

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, 55 Bridge Street, DOLLAR,  
Clackmannanshire, FK14 7DG

**Pharmacy reference:** 1041949

**Type of pharmacy:** Community

**Date of inspection:** 13/07/2022

## Pharmacy context

This is a community pharmacy in Dollar. It dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. The pharmacy provides substance misuse services and dispenses private prescriptions. Pharmacy team members advise on minor ailments and medicines use. And they supply over-the-counter medicines and prescription only medicines via 'patient group directions' (PGDs).

## 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   |
|--|-----------------------|------------------------------|------------------|---|
| <b>1. Governance</b>                               | Standards not all met | 1.1                          | Standard not met | The pharmacy does not identify all the risks associated with implementing a new operating system. And it has not put sufficient safety measures into place to maintain safe and effective working practices.  |
|  |                       | 1.6                          | Standard not met | The pharmacy does not have robust processes to maintain the legal records it needs to by law, primarily the responsible pharmacist record using the new operating system.   |
| <b>2. Staff</b>                                    | Standards not all met | 2.1                          | Standard not met | The pharmacy team struggles to manage the workload and at the same time acquire new skills to use the updated computer system effectively. This impacts on the pharmacy team's capacity to provide pharmacy services safely and effectively.  |
| <b>3. Premises</b>                                 | Standards not all met | 3.1                          | Standard not met | The pharmacy has insufficient storage space for the medicines it has in stock. This is partly due to a lack of experience and understanding about the new pharmacy operating system. The floor is congested with overflow stock and other items. And this creates hazards for team members. |
| <b>4. Services, including medicines management</b> | Standards met         | N/A                          | N/A              | N/A   |
| <b>5. Equipment and facilities</b>                 | Standards met         | N/A                          | N/A              | N/A   |

## Principle 1 - Governance Standards not all met

### Summary findings

The pharmacy doesn't identify all the risks associated with its services, especially when introducing new operating systems. And its record keeping is not robust. So it has incomplete and some inaccurate records. This includes the record of which pharmacist is in charge of the pharmacy and when. The pharmacy keeps people's private information secure. And pharmacy team members appropriately recognise and respond to safeguarding concerns.

### Inspector's evidence

The pharmacy had introduced new processes to manage the risks and help prevent the spread of coronavirus. A maximum of four people were permitted in the waiting area at the one time. And the pharmacy provided seating outside for people to wait. A protective plastic screen had been installed at the medicines counter at the start of the coronavirus pandemic. This helped to protect team members and members of the public. Pharmacy team members used their own supplies of hand sanitizer. And they wore face masks throughout the day. The company used documented working instructions to define the pharmacy's processes and procedures (SOPs). And team members annotated records when they had read and understood them. The company had recently changed the way they introduced new procedures. And it assessed the team members understanding through a series of questions they had to answer correctly. Sampling showed the company reviewed the procedures. But the 'assembly and dispensing' procedure that had just expired in June 2022. One of the dispensers confirmed they had completed the necessary assessment following the recent introduction of new 'responsible pharmacist' and 'controlled drug' SOPs. The pharmacy employed an 'accuracy checking technician' (ACT). But only the pharmacist carried out accuracy checks in the branch.

The pharmacy employed a pharmacy technician manager. And this role was to support the responsible pharmacist and the other team members. They managed the pharmacy's audit and monitoring regime. But this had not been completed as often as the company required. This was due to staff absences that started around May 2022. Dispensers signed medicine labels to show who had 'dispensed' and who had 'checked' prescriptions. This created an audit trail and meant the pharmacist was able to help individuals to learn from their dispensing mistakes. Team members recorded their own near miss errors. And sampling showed they had last recorded errors in April 2022. Team members agreed the records did not reflect the actual number of near miss errors. But they provided examples to show they took some action to manage the risk of dispensing mistakes. This included separating omeprazole 10mg/20mg to reduce the risk of selection risks. And discussing errors made whilst assembling multi-compartment compliance packs to ensure they placed doses in the correct compartment. Team members recognised the risk of being over-stocked and storage drawers being over-full. This was due to the introduction of new software for its dispensing operations and the transition to new ways of working. Team members knew to take extra care when selecting items when dispensing. The new software required dispensers to scan the bar-codes on packs for accuracy. And the system alerted dispensers when the wrong pack had been selected. The pharmacy had last completed its monthly internal audit in March 2022. And the Area manager and Divisional Quality Manager had recently developed an improvement action plan to address some of the shortfalls in the branch. This included arrangements to install additional shelving to reduce congestion on the dispensing benches and on the floor. It also included plans for the recruitment and retention of new staff. Team members knew to record dispensing incidents on an electronic template. The manager confirmed there had been

no recent incidents.

The pharmacy trained its team members to manage complaints. It had defined the complaints procedure for team members to refer to. The pharmacy did not display a notice or provide information about its complaints process for people. The number of formal complaints had increased significantly since May 2022. This included complaints about having to wait two hours to be seen, prescription items not being ready when they should have been and out of stock items. The manager explained they had a considerable number of 'owings' for alendronic acid. But they were unable to obtain this item due to supplier shortages. Team members stated they also had experienced some aggressive behaviour from some people using the pharmacy.

Team members didn't always keep the records they needed to by law up to date. The pharmacist displayed a responsible pharmacist (RP) notice, and it was visible from the waiting area. But the RP record was not up to date. And the RP believed this to be due to the new operating system that the company had recently introduced. This meant there was no information about which pharmacist had been responsible for the safe running of the pharmacy. Team members maintained the controlled drug registers and registers showed they had conducted a full balance check on 12 July 2022. Team members filed prescriptions so they could be easily retrieved if needed. They kept records of supplies against private prescriptions and supplies of 'specials'. But the records of private prescriptions were incomplete, and they were not being kept up to date. There were some discrepancies in stock levels for some high risk medicines.

The pharmacy provided training so that team members understood data protection requirements and how to protect people's privacy. Team members used a designated container to dispose of confidential waste. And an approved provider collected the waste for off-site destruction. The pharmacy trained its team members to manage safeguarding concerns. And it provided a policy for them to refer to. This included contact details for the local agencies. Team members knew to speak to the pharmacist whenever they had cause for concern. This included concerns about failed deliveries or collections of medication for vulnerable people. They gave an example of a concern they had raised and resolved.

## Principle 2 - Staffing Standards not all met

### Summary findings

The pharmacy team struggles to manage the workload and at the same time to acquire new skills to use a new operating system. The pharmacy is behind with some routine tasks. And this increases the risk of the team making mistakes. Team members have the qualifications for the roles they are expected to undertake. And they receive some protected learning time.

### Inspector's evidence

The pharmacy had started to experience staffing shortages around May 2022. This was due to covid infections and other long-term absences. At the time of the inspection two team members were off work. And the company had arranged double pharmacist cover to support the branch one day a week. The workforce wasn't stable with further team members leaving and uncertainty over a new starter. One recently qualified dispenser and another trainee dispenser had started working at the pharmacy in the last year. They were employed as part-time workers but had increased their hours to cover staff absences. The dispenser had been shadowing the manager to gain experience of the pharmacy processes. This was to ensure they could support the locum pharmacists who would be working at the pharmacy. The manager had been regularly working extra hours. This meant starting earlier in the morning and finishing later in the evening to manage the workload. The company provided an 'employee assistance' programme. And team members had used it with positive feedback. The Area Manager and the Divisional Quality Manager were on-site at the time of the inspection. They produced an action plan which they had developed to facilitate improvements in the branch. This included actions to improve staff numbers and was ongoing. Although the number of complaints had reduced, they were still in connection with long waiting times and prescriptions not being ready when they needed to be.

At the time of the inspection there was evidence to show that team members were under pressure completing the current workload even though the company had authorised the pharmacy to send prescriptions to two off-site dispensaries for hub dispensing. They were still two weeks behind with dispensing packs and a day behind with repeat dispensing. The company expected team members to carry out regular audits every month. But the last internal audit had been completed in March 2022. A considerable number of prescriptions were seen to have been removed from the retrieval system. But they were in totes waiting to be dismantled. Some rubbish bins were overflowing and had not been emptied. The recent introduction of a new operating system had caused disruptions to the workflow. This was due to incomplete training and team members only having access to the online training modules for the new system. The on-site training session that had been planned had not been delivered. And this meant team members were taking longer to learn about the new system on the job. This included how to adapt the serial prescription dispensing process using the new system. The manager had provided some protected learning time for team members to complete their course work. And the dispenser had recently registered her interest at enrolling on the NVQ pharmacy service level 3 training course.

## Principle 3 - Premises Standards not all met

### Summary findings

The pharmacy has insufficient storage space for the amount of medicines it has in stock. This is partly due to a lack of experience and understanding about the new pharmacy operating system. The floor area where the team members dispense is cluttered. And this creates hazards for team members and the risk of slips, trips, and falls. The pharmacy has a suitable consultation room where people have private conversations with team members.

### Inspector's evidence

The pharmacy had restricted workspace for its dispensing workload. An external company audit had identified slips trips and falls risks due to the excessive number of boxes and containers on the floor in the dispensary. This was reducing the floor space for team members to safely move around in. The area manager had arranged for the installation of extra shelves for safer storage. The team was struggling to manage the stock levels in the pharmacy, in part due to a lack of understanding on how best to use the new pharmacy operating system

A separate rear bench was kept clear and mostly used to assemble multi-compartment compliance packs. And this managed the risks of items being mixed up. The checking bench faced out onto the waiting area. And the responsible pharmacist supervised the medicines counter and intervened when they needed to. The pharmacy had a sound-proofed consultation room which provided a confidential environment for private consultations. Team members cleaned and sanitised the pharmacy on a weekly basis to reduce the risk of spreading infection.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy adequately manages its services to help people receive appropriate care. It gets its medicines from reputable sources. And the team carries out checks to make sure medicines are in good condition and suitable to supply. It has arrangements to identify and remove medicines that are no longer fit for purpose.

### Inspector's evidence

The pharmacy had a step-free entrance and provided unrestricted access for people with mobility difficulties. The pharmacy advertised its services and opening hours in the window. And the health board had authorised the pharmacy to reduce its opening times. This helped the pharmacy better manage its workload due to staffing shortages. The pharmacy was overstocked due to a new operating system. Team members were trying to manage stock levels and manually checked the electronic order before it was sent. The pharmacy had a system of drawers for stock. And these were mostly full which made it difficult for team members to keep items separated. This also increased the risk of selection errors when they were selecting items. Team members kept the controlled drug cabinets neat and tidy. And items were safely segregated in baskets. The pharmacy purchased medicines and medical devices from recognised suppliers. And team members followed date-checking procedures to manage the risk of stock expiring. Sampling showed items were within their expiry date.

The pharmacy supplied medicines in multi-compartment compliance packs to people that needed extra support with their medicines. The level of dispensing had reduced due to some prescriptions being sent to an off-site hub for dispensing. A module on the PMR system was used to manage dispensing. And team members checked each prescription against each medication record before printing the backing sheet they attached to each of the packs. The backing sheet detailed the medications in the pack, times of administration and warning labels. They also checked medication records before transferring prescriptions to the hub for dispensing. The pharmacy had defined the assembly and dispensing process in a documented procedure for team members to refer to. Shelving to store the packs was kept neat and tidy.

The pharmacy sent some repeat prescriptions to an off-site dispensing hub. These were mostly serial prescriptions for people that had registered with the 'medicines care review' service (MCR). The pharmacist carried out a clinical check before they released them to the hub for dispensing. Once dispensed, the hub placed the dispensed prescriptions in a tote and returned them to the pharmacy. And dispensers confirmed the number of items in the bags matched the number of prescription items. They also dispensed the items that the hub did not routinely dispense.

The pharmacy used two fridges to safely segregate stock and manage the risk of selection errors. For example, it used one of the fridges exclusively for stock. And the other for items dispensed. The fridges were well-organised, and team members monitored and documented the temperatures. But checks had been neglected for a few weeks in May 2022 when the manager and the pharmacist had been off work. This meant they were unable to evidence that all fridges were operating within the accepted range of 2 and 8 degrees Celsius. The stock had been disposed of when the manager identified the checks had not been carried out. They had annotated the fridge temperature records to show this.

Team members knew about valproate medication and the Pregnancy Prevention Programme. The pharmacist spoke to people in the at-risk group about the associated risks. And team members knew to supply patient information leaflets and to provide warning information cards with every supply. The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste. The pharmacy prioritised drug alerts and team members knew to check for affected stock so that it could be removed and quarantined straight away. A team member checked a recent drug alert for phenylephrine injection. And they followed the company's procedure which included updating the electronic alert system and arranging for the responsible pharmacist to apply their electronic signature to confirm the checks.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide safe services and it uses its facilities to suitably protect people's private information.

### Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the British National Formulary (BNF). Team members used crown-stamped measuring cylinders, and they used separate measures for methadone. They had highlighted the measures, so they were used exclusively for this purpose. Two blood pressure monitors were available. But only one had been dated to show when it next needed to be calibrated. The pharmacy stored prescriptions for collection out of view of the public waiting area. And it positioned the dispensary computers in a way to prevent disclosure of confidential information. Team members could carry out conversations in private if needed. The pharmacy used cleaning materials for hard surface and equipment cleaning. The sink was clean and suitable for dispensing purposes. Team members had access to personal protective equipment including face masks.

### 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.  |