

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 49 Rose Street, ANNAN,
Dumfriesshire, DG12 5AS

Pharmacy reference: 1041999

Type of pharmacy: Community

Date of inspection: 11/05/2023

Pharmacy context

This is a community pharmacy in the town of Annan, Dumfriesshire. The pharmacy sells over-the-counter medicines, and dispenses NHS and private prescriptions. And it delivers medicines for some people to their homes. The pharmacy supplies some people with their medicines in multi-compartment compliance packs to help them take their medicines. And it provides a substance misuse service.

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 not all met	2.2	Standard not met	Not all team members do the right training for their role. And team members do not always receive support to help them complete their training in a timely manner. Team members are not fully aware about the additional guidance about valproate-containing medicines.
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 team does not use robust systems to prevent people receiving date-expired medicines.
		4.4	Standard not met	The pharmacy team cannot demonstrate that it acts appropriately in response to drug alerts and recalls.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has a set of written instructions to help its team carry out the pharmacy's processes. It keeps the records it needs to by law. The pharmacy team members understand the importance of protecting people's private information. They record details of mistakes made during the dispensing process, but they do not analyse the records and so may miss any trends or patterns.

Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs) to help support the team in completing various tasks. There were SOPs for the dispensing process and responsible pharmacist (RP) regulations. The SOPs were reviewed every two years to ensure they continued to accurately reflect the pharmacy's processes. There were record of competency documents for team members to sign to confirm they had read and understood an SOP. The pharmacy kept records of competencies, but they were for team members who were no longer employed by the pharmacy. Most team members recalled reading the SOPs within the first few weeks of their employment, however one team member who had been employed by the pharmacy for several months, had not read any of the SOPs.

The pharmacy had a process in place to record any mistakes made during the dispensing process that were spotted by the RP. These mistakes were known as near misses. Team members recorded the time and date a near miss happened and the name of the team members involved. They didn't record the reason a near miss might have happened or the action taken to prevent a similar mistake happening again. There was not a process in place for the team to analyse the near misses to identify any trends or patterns. And so, the team may have missed the opportunity to make specific changes to the way it worked to improve patient safety. Team members explained they had focused on slowing down their dispensing process as they often felt rushed to dispense as they always attempted manage people's expectations. The pharmacy had a process to record and report any dispensing mistakes that reached people. However, team members were unable to demonstrate how they would complete the process as they had not been shown how to do so. They explained they would look to colleagues in senior management positions for support if a dispensing incident occurred. The pharmacy had a concerns and complaints procedure that was outlined in a practice leaflet. Copies of the leaflet were kept in the retail area for people to select and take away. Any complaints or concerns were verbally raised with a team member. If the team member could not resolve the complaint, it was escalated to the pharmacy's superintendent pharmacist (SI) team.

The pharmacy had up-to-date professional indemnity insurance. The RP notice displayed the name and registration number of the RP on duty. Entries in the RP record were kept in line with legal requirements. The pharmacy kept correct electronic records of supplies against private prescriptions. The pharmacy held controlled drug (CD) registers that were kept according to legal requirements. Each month the team completed a balance check of all the CDs it held to confirm accuracy. The pharmacy held up-to-date records of CDs returned to the pharmacy by people.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. The team placed confidential waste into a separate bin to avoid a mix up with general waste. The waste was periodically destroyed via a third-party contractor. Team members understood the importance of securing people's private information. The pharmacy had a formal

procedure to help the team raise concerns team members may have about the safeguarding of vulnerable adults and children. But team members were unable to locate it. A team member had completed some basic training on the subject. The team member was able to describe hypothetical safeguarding situations that they would feel the need to report. The RP had registered with the Protecting Vulnerable Groups (PVG) scheme.

Principle 2 - Staffing Standards not all met

Summary findings

Not all team members do the right training for the roles they do. So, they may not have the skills and knowledge they need to be able to provide the pharmacy's services safely. The pharmacy provides its team members access to a structured training programme. But team members do not always have the time to access it at work. And they do not always receive support to help them complete their training courses in a timely manner.

Inspector's evidence

The pharmacy had experienced significant staff changes since the previous inspection (July 2022). Several team members had left the business and most of the team members employed by the pharmacy had been working at the pharmacy for around six months. Team members covered each other's absences and worked additional hours when the team was behind with the workload. The pharmacy did not have a regular pharmacist, or a manager and the team explained they felt they had lacked some leadership over the last few months. The team explained they were pleased that the pharmacy had recently booked the same locum pharmacist to work three days a week which had brought the pharmacy some stability. On the day of the inspection, the RP was a locum pharmacist. The RP was supported by three other team members. Team members were observed working well together. Two of the team members present were enrolled onto an approved dispenser training course. However, one team member had not been enrolled onto an approved course despite being employed by the pharmacy for over six months. The team member was observed completing various dispensing tasks including accessing the electronic patient records and dispensing multi-compartment compliance packs.

The pharmacy had a structured training programme to help support its team members update their knowledge and skills. Team members had access to an online library of modules which they could complete. Some of the modules had short quizzes for team members to complete to assess their understanding. But team members had not received any training time in recent months. And team members were not aware of the additional guidance about valproate-containing medicines (see Principle 4). Team members enrolled onto a dispensing course did not receive any training time at work to complete their courses did it in their own time. Team members were not sure how much of their course they had completed and felt they would not be able to complete the course within the agreed timescales.

The team discussed daily tasks and other work-related topics during informal meetings held when the pharmacy was relatively quiet. They discussed how to manage the workload and were given the opportunity to raise professional concerns and give feedback to each other on how to improve the pharmacy's service provision. Team members were unsure how they could formally raise professional concerns with senior management. The team was not set any targets to achieve.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services the pharmacy provides to people. The pharmacy has a consultation room to help support team members in having private conversations with people.

Inspector's evidence

The pharmacy was mainly clean, well maintained, and professional in appearance. During the inspection benches in the dispensary held baskets containing prescriptions and medicines awaiting a final check by the RP. The benches were kept generally well organised and tidy. The pharmacy's floor space was mostly clear from obstruction. There were clearly defined areas used for the dispensing process and there was a separate bench used by the RP to complete the final checking process. The pharmacy had ample space to store its medicines. There was a private, soundproofed consultation room available for people to have conversations with team members.

The pharmacy had separate sinks available for hand washing and for the preparation of medicines. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. Team members controlled unauthorised access to restricted areas of the pharmacy. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout the premises.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy team does not use robust systems to make sure that the medicines it supplies are within their expiry dates. As a result, the pharmacy holds expired medicines and so there is a significant risk that medicines that are not fit for purpose are supplied to people. The pharmacy cannot demonstrate that it acts appropriately in response to any drug alerts or recalls. Otherwise however, the pharmacy's services are accessible to people. And it generally provides them effectively.

Inspector's evidence

The pharmacy advertised its services and opening hours in the main window and around the retail area. The pharmacy had a notice in the main entrance door informing people that the pharmacy closed every day between 12pm and 1pm. But this closure was not advertised on the pharmacy's website or within its practice leaflet. The pharmacy had a facility to provide large print labels to people with a visual impairment. But a team member was not sure how to produce them using the dispensing software. Team members had access to the internet which they used to signpost people requiring services that the pharmacy didn't offer. Team members were asked about their knowledge of the risks of dispensing valproate to people. They were not fully sure of the risks posed to people who had the potential to become pregnant and were unaware of the Pregnancy Prevention Programme. Team members confirmed they had received no training on the risks of dispensing valproate. The pharmacist was aware of the risks and demonstrated the counselling they would provide to people who were at risk.

Team members used various stickers to attach to bags containing people's dispensed medicines. 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 pharmacy had owing slips to give to people when the pharmacy could not supply the full quantity prescribed. The pharmacy offered a delivery service. The pharmacy kept records of deliveries to ensure there was an audit trail.

The pharmacy supplied medicines in multi-compartment compliance packs to several people. Team members dispensed the packs in a segregated part of the dispensary. This helped team members dispense the packs away from the retail area to reduce the risk of distractions. Team members used master sheets which contained a list of the person's current medication and dose times. Team members checked prescriptions against the master sheets before the dispensing process started to make sure they were accurate. Team members recorded details of any changes such as dosage increases or decreases on the person's master sheet. The pharmacy didn't supply the packs with patient information leaflets or visual descriptions of the medicines. And so, people may not be able to easily identify the medicines within the packs or have the full information about their medicines.

The pharmacy stored pharmacy (P) medicines behind the pharmacy counter. It stored other medicines in their original packaging on shelves. The pharmacy had a process in place for the team to check the expiry date of the pharmacy's medicines. The process was to be completed every three months. But the team had not completed the process according to schedule. The team had completed checks of

medicines in some sections of the dispensary a few days before the inspection. Team members usually completed any checks when the pharmacy was closed as they explained they rarely had time to do so while the pharmacy was open. The pharmacy didn't keep any records of the process. The inspector found 23 out-of-date medicines following a check of some randomly selected medicines. None of these medicines were highlighted as being short dated. Team members were not observed checking expiry dates of medicines during the dispensing process to help mitigate the risk of dispensing out-of-date medicines. The pharmacy had one clinical-grade fridge to store medicines that needed cold storage. Team members checked the fridge temperature each day to make sure the fridge was operating within the accepted minimum and maximum temperature ranges. Team members were unsure if the pharmacy received correspondence about any drug alerts and were not sure how they would manage a drug recall should the pharmacy receive one.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriately maintained equipment that it needs to provide its services. And it uses its equipment appropriately to help protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources. The pharmacy used a range of CE quality marked measuring cylinders. It stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. It suitably positioned computer screens to ensure people couldn't see any confidential information. 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.

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.