

Registered pharmacy inspection report

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

Pharmacy reference: 1041815

Type of pharmacy: Community

Date of inspection: 06/10/2020

Pharmacy context

This is a community pharmacy in a residential area in the village of Cumnock, Ayrshire. The pharmacy sells over-the-counter medicines and dispenses NHS prescriptions. And it delivers medicines for some people to their homes. The pharmacy supplies some medicines in multi-compartment compliance packs to help people take their medication safely. The inspection 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 suitably manages the risks associated with the services it provides to people. It acts to help keep members of the public and team members safe during the Covid-19 pandemic. It maintains the records it needs to by law and keeps people's private information secure. Its team members record details of any mistakes they make while dispensing so they can learn from each other and prevent similar mistakes from happening again. They understand when and how they can raise concerns to help protect the wellbeing of vulnerable people.

Inspector's evidence

The pharmacy was inspected during the Covid-19 pandemic. It had several procedures in place to help manage the risks and help prevent the spread of coronavirus. These included notices in the retail area reminding people visiting the pharmacy to wear a face covering as required by law. The pharmacy was limiting the number of people in the retail area at any one time to four, and there was a notice on the entrance door asking people to wait outside if they could see four or more people inside. The entrance door was automatic and remained open for a few seconds after it was triggered. The notice was difficult read when the door was opened, and several people were seen entering the pharmacy when four people were already in the retail area. There was a large, solid, clear plastic screen which covered the pharmacy counter. It provided a physical barrier between the pharmacy team members and members of the public. There were markings on the floor of the retail area which helped people socially distance. There was a one-way walking system in place in the retail area and team members were overheard reminding people to walk the correct way. The pharmacy's team members were wearing masks throughout the inspection. The dispensary was small and so it was difficult for team members to socially distance from each other while they worked.

The pharmacy had a set of standard operating procedures (SOPs). They covered tasks such as dispensing, responsible pharmacist requirements and controlled drug (CD) management. There was an index available to help find an SOP easily, but some were not kept in order. Most team members had read the SOPs that were relevant to their role and they signed a record sheet to confirm this.

Occasionally the pharmacists spotted near miss errors made by team members during the dispensing process. They immediately informed the dispenser of the error and asked them to rectify the mistake. The team members kept records of the near miss errors and discussed them openly when they happened, so they could all learn from each other. They recorded details such as the time and the nature of the error and why the near miss error might have occurred. A common reason was 'not concentrating'. The team had not considered what they could do to improve their concentrations levels. Team members didn't always record what action they took to reduce the risk of the near miss errors happening again. And so, the team may have missed the opportunity to learn and make specific changes to the way they work. The pharmacy had a process called Safer Care that the team was expected to follow. The process included a four-weekly analysis of the near miss errors, but the team was struggling to find the time to do this. A team member explained she had separated different strengths of levothyroxine on the dispensing shelves as they were packaged similarly and so there was an increased risk of them being wrongly selected. The pharmacy kept records of any dispensing errors that had reached people. An electronic form was completed, and a copy was printed and stored in a folder for future reference, but no examples were available to inspect.

The pharmacy had a concerns and complaints procedure in place, and it was outlined in leaflets kept in the retail area. People could select the leaflets and take them away. Any complaints or concerns were required to be raised verbally with a team member. If the matter could not be resolved by the team member, it was escalated to the pharmacy's head office. It obtained feedback from people who used the pharmacy each year through a customer satisfaction survey, but no records of previous surveys were available for inspection.

The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist notice displayed the name and registration number of the responsible pharmacist on duty. Entries in the responsible pharmacist record complied with legal requirements. The pharmacy kept up-to-date and accurate records of private prescriptions and emergency supplies. It kept CD registers and records of CDs returned by people to the pharmacy. The CD registers were audited against physical stock at least every month. The pharmacy held certificates of conformity for unlicensed medicines and a sample seen were completed in line with the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA).

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. Confidential waste was placed into a separate bag to avoid a mix up with general waste. A third-party contractor periodically destroyed the confidential waste. Team members understood the importance of keeping people's private information secure and they had all completed information governance training as part of their employment induction process.

There was a safeguarding concern handling and reporting handbook kept in the dispensary. And there was a notice on a dispensary wall that displayed the key local safeguarding contact details. When questioned, team members accurately described various scenarios which they considered to be a safeguarding concern, and they explained they would raise any such concerns with the pharmacist on duty at the earliest opportunity. If they needed to escalate the concern further or needed additional advice, they could contact the pharmacy's head office for support.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members have the necessary qualifications and skills to provide the pharmacy's services. And they manage the workload well. They support each other as they work and can raise concerns, give feedback and suggest improvements to provide a more efficient service.

Inspector's evidence

At the time of the inspection the responsible pharmacist was a locum pharmacist who had worked at the pharmacy previously on a few occasions. He was supported by a relief pharmacy assistant, a part-time pharmacy assistant, a full-time pharmacy technician and two part-time counter assistants. Team members who were not present during the inspection included another pharmacy assistant, a counter assistant and delivery driver. The pharmacy's regional manager explained that the pharmacy has some staffing issues due to team members being absent either through booking annual leave or sickness. To help the team cope with the workload the regional manager had been working on some days as a second pharmacist, and an accuracy checking technician (ACT) had been called in to work twice a week from another Lloyds branch. The team was observed to be working well and were not seen dispensing prescriptions under any time pressures. The pharmacy had not had a regular pharmacist for several months and had been using locum/relief pharmacists. The team members said this had been a challenging time, but they felt they had coped well and were proud that they had continued to offer an efficient service.

Team members were provided access to the Lloyds online training portal. The portal contained various modules that team members could work through. They were scheduled to receive protected training time, but they had been unable to use the time regularly due to the increased workload since the pandemic had started. The regional manager stated that there were plans to integrate protected training time back into the working day over the coming weeks. Team members had annual one-to-one performance reviews with their line manager and attended regular team meetings. This ensured they were able to raise any professional concerns and give feedback to help improve the pharmacy. For example, a team member had suggested the team use baskets to hold prescriptions while they were waiting to be dispensed. This reduced the risk of prescriptions being misplaced. The team had also implemented a system to segregate prescriptions for more than three items from those for one or two items. This allowed team members to prioritise prescriptions that took longer to dispense. The pharmacy had a whistleblowing policy in place so the team members could raise and escalate a concern anonymously. The team had been set targets to achieve, for example, NHS prescription items and services. But team had not been expected to meet the targets since the pandemic had started.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is kept clean, tidy, secure and is well maintained. It has a sound-proofed room where people can have private conversations with the pharmacy's team members. It has made suitable changes to its premises to help reduce the risk of spreading the coronavirus.

Inspector's evidence

The pharmacy was clean and well maintained. It had separate sinks available for hand washing and for the preparation of medicines. The team cleaned the pharmacy regularly to reduce the risk of spreading infection. They paid attention to areas of the pharmacy that were touched regularly such as benches and door handles. The pharmacy dispensary was relatively small, but it was kept tidy and well organised throughout the inspection. Floor spaces were mostly kept clear to prevent the risk of a trip or a fall. The pharmacy had a sound-proofed consultation room which contained adequate seating facilities. The temperature was comfortable throughout the inspection. Lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its services easily accessible to people and it manages them appropriately. It sources and stores its medicines properly and completes checks to make sure they are in date. It takes the right action in response to safety alerts to make sure that people get medicines and devices that are safe to use. The team members dispense medicines into multi-compartment compliance packs for some people to help them take their medicines correctly. They provide information and visual descriptions to help people easily identify their medicines.

Inspector's evidence

The pharmacy had level access to the entrance door. The pharmacy advertised its services and opening hours in the main window. There were seats available in the retail area for people to use while they waited for their prescriptions to be dispensed. And they were kept on either side of the retail area to make sure social distancing guidelines were met. Large-print labels were provided on request to help people with a visual impairment. Team members had access to the internet which they used to signpost people requiring services that the pharmacy did not offer. There were leaflets available on various healthcare related topics for people to self-select and take away with them.

Team members were using various stickers within the dispensing process and they used these as an alert before they handed out medicines to people. For example, to highlight interactions between medicines or the presence of a fridge line or a CD that needed handing out at the same time. Team members signed the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. They used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. The baskets were of different colours, for example, red baskets were used for more urgent prescriptions. Owing slips were given to people on occasions when the pharmacy could not supply the full quantity prescribed. One slip was given to the person and one was kept with the original prescription for reference when dispensing and checking the remaining quantity. The pharmacy kept a record of the delivery of medicines to people. Due to the pandemic, the delivery driver didn't ask people to sign for receipt of their medication. The driver left the medicines on the person's doorstep before moving away and waiting to watch them pick up the medicines. Team members were aware of the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They demonstrated the advice they would give in a hypothetical situation and they had access to reading material about the programme that they could give to people to help them take their medicines safely.

The pharmacy supplied medicines in multi-compartment compliance packs to several people. The packs were provided either weekly or every four weeks. To help the team manage the workload evenly, the dispensing of the packs was divided across a four-week cycle. Each person who received a pack was assigned a specific week, for example week three, and all their documentation was kept in a separate box file to prevent them being lost or mixed up. Team members used master sheets which contained a list of the person's current medication and dose times. Prescriptions were checked against the master sheets for accuracy before the dispensing process started. Any queries were discussed with the relevant prescriber. Any details of any changes such as dosage increases or decreases, were recorded on the person's master sheet. The packs were supplied with patient information leaflets, dispensing labels and visual descriptions of each medicine, for example orange, round, tablet.

Pharmacy (P) medicines were stored in plastic display boxes located in various areas around the retail area. Each box had a notice on the front informing people to ask for assistance should they wish to select an item from the box. The boxes could be easily opened and as the pharmacy counter was always not manned, people may have direct access to P medicines. The pharmacy had a process to date-check its medicines every three months. The team was up to date with the process. No out-of-date medicines were found after a random check of around 20 randomly selected medicines. The pharmacy attached stickers to medicines to highlight them if they were expiring in the next six months. The date of opening was recorded on medicines that had a short shelf life once they had been opened. The pharmacy had medical waste bins, sharps bins and CD denaturing kits available to support the team in managing pharmaceutical waste. The team was not currently scanning products or undertaking manual checks of tamper evident seals on packs, as required under the Falsified Medicines Directive (FMD). The team received drug alerts via email and actioned them. A record of the action taken was retained. The team members checked and recorded fridge temperature ranges each day. A sample of records seen were within the correct ranges.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy's equipment is clean and suitable for the services it provides. The pharmacy uses its equipment appropriately to protect people's confidentiality. It takes sensible precautions so that people can safely use its facilities when accessing its services during the pandemic.

Inspector's evidence

Team members had access to up-to-date reference sources. The pharmacy used a range of CE quality marked measuring cylinders. Medicines waiting to be collected were stored in a way that prevented people's confidential information being seen by members of the public. Computer screens were positioned to ensure confidential information wasn't seen by people. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members could have conversations with people in private. It had a wireless card terminal for contactless transactions and reduce the use of cash. Team members had access to personal protective equipment including face masks, visors, aprons and gloves. All equipment was clean and regularly monitored to ensure it was safe to use.

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.