

Registered pharmacy inspection report

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

Pharmacy reference: 1041949

Type of pharmacy: Community

Date of inspection: 21/04/2023

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 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 identifies and manages the risks associated with its services appropriately. It suitably protects people's private information and keeps the records it needs to by law. Team members recognise and appropriately respond to safeguarding concerns about vulnerable people. And they engage in some learning following the mistakes they make during the dispensing process to help reduce the risk of similar mistakes occurring.

Inspector's evidence

The pharmacy used 'standard operating procedures' (SOPs) which defined the pharmacy's working practices. The company issued new and updated SOPs via an online operating system. And the non-pharmacist manager printed and replaced superseded versions in a folder which team members could easily access. This included SOPs for 'responsible pharmacist' procedures which were up to date. But not all SOPs had been replaced with updated versions. These included 'controlled drug' and 'multi-compartmental compliance pack dispensing' SOPs. Signatures on the SOPs showed that all team members had read them. And this confirmed they had understood them and undertook to follow them. Dispensers signed medicine labels to show who had 'dispensed' and who had 'checked' prescriptions. And this enabled the pharmacist to help individuals learn from their dispensing mistakes. Team members recorded near miss errors. And the non-pharmacist manager reviewed them at the end of the month to identify patterns and trends and areas for improvement. Team members were aware of 'look alike and sound alike' (LASA) items. And they had separated some items to manage the risk of selection errors. This included items such as amitriptyline and amlodipine. The company expected team members to follow its weekly audit schedule. But they had not been doing so since 2022 due to staff sickness and time constraints. The regional manager had carried out an internal audit, and the pharmacy had achieved a 'Pass'. The pharmacy provided contact information to encourage people to provide feedback about the services they received. This included information to help people complain. Team members knew to report mistakes that people identified after receiving their medicine. And an incident report template was available for team members to document their findings and any improvements they had made.

Team members maintained the records they needed to by law. And the pharmacy had public liability and professional indemnity insurances in place which were valid until 30 June 2023. The pharmacist displayed a responsible pharmacist (RP) notice which was visible from the waiting area. And they kept an RP record to show when their duties began and when they ended. Team members maintained 'controlled drug'(CD) registers and kept them up to date. And records showed they carried out regular balance checks at least once a month. People returned CDs they no longer needed for safe disposal. And team members used a CD destruction register to document items. The pharmacist signed the register to confirm that items had been safely disposed of. Team members filed prescriptions so they could easily retrieve them if needed. Private prescription supplies and records complied with legal requirements. They were clear and legible and the associated paper prescriptions were kept in a folder in date order. Team members kept certificates of conformity for unlicensed medicines, and these complied with Medicines & Healthcare Regulatory Agency (MHRA) requirements.

The pharmacy provided training so that team members understood data protection requirements and

how to protect people's privacy. They used a designated container to dispose of confidential waste. And an approved provider collected the waste for off-site destruction. Pharmacy team members understood their obligations to manage safeguarding concerns. And the non-pharmacist manager had arranged for them to re-read the safeguarding policy to refresh their knowledge on signs of abuse and neglect. Team members discussed their concerns with the pharmacist and a list of contact details for relevant local agencies was displayed on the wall for ease of access. The pharmacy provided people with support and it displayed a leaflet for 'The Sexual Assault Response Coordination Service' (SARCS). This was a dedicated NHS service which offered healthcare and support in the days after an assault.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members have the necessary qualifications and skills for their roles and the services they provide. They work together to suitably manage the workload. And they are proactive at improving the pharmacy's working arrangements. The company supports team members to develop in their roles. And they continue to learn to keep their knowledge and skills up to date.

Inspector's evidence

The pharmacy's prescription workload had fallen in the past six months. The company had appointed two new part-time pharmacy team members around December 2022 and one part-time trainee dispenser in March 2023. Another two full-time dispensers had been in post since January 2022, and one of the dispensers had taken up a non-pharmacist manager position around September 2023. This was due to the pharmacy running on locum pharmacists. The manager used a group chat to learn from the other new managers in the area. And the regional manager, who was part of this group, supported the managers in their development. A regular relief pharmacist had been working at the pharmacy Monday to Wednesday since December 2022. This provided continuity for the pharmacy team members to rely on. A part-time driver had worked at the pharmacy for around five years. And they provided the pharmacy's delivery service. Team members covered each other's leave. They planned the workload in advance and dispensed some prescriptions to manage the workload.

The pharmacy supported team members undergoing qualification training. And it provided protected learning time in the workplace for them to use. The non-pharmacist manager had been approved to enrol on qualification training that would lead to a pharmacy technician registration. And they were confident that the necessary support would be available for them to access. The non-pharmacist manager and the other full-time dispenser had been working overtime to support the new team members with induction training. This included reading the relevant SOPs for their roles and responsibilities and completing health and safety training.

Pharmacy team members kept up to date with changes. This included reading new 'standard operating procedures' (SOPs) and how to operate a new operating system that the company had introduced in 2022. Team members discussed their working practices and when to improve them. For example, the non-pharmacist manager had identified a recent pattern of near miss errors between the hours of 13.00 and 14.00 each day. And they had proposed changes with earlier lunchtime breaks to manage the risk of team members being overly hungry and unable to concentrate. This had a positive effect and near miss errors had reduced due to the changes that had been implemented. The company encouraged pharmacy team members to suggest improvements to the pharmacy's working arrangements. And they had recently introduced a manual check on the daily computer-generated order to manage the risk of holding excess stock. The non-pharmacist manager had recently purchased a door chime for people to use at the entrance. This was to alert the team members due to a fault with the pharmacy's pressure operated door. Team members were aware of whistleblowing procedures. And they felt empowered to speak up if they had a concern.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises support the safe delivery of services. It has appropriate arrangements for people to have private conversations with the team. And the pharmacy team members suitably manage the space for the storage of medicines.

Inspector's evidence

These were average-sized premises with adequate storage facilities and dispensing benches. A sound-proofed consultation room with a sink was available for use. And it provided a clinical environment for the administration of vaccinations and to carry out various checks such as blood pressure monitoring. The consultation room also provided a confidential environment. And people could speak freely with the pharmacist and the other team members during private consultations.

A sink in the dispensary was available for hand washing and the preparation of medicines. And a dedicated area for comfort breaks was available for team members to use. Lighting provided good visibility throughout, and the ambient temperature provided a suitable environment from which to provide services. Team members had organised the benches in the dispensary for different tasks. And separate workstations were available for certain tasks such as multi-compartment compliance pack dispensing and final accuracy checks. The pharmacist supervised the medicines counter from the dispensary and could intervene and provide advice when necessary.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services which are easily accessible. And it manages its services well to help people receive appropriate care. The pharmacy gets its medicines from reputable sources, and it stores them appropriately. The team carries out checks to make sure medicines are in good condition and suitable to supply. And it removes medicines that are no longer fit for purpose.

Inspector's evidence

The pharmacy had a step-free entrance to provide unrestricted access for people with mobility difficulties. It advertised services and opening hours in the window. And it had a range of health information leaflets on display for self-selection. The pharmacy had offered appointments for flu vaccinations. And team members directed people to an online booking system for appointments on Mondays Tuesdays and Wednesdays when the regular relief pharmacist was on duty. This helped the pharmacy team manage their workload and maintain service continuity. Team members kept stock neat and tidy on a series of shelves. And they used secure cabinets to store some items. The pharmacy purchased medicines and medical devices from recognised suppliers. And a date checking matrix was available to keep track of when checks were next due. They had last updated the matrix in December 2022 and sampling showed stock items were in date. 'Short dated' labels were attached to items to manage the risk of dispensing mistakes. A glass-fronted fridge kept medicines at the manufacturers recommended temperature. And team members monitored and recorded the temperatures every day. This provided assurance that the fridge was operating within the accepted range of two and eight degrees Celsius. Team members placed some inhalers and insulin into plastic bags and kept them in the fridge until they were collected. This provided the opportunity for extra checks with the pharmacist when they handed them out. Team members checked the company's online system for drug alerts. And they updated the system once they had carried out the necessary checks. This provided an audit trail for future checks. For example, they had removed and quarantined items containing pholcodine in response to an alert.

The pharmacy used medical waste bins and CD denaturing kits to dispose of items. And this supported the pharmacy team to manage pharmaceutical waste. The pharmacy had trained team members about valproate medication and the Pregnancy Prevention Programme for people at risk. And they knew to supply patient information leaflets and to provide cards with every supply and extra supplies were kept. Team members had organised the dispensary to keep their working environment safe. The pharmacist positioned themselves so they could supervise the medicines counter. And team members worked at various workstations depending on the tasks they were carrying out. Dispensing baskets kept medicines and prescriptions safely contained during dispensing. And this managed the risk of items becoming mixed-up and the risk of dispensing mistakes. For example, they used large grey baskets for multi-compartment compliance pack dispensing.

The pharmacy helped people to manage their prescriptions and re-ordered supplies on their behalf. They kept the different types of prescriptions well-segregated including serial prescriptions for a significant number of people that had registered with the 'medicines: care and review' service (MCR). Team members had a system in place for dispensing serial prescriptions. And they knew to refer people who arrived either too early or too late so the pharmacist could check compliance. Team members

dispensed multi-compartment compliance packs to help people with their medicines. And the pharmacy's operating system helped team members with the re-ordering of new prescriptions for dispensing the packs in a timely manner. They used supplementary records to help with dispensing and checked new prescriptions against them for accuracy. Team members attached sheets which listed the medications to the packs. These provided all the relevant information and met the necessary labelling regulations. Team members provided supplies of patient information leaflets (PILs) with the first pack of the four-week cycle to help people with their medicines. They also provided a description of each medicine.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy uses its facilities to suitably protect people's private information. It has the equipment it needs to provide safe services. And it has arrangements in place to show that equipment fit for purpose.

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 substance misuse treatments. They had highlighted the measures, so they were used exclusively for this purpose. The pharmacy offered various checks. This included checks for blood pressure, blood glucose and cholesterol. A blood pressure monitor was available and had been recently calibrated. But there had been little demand for blood glucose and cholesterol measurements. Team members knew to speak to the regular pharmacist and the non-pharmacist manager when someone asked for blood glucose and cholesterol checks so they could calibrate them to provide assurance they were measuring accurately. They knew to calibrate the machines before use.

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, using portable telephone handsets. The pharmacy used cleaning materials for hard surface and equipment cleaning. And the sink was clean and suitable for dispensing purposes.

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.