

Registered pharmacy inspection report

Pharmacy Name: Lloyds pharmacy, 16 Central Avenue, Shortlees,
KILMARNOCK, Ayrshire, KA1 4PS

Pharmacy reference: 1041844

Type of pharmacy: Community

Date of inspection: 14/10/2021

Pharmacy context

This is a pharmacy situated in a small shopping centre, in the Shortlees Estate, near Kilmarnock, Ayrshire. It provides the usual services under the Scottish Pharmacy First Plus scheme. These include the minor ailments service and provision of treatments using health board Patient Group Directions (PGDs). The pharmacy dispenses NHS prescriptions and medicines into multi-compartment compliance packs for some people to help them take their medicines safely. And the pharmacy also supports people on supervised medicines. This pharmacy was inspected 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 adequately identifies and manages the risks to its provided services. It effectively protects the privacy and confidentiality of people's private information. And the pharmacy team members are aware of how to help protect vulnerable people. They record the errors they make whilst dispensing and learn from these. They regularly analyse these errors to further improve their learning and to take action to prevent a repeat. However many of the solutions lack a deeper root cause analysis. They generally keep the records they need to by law.

Inspector's evidence

Due to the pandemic the pharmacy team members were all wearing masks. There were screens on the counter and alcohol gel was available for both members of the public and pharmacy team members. The space in the pharmacy was somewhat cramped which made social distancing difficult. Numbers of people allowed into the pharmacy were not restricted but there was sufficient space in the front shop to allow them to socially distance. There were posters available to provide team members and patients with information on virus infection control.

The pharmacy had a set of standard operating procedures (SOPs). Not all the SOPs in the folder were current – some went back to 2014. And some were due review from 2019 onwards but there was evidence that some had not been reviewed on time. This made it difficult to accurately assess the validity of the SOPs and those who had still to read them. Most team members had last signed the SOPs in 2019 and were due to sign again in November 2021. All SOPs were clear as to their authorisation. Team members were seen to be operating safely and effectively. The pharmacy used patient group directions (PGDs) from the local health board. The pharmacy had examples of team members being authorised to use these PGDs. Records were kept of applications for authority to use the PGDs and copies kept in the pharmacy were up to date.

The Safer Care champion regularly completed the weekly, monthly and quarterly assessments and checklists. These were designed to monitor and improve governance and patient safety in the pharmacy. The pharmacy team members regularly recorded near misses and dispensing errors that reached patients. These were recorded in the near miss log, and in the online dispensing error reports. There was some evidence of team members taking actions in the past to avoid repeating errors. And there were reviews of errors to aid learning. However many of the solutions were the same e.g. "take more care" and lacked a deeper root cause analysis. Team members had recently received online training on managing the risks of Look Alike, Sound Alike (LASA) medicines.

There was a wide range of leaflets available for people to make use of. The pharmacy specific leaflet asked for feedback to be given to the pharmacist on duty, but fell short of telling people how to complain. The pharmacy had professional indemnity insurance in place. Controlled drug (CD) records were complete. There was evidence of regular stock checks on CDs. A check of one medicine showed the physical stock matched the register. A CD patient returns book was present and was complete and up to date. In date, out of date and patient returned CDs were all properly separated. The pharmacy had two fridges and recorded fridge temperatures on a regular basis. The temperatures were always in the required range of two to eight degrees Celsius. The Responsible Pharmacist register was complete and up to date with both sign in and sign out times.

There were designated waste bins containing only confidential waste, and no confidential waste was found in the normal waste bins. Confidential waste was disposed of off-site by a waste disposal company. Pharmacy team members had had training on information governance and on safeguarding as part of their dispenser training. And this helped them to look after vulnerable people and keep people's private information secure. They were aware of Ask for ANI (action needed immediately) but had not yet had anyone request the service. The pharmacist was Protection of Vulnerable Groups (PVG) registered, and had undertaken the NHS Education Scotland (NES) on safeguarding. And there was a list of local safeguarding contact numbers. The team members were able to give examples of safeguarding.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough suitably qualified and trained team members to safely provide the services it offers. However it would appear to be over dependent on team members undertaking extra duties. The pharmacy team members feel comfortable raising concerns if they need to. And they complete regular ongoing training. The pharmacy supports team members in their ongoing development by providing some time during the working day for training.

Inspector's evidence

On the day of inspection there were one pharmacist working 9am to 6pm, and three qualified Healthcare Partners (HCP), and a delivery driver. There were enough suitably qualified team members on the day of the inspection to complete the work. However it was noted that the pharmacy manager was not in the business and that the accuracy checking technician (ACT) and the regular pharmacist were both on holiday. Two of the HCPs were therefore doing extra duties to keep the pharmacy open. The pharmacy had insufficient staff at the last inspection, and pharmacy team members informed the inspector that there had been further reductions in staffing levels since. Team members undertook regular training using the company's MyLearn system. And were supported by time to study during working hours. The most recent training was about the forthcoming implementation of the new PMR/EPOS system for Lloyds.

There were regular team meetings due to the company's Safer Care programme and team members provided examples of concerns they had raised, or of improvements they had implemented. They had taken effective actions since the last inspection to greatly improve stock management and banish out-of-date stock from the shelves. Pharmacy team members were confident in their role and felt they could raise any concerns or ideas with the regular pharmacist. But they felt their voice was not always heard further up the company. The pharmacy team members had no concerns about targets they were set for services. There was a culture of openness and honesty.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are adequate for the services provided. The pharmacy has suitable facilities for people to have private conversations with the pharmacist. And it appropriately protects the premises from unauthorised entry. But the premises look tired and the lack of bench space impacts on dispensing.

Inspector's evidence

The pharmacy had a good-sized retail area and a medium dispensary, over several rooms. There was the main dispensary, and a separate room for dispensing multi-compartment compliance packs, as well as other rooms with staff facilities.

The dispensary was clean and generally tidy but available bench and shelf space was short for the work being undertaken. Temperatures were comfortable, due to air conditioning. Medicines on the shelving were generally well ordered. The premises were protected from unauthorised entry. Confidential facilities were used when appropriate and requested. Arrangements had been made for those people still receiving supervised medicines in the pandemic to have privacy, with a room available for this purpose. There was a consultation room with a table and two chairs that allowed for private and confidential conversations.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy uses a range of safe working techniques to deliver its services. The pharmacy has sufficient materials to help support people taking higher-risk medicines. And it makes its services easily accessible for people. The pharmacy generally stores medicines suitably labelled and packaged. And the team members regularly check expiry dates of medicines to make sure they can supply them safely.

Inspector's evidence

Entry to the premises was through a front door with level access to the street. And the central counters were low in height for those using wheelchairs. There was a hearing loop on the counter for those with a hearing impairment. The pharmacy promoted the services it offered via leaflets in-store and posters in the window and in the consultation room.

Safe working practices included the use of baskets to keep items all together. All dispensed medicines had audit trails of 'dispensed by' and 'checked by' signatures, including those in multi-compartment compliance packs. Packs of valproate had warning cards included and there were extra labels and cards from the valproate pregnancy prevention programme (PPP). Stickers were used to alert team members at handout to fridge lines, controlled drugs and if the pharmacist required to speak to the person.

The pharmacy had a large number of people receiving their medicines in multi-compartment compliance packs, with enough room to dispense and store the packs. Most compliance packs had descriptions of the medicines they contained. The pharmacy regularly supplied patient information leaflets (PILs) at the start of each four-weekly cycle. The pharmacy issued most packs one week at a time as requested by the prescriber. Most packs were made up weekly.

Medicines were generally well stored. And there were no out-of-date medicines found on the shelves. There were regular checks made of expiry dates and there was a timetable to ensure the dispensary was entirely checked every six months. Liquids had their date of opening recorded. All medicines were kept in original containers and were properly labelled. There were no boxes of mixed batch medicines.

There was a delivery service, and the driver kept online records of all deliveries (using an app) including controlled drugs (for which there was a physical record). During the pandemic the driver signed the paperwork on the person's behalf so as to maintain social distancing.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has sufficient equipment for the services it offers. And it keeps such equipment well maintained to provide accurate measurement.

Inspector's evidence

The pharmacy had a range of measuring equipment including glass measures. It had a Methameasure machine to provide doses of methadone and this was clean, locked and regularly calibrated. Methadone records were electronic on the system. It also had a carbon monoxide meter to support people on smoking cessation therapy. The local health board calibrated this meter, but the service had not been provided recently due to Covid 19. There was a calibrated blood glucose meter and the blood pressure monitor was marked to be re-calibrated no later than 31/08/2022. 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. People waiting at the counter could not read confidential information on computer screens. Or read details of prescriptions awaiting collection in the dispensary.

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.