to help prevent selection

errors. And a double check was required on all insulin dispensed within the pharmacy due to a previous mistake identified.

The pharmacy welcomed feedback and actively encouraged members of the local community to provide suggestions to improve the services it delivered. During a recent refurbishment of the pharmacy, the owners had considered implementing a separate private area for specialist use, such as for substance misuse supervision. They asked members of the community who attended the pharmacy to access substance misuse services if they thought this would be a positive change. And they decided not to proceed with a separate private area due to the response they received from the external feedback. Team members were trained to resolve complaints and aimed to do so informally. If they could not resolve the complaint, they would refer to the SI who would initiate the formal complaints process.

The pharmacy had current professional indemnity and liability insurance. It displayed an RP notice that was visible from the retail area but did not contain the correct details of the current pharmacist on duty. This was highlighted and rectified during the inspection. The RP log held electronically was incomplete. From the records seen almost all entries of when the RP ceased duties at the end of the day were missed over a period of three months. The pharmacy held CD registers electronically. A random balance check on the physical quantity of three CDs were correct against the balances recorded in the registers. The pharmacy had records of CDs people had returned for safe disposal but the physical stock awaiting destruction did not match the balances recorded in the registers. The pharmacy owner explained they had recently converted from a paper-based CD returns register to an electronic one, which may have resulted in the error. They provided assurances this would be investigated following the inspection. And they had the details for the Controlled Drugs Accountable Officer (CDAO). Private prescription records were maintained online. From the records seen, they were mostly complete with minor omissions of the details of the prescriber or the incorrect details of the prescriber. And the pharmacy held certificates of conformity for unlicensed medicines with details of supply included to provide an audit trail.

Team members understood the importance of protecting people's confidentiality. Confidential waste was segregated and shredded within the pharmacy. There was a safeguarding policy. Team members provided examples of signs that would raise concerns and of interventions they had made to protect vulnerable people. And the pharmacy had details of local safeguarding agencies.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members to manage its workload safely. And team members support each other as they work. They make suggestions to improve the way the pharmacy provides its services. And they feel comfortable raising professional concerns, should they need to. But the pharmacy doesn't enrol all its team members on qualification training in a timely manner.

Inspector's evidence

The pharmacy owners were both present at the time of inspection. They both worked full-time, one held the position of SI and was an independent prescriber (PIP). A third pharmacist who was also a PIP, provided part-time cover on certain days of the week. The pharmacy employed three full-time dispensers, one part-time dispenser, one part-time medicines counter assistant (MCA), one full-time trainee MCA and three delivery drivers who worked part-time. Two people had recently commenced employment within the pharmacy. And the pharmacy planned for them to be enrolled on the appropriate accredited qualification training following the completion of their induction period. A team member explained they had undertaken shadowing of experienced team members to learn working practices within the pharmacy throughout their induction period. At the time of inspection, two of the delivery drivers had not been enrolled on accredited qualification training. And two members of the team, an MCA and a trainee MCA held the responsibility of dispensing substance misuse liquid medicines. It was discussed at the time of inspection that they did not hold the appropriate qualifications for this task. Following the inspection, the pharmacy owner confirmed the dispensing of substance misuse liquid medicine had been returned to team members with the appropriate qualifications. And all team members had been enrolled on the appropriate accredited qualification training for their roles.

Annual leave for team members was organised on a large calendar held within the dispensary. They were able to check the calendar for availability before submitting a request. The pharmacy owners approved requests to ensure staffing levels remained sufficient to manage the workload safely. And part-time team members provided contingency when required during periods of absence.

The pharmacy didn’t have a formal appraisal process. The pharmacy owner explained the plan was to conduct these annually. However, team members had regular informal discussions to review progress and identify any individual learning needs. Protected learning time was provided for team members undertaking accredited qualification training and for specific learning and development. Team members had received face-to-face training to provide an NHS injection equipment provision service. And the PIPs had attended specialist training to be able to provide the NHS Pharmacy First Plus service. Team members spoken to at the time of inspection felt well supported throughout their training. They asked 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 for supportive discussions.

There was an open and trusting culture within the pharmacy. A team member explained they weren’t aware of a whistle blowing policy within the pharmacy. But they would feel comfortable raising concerns or making suggestions to improve ways of working. A team member described conversations they were included in during the recent refurbishment of the pharmacy. This was related to the layout of the healthcare counter, with the focus being the safety and wellbeing of team members working in

that area.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are clean, secure and provide a professional environment for the services delivered. And people can access a private consultation room to have confidential discussions with a team member.

Inspector's evidence

The pharmacy had recently undergone a refurbishment and the pharmacy owner explained there was a plan for further maintenance work to be completed within the dispensary. There was a well-presented retail area with chairs for people waiting that led to a healthcare counter and dispensary. The healthcare counter acted as a barrier to prevent unauthorised access to staff only areas. The dispensary was positioned in a way that allowed the pharmacist to supervise activities within the retail area. And they could easily intervene in a sale if necessary. The dispensary was of good size with an adequate amount of work bench space. Work benches were busy with prescriptions awaiting a final accuracy check, but team members managed the space well. Medicines were stored neatly on shelves throughout the dispensary. There was a separate room that accommodated the automated dispensing machine. And it was used for storage of multi-compartment compliance packs awaiting collection. The dispensary had a sink with access to hot and cold water for professional use and handwashing. Staff facilities were clean and hygienic with access to hot and cold water.

The consultation room was well-advertised, of good size and fit for use. Lighting and temperature were kept to an appropriate level throughout the premises.

Principle 4 - Services ✔ Standards met

Summary findings

Pharmacy team members manage and provide the pharmacy services safely and effectively. And they use automation to support them to deliver services safely. The pharmacy sources medicines and medical devices from reputable suppliers. It mostly stores and manages them appropriately. But it doesn't always keep up-to-date records to show the fridge works at the right temperature.

Inspector's evidence

The pharmacy had good physical access by means of a small ramp that led to the main door. It advertised some of the services it offered in the main window alongside services available in the local community, such as, the sexual assault response coordination service (SARCS). The pharmacy had a range of healthcare leaflets for people to read or takeaway, including information about influenza vaccinations. Pharmacy team members had the facilities to provide large print medicines labels to help people with visual impairments take their medicines safely. The pharmacy provided a delivery service to people who had difficulty collecting their prescription. The delivery drivers planned their route in advance, and they used a paper sheet to record the delivery of each prescription. And they kept records of this. The pharmacy purchased medicines from recognised wholesalers, and it stored them in the manufacturers original packaging. Team members checked the expiry dates of medicines and kept paper-based records of their actions. Records seen showed date checking was up to date, and a sample of 20 medicines showed none had expired. The pharmacy used one well-organised fridge to store its medicines and prescriptions awaiting collection that required cold storage. The fridge was operating within the recommended limits of between 2 and 8 degrees Celsius. Team members aimed to record fridge temperatures daily, although records showed there had been minimal temperature recording over the last two months.

Team members used coloured baskets during the dispensing process to separate people’s prescriptions and prevent medicines from becoming mixed up. They attached coloured stickers to the outside of the bags of dispensed medicines to indicated they contained a fridge line, CD or a higher-risk medicine that required further counselling. Team members were aware of the Pregnancy Prevention Programme and the risks associated with valproate-containing medicines. They supplied valproate out with the manufacturer’s original packaging to two people in multi-compartment compliance packs. They had assessed the risk and found this as being the most appropriate way in which the people should receive this medicine. The pharmacy received Medicines And Healthcare Products Regulatory Agency (MHRA) patient safety alerts and product recalls via email. A team member explained how they action these, but they did not keep records. The benefit of keeping records for future reference was discussed during the time of inspection.

The pharmacy supplied a large number of medicines in multi-compartment compliance packs when requested to help people take their medicines properly. Team members worked to a four-week cycle to allow them sufficient time to resolve any queries relating to people’s medicines. They maintained a record of people’s current medicines on a master sheet. This was checked against prescriptions before dispensing via an automated dispensing machine. Backing sheets were attached to each pack that included warning labels for each medicine, directions for use and a small image of the tablet or capsule, so people knew what their medicines looked like. Patient information leaflets (PILs) weren’t routinely supplied following feedback from people who received compliance packs. However, they were provided

for any new medicines started or when requested. It was discussed at the time of inspection that it is a legal requirement to supply PILs and the pharmacy owner acknowledged this. There was a separate private area for processing prescription data for the automated dispensing machine. It was screened in a way that prevented distractions from the healthcare counter and dispensary. A data accuracy check was performed on all prescription data entered before it was sent to the automated software. Team members had received two weeks of face-to-face training to be able to operate the automated dispensing machine. They removed medicines from their original packaging and placed them into specific canisters for dispensing via the automated machine. They did not routinely receive a second check before confirming the details of the medicines contained within each canister. The pharmacist acknowledged that the correct process was to receive a second check. They confirmed following the inspection all team members were in process of reading each SOP relating to the operation of the automated dispensing machine. Each canister contained medicines of the same brand, expiry date and batch number. Team members had to manually enter the data of each medicine into the software system the first time it was used. They included details such as the expiry date and batch number of the medicine and a four-way image was taken of each medicine. This programmed each specific medicine to a canister. The pharmacy then used barcode technology to scan a barcode on the canister and on each medicine pack. This ensured the canisters were filled with the correct medication. Not all medicines were suitable to be dispensed via the automated dispensing machine. This included CDs and higher-risk medicines. Team members manually added these medicines via a removal tray on the machine. And the software highlighted exactly where the medicines should be placed. When the multi-compartment compliance packs were assembled, a final accuracy check was performed by the RP. And an audit trail was in place on the multi-compartment compliance packs to show who was involved at each stage of the process.

Pharmacy team members were trained to deliver the NHS Pharmacy First service within their competence and under the supervision of the pharmacist. And they used consultation forms to gather relevant information before referring to the pharmacist for treatment. The PIPs provided the NHS Pharmacy First Plus service. They treated several common clinical conditions including those affecting the ears, skin, throat, and chest. They were supported by local health board colleagues, and they supported each other to provide the service safely. The SI explained they had recently had an audit completed on their prescribing data by the health board prescribing support team, to ensure their prescribing decisions was appropriate against the service specification and health board formulary. They worked under an agreed formulary that listed medicines that could be prescribed and documented when a referral to a GP would be appropriate. They held consultation records electronically on the patient medication record (PMR) and these were communicated via email to people's GP. This ensured people's medical records were kept up to date.

The pharmacy provided a local NHS injection equipment provision service. It provided equipment, as well as advice and information. Team members were trained to ask the appropriate questions and gather relevant information under the supervision of the pharmacist. They kept records on an online platform as well as any concerns or notable information. They were supported by the local substance misuse team. And they received refresher training to continue to provide the service safely. The pharmacy was part of the Community Palliative Care Network. Team members worked under an agreed service specification and medicine list to ensure people had access to palliative care medicines and advice. They were supported by the health board team. And they received regular updated information and resources to support them to deliver this service.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

Pharmacy team members have access to suitable equipment that is fit for purpose and safe to use. And they use the equipment appropriately to protect people's confidential information.

Inspector's evidence

The pharmacy had internet services to allow team members to access relevant resources to support them in their roles. This included the British National Formulary (BNF) and local health board formulary.

A range of equipment was available for use in the consultation room, including a blood pressure monitor and an in-ear thermometer. And single use earpieces were available for each person. Electrical equipment was visibly free from wear and tear. The pharmacy had a set of clean CE-stamped cylinders and tablet counters that were fit for use. It used a manual dispensing pump for dispensing its substance misuse liquid medicines. Team members provided a volume accuracy check on liquid medicines dispensed to ensure accurate doses were measured. And the manual pump was calibrated monthly to ensure it continued to measure accurate doses. The pharmacy used an automated dispensing machine to dispense multi-compartment compliance packs. It received a maintenance check every three months to ensure it remained in good working order. And team members had contact details for an engineer should any problems arise.

Prescriptions awaiting collection were stored in a retrieval area 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 prevent 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.