

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 98 Townhead Street, CUMNOCK,
Ayrshire, KA18 1LE

Pharmacy reference: 1041815

Type of pharmacy: Community

Date of inspection: 20/11/2019

Pharmacy context

This is a pharmacy on the high street of the village of Cumnock. 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 dispenses methadone for people and supervises some of their doses. Other services provided include Vitality Health Checks. And the Warrington Hub supports the pharmacy by dispensing repeat items in original packs.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	4.3	Standard not met	The pharmacy does not always fully label its medicine stock with all required details to allow the status of the medicine to be clearly known.
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. The pharmacy team members do not make full use of the company's risk management system to identify and manage risks. They inconsistently record near miss errors that happen whilst dispensing, and some are lacking in detail. The pharmacy does not actively inform people on how to provide feedback on its services or seek feedback. But there is evidence 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 with reasonable bench and shelf space and a drawer storage system. The checking bench overlooked the front counter and allowed effective supervision. The pharmacy had the usual set of Lloydspharmacy Standard Operating Procedures (SOPs) which 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 six months or so.

Until recently the pharmacy team members regularly completed the company's internal audit system (SaferCare). But the last monthly review had been in September. The team members explained they felt short staffed. The last recorded near misses were from July 2019. And as noted above there were no recent reviews. There were some examples of learning and correction when there was a near miss. Pharmacy team members had taken some action as a result of near misses, such as noting the active ingredients in Symbicort and Fostair on a shelf edge notice to prevent team members wrongly selecting them. Pharmacy team members were aware of the list of look-alike and sound-alike (LASA) medicines. 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 from the system.

There was nothing 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. The pharmacy had introduced a progress checker for repeat prescriptions going to people with a carer. This resulted from carers saying they found items were sometimes not ready on time. The pharmacy had professional indemnity insurance provided under the Lloydspharmacy national scheme.

Controlled drug (CD) records were complete. A check of the stock of a sample of two 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 also made

private emergency supplies where the person was a tourist. And the records in the private prescription register for these were generally complete. The private prescription records were complete with dates, names and addresses of patients and prescribers. But in some cases the reason for an emergency supply at the patient's request was missing. Records of specially ordered items were also complete, with copies of the labels used being attached to the records. Fridge temperature records were always recorded 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 mostly has a suitable numbers of qualified team members to provide the services offered. But there are signs the team members are under pressure over the longer term as they are not finishing all required tasks and some records are incomplete.

Inspector's evidence

On the day of inspection there were: one pharmacist (full time); one trainee pharmacy technician; one driver and three NVQ2 pharmacy assistants. There were enough suitably qualified pharmacy team members on the day of the inspection. But issues with completion of tasks such as Safer Care and recording near misses suggested that staffing was under pressure over the longer term. A member of the pharmacy team was ill at the time of inspection and support was being provided via overtime of part-time pharmacy team members.

Pharmacy team members regularly completed MyLearn training each month. And the last training was on the introduction of the Falsified Medicines Directive (FMD) the week following the inspection. Pharmacy team members had time during the working day to complete it. Pharmacy team members had their last annual review six months ago and were due another the week following the inspection. Pharmacy team members were able to give some examples of ideas for improvement that they had come up with such as the progress checker for repeat prescriptions. This allowed the team to track the ordering and supply of required prescriptions. This had reduced the number of complaints from people of medicines not being ready for collection on time. And had received favourable comments from carers, who collected medicines on people's behalf. They felt the targets that were set did not impact their ability to make professional judgements. And pharmacy team members were comfortable to provide feedback to the pharmacy manager.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The dispensary benches were somewhat cluttered. And there were some baskets with medicines stacked on the floor awaiting checking. The front shop was clean and tidy. The premises were well lit and were temperature controlled. The consultation room was tidy and had a sink, desk and chairs. The room was of a good size and was well equipped. The room had anaphylaxis treatments on hand for the flu vaccinations. Controlled drugs were properly stored and secured and the premises were protected from unauthorised entry.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy offers a range of services to meet the needs of local people. It generally uses a range of safe working techniques. These include baskets to keep items and prescriptions together whilst dispensing. And audit trails to track dispensing. But it keeps some of its medicines loose on the shelves and not in the manufacturer's original packs. It does not always label these stock medicines with required expiry dates and batch numbers. So, some of its medicines may not be fit to use. The pharmacy has processes that manage the risks with the supply of medicines in multi-compartment compliance packs. But the descriptions of some medicines in these packs are incorrect. 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 hard of hearing 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. 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. The pharmacy gave out patient information leaflets at the start of each four week cycle. Not all packs had descriptions of medicines. But one pack sampled that did have descriptions, wrongly described omeprazole. Pharmacy team members recorded requests for change on the reverse of the master list and recorded who the person making the request was. Once approved by the pharmacist they then amended the front page of the master list. The pharmacy offered a delivery service and kept electronic records of people's signatures. The drivers obtained these on receipt of delivery. But it can 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.

There were records of date checking undertaken and no out-of-date stock was found on the shelves. But there were many examples of whole or part strips of tablets that were not in cardboard skillets. And these were not labelled with the batch number and expiry date. There were also several amber tablet bottles that contained tablets de-blistered from foil packs. And these had labels with the name of the tablets, but not the batch number or expiry date. This meant there were tablets on the shelves where the pharmacy team members could not identify the date of expiry. And as there was no batch number the team may not know if these had been involved in a drug recall. Liquids with a short expiry date once opened all had the date of opening recorded on them. Pharmacy team members decanted methadone

from 500ml bottles into larger containers for use in the Methameasure machine. This was properly locked and secured. But there was nothing on the larger containers to show the batch numbers and expiry dates of the methadone they currently contained.

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. 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. The system was to go live during the following week.

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.