

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 178 Main Street, AUCHINLECK,
Ayrshire, KA18 2AX

Pharmacy reference: 1041788

Type of pharmacy: Community

Date of inspection: 04/12/2019

Pharmacy context

This is a pharmacy on the high street of the village of Auchinleck. It offers the usual range of Pharmacy First services including flu vaccination. It dispenses NHS prescriptions for both repeat and walk-in medicines. And it provides support for people by supplying medicines in multi-compartment compliance packs. It also dispenses medicines to people living in care homes. It dispenses methadone for people and supervises some of their doses. Other services provided include the chronic medication service (CMS) and minor ailments scheme (EMAS) as well as monitoring of people's blood glucose and blood pressure. And the Warrington Hub supports the pharmacy by dispensing some of its repeat prescription items in original packs.

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 has a complete set of properly authorised written procedures to support the pharmacy team in its work. And pharmacy team members have signed to show they have read and understood them. They protect the privacy and confidentiality of people's information. And pharmacy team members are aware of how to help protect children and vulnerable adults from harm. But the pharmacy team members do not make full use of the company's risk management system to identify and manage risks with its services. They consistently record near miss errors that happen whilst dispensing, but don't always record their full details. And sometimes there is a lack of effective review to identify learnings from these incidents to help prevent recurrence. The pharmacy informs people on how to provide feedback on its services. And there is evidence that they act on feedback they do receive and use it to drive improvement.

Inspector's evidence

The pharmacy was large with both a good-sized retail area and a medium dispensary. This had reasonable bench and shelf space and a central island. There was also room at the back for dispensing of multi-compartment compliance packs and original packs for residential homes. The checking bench overlooked the front counter and allowed effective supervision. The pharmacy had the usual set of Lloydsparmacy standard operating procedures (SOPs). These were in date and properly authorised. Pharmacy team members had recently signed them to show they had read and understood the SOPs. The company had started to reissue these in July 2019 and would roll them out over the next 6 months or so. Pharmacy team members regularly completed the company's internal audit system (SaferCare). But there had been no formal reviews of near misses for some months. They continued to record near misses, but did not record all details for each near miss. And as noted above there were no recent reviews. Pharmacy team members had taken some action as a result of near misses, such as storing most medicines in labelled baskets on shelves. Higher risk anti-diabetic medicines were kept separately. Pharmacy team members were aware of the list of look-alike and sound-alike (LASA) drugs. But not all near miss records were fully completed with all details. And not all had notes of actions taken. In some cases the learnings were to "take care". There were records of dispensing errors with a brief analysis of the root cause. The SaferCare board was in use up until September. But was not completed with local details such as 'days since last near miss' or 'number of near misses from the previous week'. This meant that pharmacy team members not present on the day of the SaferCare briefing might miss important learnings.

There was a practice leaflet to inform people to speak to their pharmacist if they had a complaint about NHS services or they wished to provide feedback. There were no other means of promoting feedback. There was some evidence of feedback resulting in improvements. People had complained about the incidence of balances owed. The pharmacy had reviewed the stock levels and re-order points for the top 100 medicines. This resulted in a reduction in owing balance numbers. The pharmacy had professional indemnity insurance provided under the Lloydsparmacy national scheme. Controlled drug (CD) records were complete. A check of the stock of a sample of CDs showed that the running balance and the actual stock figures agreed. All records of patient returned controlled drugs (CDs) had both a pharmacist and a witness signature for destruction. Pharmacy team members made emergency supplies under the community pharmacy urgent supply (CPUS) scheme. And the records for these were complete. The private prescription records were complete with dates, names and addresses of patients

and prescribers. Records of specially ordered items were also complete. The team attached copies of the labels used on the special items dispensed to people for its records. The pharmacy recorded fridge temperature records every day. And temperatures were in the required range of two to eight degrees Celsius. The Responsible pharmacist log was complete.

There was no confidential waste in the general waste. Or in the consultation room. People could not overhear private consultations. And computer screens were either not visible or locked onto password protected screen savers. The pharmacy had written guidance for pharmacy team members on safeguarding. And the pharmacist was Protection of Vulnerable Groups (PVG) registered. And they had completed the NHS Education Scotland (NES) training on child and adult protection. Pharmacy team members had read and signed the guidance. And there were local contact details. And they could provide evidence of safeguarding activities.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team has the skills and knowledge to provide a range of services to meet people's health needs. Pharmacy team members have access to training and have time during the working day to use these resources to develop their skills. The pharmacy has a suitable numbers of qualified team members to safely provide the services offered. And they work well together to discuss and implement ideas to improve services for people.

Inspector's evidence

On the day of inspection there were: one pharmacist (full time); one trainee pharmacy technician; one driver and three NVQ2 health care practitioners (HCP (2 full time) and one part time medicine counter assistant (MCA). There were enough suitably qualified pharmacy team members on the day of the inspection. Pharmacy team members could flex their hours with limited overtime to help during unplanned absences such as sickness. The pharmacist and supervisor worked jointly to ensure the rota was fit for purpose. This allowed forward planning for annual leave. Pharmacy team members regularly completed MyLearn training each month. And the last training was on the introduction of the Falsified Medicines Directive (FMD). And on skin tags, and Ella One. Pharmacy team members had time during the working day to complete it. Pharmacy team members had six monthly reviews. Team members were able to influence the training they received, and the trainee technician was just about to become registered. And another member of the team was about to start the same training.

Pharmacy team members were able to give some examples of ideas for improvement that they had come up with. Such as the change to the ordering of bulk stock, and the use of baskets to separate stock on the shelves. They were very supportive of each other, and were well engaged with the business. And pharmacy team members were comfortable to provide feedback to the pharmacy manager. There was also a whistle blowing process in place which pharmacy team members were aware of. They were also aware of company targets and felt they were able to manage these.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is secure and clean and tidy. It has appropriate arrangements for people to have private talks with the pharmacist.

Inspector's evidence

The dispensary benches were clear, as was the dispensary floor. The front shop was clean and tidy. The premises were well lit and temperatures were comfortable. The consultation room was tidy and had a desk and chairs but had no sink. The room was of an adequate size and was adequately equipped. The room had anaphylaxis treatments on hand for the flu vaccinations. And hand washing gel was available when consultations were taking place.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of services to meet the needs of local people. It uses a range of safe working techniques. These include baskets to keep items and prescriptions together whilst dispensing. And audit trails to track dispensing. The pharmacy has processes that manage the risks with the supply of medicines in multi-compartment compliance packs. But the provision of descriptions of some medicines in these packs is inconsistent. The pharmacy team members provide advice to people taking high-risk medicines. The pharmacy has good arrangements for dealing with medicine recalls.

Inspector's evidence

Entry to the premises was through a door level with the street, and the counters were low in height for those in wheelchairs. There were hearing loops on the counter for those with a hearing impairment and they were in working order. The pharmacy promoted the services it offered via leaflets in-store and posters in the window and behind the pharmacy counter. The pharmacy used a range of safe working practices during dispensing. Stickers were in use for fridge lines and CDs awaiting collection. And to alert pharmacy team members to anyone who the pharmacist wished to speak to. Other safe working practices included the use of baskets to keep items all together. And audit trails of "dispensed by" and "checked by" signatures. The pharmacist had a range of materials to provide extra information to people who were diabetic, on warfarin or receiving valproate.

The system for dispensing into multi-compartment compliance packs relied on a paper master record on which pharmacy team members recorded all requests for changes to medicine. Initially requests for change were on separate sheets of paper and then copied over. The pharmacy gave out patient information leaflets at the start of each four week cycle. Not all medicines had their descriptions accurately printed on to the pack. The system described fluoxetine as green rather than yellow and green because the system could not handle dual colours. The pharmacy gave out compliance packs one week at a time unless people were going on holiday. The pharmacy offered a delivery service and kept electronic records of people's signatures. The drivers obtained these on receipt of delivery. But it could take the pharmacist 24-48 hours for them to get copies of these records from AAH pharmaceuticals when there is an issue. This means that they may be unaware of a delivery problem until the person contacts them. The drivers made no unattended deliveries and kept no items or paperwork in vans overnight. Where a person was not at home the drivers left a card asking them to contact the pharmacy to re-arrange delivery. Controlled drugs were properly stored and secured and the premises were protected from unauthorised entry.

There were records of date checking undertaken and no out-of-date stock was on the shelves. However records indicated that date checking was behind schedule. Liquids with a short expiry date once opened all had the date of opening recorded on them. Pharmacy team members used methadone from original 2.5 Litre bottles for use in the Methameasure machine. This was properly locked and secured. And the containers had the batch numbers and expiry dates of the methadone. There were records available that showed that drug recalls and alerts were regularly received and acted upon. And the pharmacy kept records of the actions taken, including the number of any tablets or capsules involved. The pharmacy team had identified and assessed persons taking valproate. And there were records of these assessments and interventions. There were enough materials available to provide guidance to any person receiving valproate. The pharmacy had installed the hardware needed to support the falsified

medicines directive (FMD). And had provided the pharmacy team with training and SOPs on its use. Pharmacy team members were unsure when the system was to go live.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has enough equipment for the services it offers and it maintains such equipment to provide accurate measurement.

Inspector's evidence

The pharmacy had a range of measuring equipment including ISO and crown stamped measures. It also had a Methameasure machine which pharmacy team members kept locked. And they calibrated it each morning before use. The pharmacy had access to the British National Formularies for both adults and children. And had online access to a range of further support tools.

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.