

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 52-56 High Street, FORT WILLIAM,
Inverness-Shire, PH33 6AH

Pharmacy reference: 1042139

Type of pharmacy: Community

Date of inspection: 30/08/2019

Pharmacy context

The pharmacy is in the town centre of Fort William. It dispenses NHS prescriptions and provides a range of extra services. And the pharmacist has the qualifications to treat common clinical conditions. The pharmacy collects prescriptions from the local surgery. And it supplies medicines in multi-compartmental compliance packs when people need extra help. A consultation room is available. And people can speak to pharmacy team members in private.

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	1.2	Good practice	The pharmacy team members discuss near misses and dispensing errors to manage the risk of the same error happening again. And they are good at using the information to share the learning from these errors.
2. Staff	Standards met	2.2	Good practice	The pharmacy provides training to team members tailored to the services they provide. And it offers all team members opportunities to complete more training. The pharmacy provides feedback to team members on their performance. So, they can identify opportunities to develop.
		2.4	Good practice	The pharmacy is good at listening to feedback and ideas from team members and people using the pharmacy. It makes improvements to its services. The pharmacy team members are enthusiastic about their roles and work well together. They openly discuss mistakes and how they can improve their learning from them.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy identifies the specific needs of the local community. And provides access to extra services to meet those needs.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy team members work to professional standards. They provide safe services and look after people's welfare. The pharmacy keeps records of mistakes when they happen. And senior pharmacy team members carry out checks to make sure the pharmacy is running safely. The team members discuss the need for improved safety measures. And there is ongoing service improvement. The pharmacy keeps the records it needs to by law. And it provides regular training to keep confidential information safe. It understands its role in protecting vulnerable people. And team members complete regular training to ensure they are up-to-date with safeguarding requirements. People using the pharmacy can raise concerns. And team members know to follow the company's complaints handling procedure. This means that they listen to people and put things right when they can.

Inspector's evidence

The pharmacy used standard operating procedures (SOPs) to define the pharmacy processes and procedures. The pharmacy team members had signed to confirm they followed procedures. And to show they understood their roles and responsibilities. The company continuously reviewed its SOPs. And this made it easier for the pharmacy team to read and consolidate any new processes. The pharmacy had displayed the responsible pharmacist notice. And it showed the name and registration number of the pharmacist in charge. The pharmacy team signed dispensing labels to show they had completed a dispensing task. And the pharmacist and accredited checking technician (ACT) checked prescriptions and gave feedback to dispensers who failed to identify their own errors. The dispensers recorded their own near-misses. And provided some information about the contributing factors. A dispenser carried out a monthly safety review. And the pharmacy team discussed ways of managing risks at a monthly meeting. The dispenser also carried out weekly safety audits to confirm compliance with safety measures. And external auditors carried out checks once or twice a year, with the pharmacy recently scoring 90% compliance against company standards. The pharmacist kept a contingency plan up to date. And planned for system failures. For example, keeping blank labels should the printer fail.

A sample of recent near-miss reviews showed the following actions had been agreed;

1. Recording 'no errors' at the end of the day.
2. Carrying out the NHS NSAID audit.
3. Implementing a list of company look-alike and sound-alike medications.
4. Adding rivaroxaban/rivastigmine to the list due to local errors.

The pharmacist managed the incident reporting process. And team members knew when incidents happened and what the cause had been. For example, they knew about a hand-out error when a multi-compartmental compliance pack was supplied to the wrong person. This was due to packs being stored on the wrong shelf. The team members had discussed the incident. And had agreed to introduce an additional check at the time of supply. The pharmacy used a complaints policy to ensure that staff handled complaints in a consistent manner. And a leaflet informed people about the complaints process and how to provide feedback if they wished. The pharmacy received mostly positive feedback with no suggestions for improvement received.

The pharmacy maintained the legal pharmacy records it needed to by law. The pharmacist in charge

kept the responsible pharmacist record up to date. And public liability and professional indemnity insurance were in place. The pharmacy team kept the controlled drug registers up to date. And checked and verified the balance of controlled drugs on a weekly basis. The team members recorded controlled drugs that people returned for destruction. And the pharmacist and a team member recorded their name and signature against each destruction. A sample of private prescriptions were up to date and met legal requirements. And specials records were kept up to date with details of who had received each supply. The pharmacists used patient group directions to improve access to medicines and advice. And a sample trimethoprim patient group direction was valid until October 2020.

The pharmacy displayed a 'fair data processing notice', but it could not be easily seen from the waiting area. The pharmacy team read and signed the confidentiality policy. And they knew how to safeguard personal information. The pharmacy disposed of confidential information in designated bags. And a collection service uplifted the bags for off-site shredding. The pharmacy stored prescriptions for collection out of view of the waiting area. And kept computer screens facing away from the waiting area. The pharmacy team took calls in private using a portable phone when necessary. And used individual passwords which were regularly updated to restrict access to patient medication records.

The pharmacy displayed a chaperone notice beside the consultation room. And the protecting vulnerable group (PVG) scheme was used to help protect children and vulnerable adults. The pharmacy kept a safeguarding policy in the SOPs which included local contact details. And team members had signed to confirm they had read and understood it. The pharmacy team knew to refer concerns to the pharmacist when they recognised the signs and symptoms of abuse and neglect. And they recorded and discussed serious concerns with the superintendent's office. For example, when people had presented with mental health issues and describing suicidal thoughts.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy monitors its staffing levels. And it ensures it has the right number of suitably skilled pharmacy team members throughout the week. The pharmacy team members reflect on their performance. And identify and discuss their learning needs at regular review meetings to keep up to date in their roles. The pharmacy encourages and supports the pharmacy team to learn and develop. And this has led to the introduction of new and novel services. The pharmacy team members support each other in their day-to-day work. And they can speak up at regular meetings. And make suggestions for improvement to keep services safe and effective.

Inspector's evidence

The pharmacy had not experienced any significant growth over the past year. And the work-load had remained mostly the same. The pharmacy used performance targets. For example, the pharmacist and the accredited checking technician (ACT) were currently registering people with the chronic medication service (CMS). The team members explained that the targets were designed to benefit people. And they did not feel undue pressure to register people with the services they provided.

The team members were experienced and had worked at the pharmacy for a significant length of time. The pharmacy kept training certificates on-site. And the following team members were in post; one full-time pharmacist, one full-time accredited checking technician (ACT), one full-time dispenser, two part-time dispensers, one Saturday assistant and one delivery driver. The pharmacy had lost a part-time dispenser and medicines counter assistant and new replacement team members had not been recruited. The pharmacist monitored the pharmacy team. And provided assurance that the pharmacy team continued to have the capacity and capability to provide its services.

The pharmacist managed annual leave with only one team allowed to take leave at the one time. And an over-time budget was used to provide cover from within the pharmacy team. The pharmacy could call on assistance from a nearby branch. And this had been recently provided. A team member who was responsible for dispensing multi-compartmental compliance packs had been moved from an upstairs room. And dispensed packs nearer to the dispensary so that she could provide cover when needed. The pharmacy had supported team members to develop. And the pharmacist had undergone independent prescriber training. The pharmacist had attended health board training. And had been commissioned to provide hypertension clinics at the local surgery two days per week. The pharmacist had also undergone training in travel medicine and was providing on-site clinics. The pharmacy technician had undergone training to carry out the final accuracy check. But only checked prescriptions that had been authorised by the regular pharmacist.

The pharmacy used an annual appraisal to identify areas for development. And a trained dispenser who managed the retail area had agreed to keep up to date with dispensing practices. This ensured she was available to provide cover if needed. The ACT had agreed to oversee and support team members in training. And to carry out safety audits and near-miss reviews.

The team members completed mandatory training. And they were up-to-date with the current company requirements. For example, they had recently completed training to provide over-the-counter

supplies of Ellaone and Flexiseq. The pharmacy trained team members to carry out blood glucose and blood pressure checks. And the company provided a policy and work instructions to support them to do so. The pharmacy team members felt empowered to raise concerns and provide suggestions for improvement. For example, the accredited checking technician (ACT) had reduced the frequency they sent multi-compartmental compliance pack prescriptions to an off-site hub for dispensing. And this had been successful at freeing up time to be used elsewhere.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean. And provide a safe, secure and professional environment for people to receive healthcare.

Inspector's evidence

A well-kept waiting area presented a professional image to the public. The pharmacy provided seating and provided patient information leaflets for self-selection. The pharmacy had allocated areas and benches for the different dispensing tasks. And the pharmacy team dispensed walk-in prescriptions near to the waiting area. The pharmacist supervised the medicines counter from the checking bench. And could make interventions when needed. A side room was used to dispense multi-compartmental compliance packs. And a large upstairs area was used to store them. The pharmacy had effective lighting. And the ambient temperature provided a comfortable environment from which to provide services. The pharmacy provided a consultation room which was professional in appearance.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides access to a wide range of services. And the pharmacist has the qualifications to provide treatment for common clinical conditions. The pharmacist displays its opening times and service information in the window. And provides some patient information leaflets inside the pharmacy. The pharmacy has up-to-date working instructions in place for its services. And this ensures the pharmacy supports the team members to work in a safe and effective way. The pharmacy dispenses multi-compartmental compliance packs. And it supplies extra information to support people to take their medicines. The pharmacy sources, stores and manages its medicines. It updates the pharmacy team about high-risk medicines. And this means that team members know when to provide people with extra information.

Inspector's evidence

The pharmacy had step-free access and there was unrestricted access for people with mobility difficulties. The pharmacy displayed its opening hours in the pharmacy window. And displayed a leaflets in the waiting area and in the consultation room. The health board had commissioned the pharmacist to provide a hypertension clinic at one of the GP practices. And had also commissioned the provision of a common clinical conditions service that was provided in the pharmacy. The pharmacist treated a significant number of West Highland Way walkers with foot problems. And had recently provided dressings and ointment to some-one with blisters and sores. The pharmacist had also undergone training in travel medicine and was providing on-site clinics.

The pharmacy team used dispensing baskets. And kept prescriptions and medicines contained throughout the dispensing process. The pharmacy dispensed multi-compartment compliance packs for around 120 people. And an off-site hub dispensed packs for around 100 of those people registered with the service. The team members had read and signed the company's standard operating procedure. And this ensured that dispensing was safe and effective. A separate side room was used to assemble packs and an upstairs room used to store them. And this minimised disruptions and the risk of dispensing errors. The team members used a module on the PMR system to manage the dispensing process. And this ensured that people received their medication on time. The team members removed and isolated packs when they were notified about prescription changes. And a record was made in the communications diary and the patient's medication record was updated at the same time. The pharmacy supplied patient information leaflets and provided descriptions of medicines. And provided a delivery service to housebound and vulnerable people. And made sure that people signed for their prescriptions to confirm receipt. The pharmacy supplied methadone doses to around 5 people. And the pharmacist dispensed the doses on the day they were due.

The team members kept the pharmacy shelves neat and tidy. And purchased medicines and medical devices from recognised suppliers. The pharmacy kept controlled drugs in two well-organised cabinets and this managed the risk of selection errors. The pharmacy team carried out regular stock management activities. And highlighted short dated stock and part-packs during regular expiry date checks. The team members monitored and recorded the fridge temperatures. And demonstrated that the temperature had remained between two and eight degrees Celsius. The pharmacy accepted returned medicines from the public. And disposed of them in yellow containers that the health board

collected. The pharmacy used clear bags instead of paper prescription bags for controlled drugs and fridge items. And this allowed the pharmacist to easily carry out additional checks at the time of supply.

The pharmacy team members acted on drug alerts and recalls. And recorded the outcome, and the date they checked for affected stock. For example, they had discussed an alert in August 2019 and knew about Emerade shortages. The pharmacy team members had been trained about the valproate pregnancy protection programme. And they knew where to find the safety leaflets and cards. The pharmacist monitored prescriptions for valproate. And added flash notes to the PMR to highlight people that were affected. The pharmacy team had been trained about the Falsified Medicines Directive (FMD) and what it aimed to achieve. But the company had not introduced systems to meet the needs of the directive. And the team members did not know when it would be introduced.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services. And it keeps it clean and well-maintained.

Inspector's evidence

The pharmacy had access to a range of up to date reference sources, including the British National Formulary (BNF). The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. And the team members had labelled measures for methadone. The pharmacy team members used a blood pressure monitor. And they had attached a dated label to show when a calibration was next due. The pharmacy team members used a blood glucose monitor. And they kept records to confirm it was being calibrated at least every 13 weeks. The pharmacy provided cleaning materials for hard surface and equipment cleaning. And the pharmacy sink was clean and suitable for dispensing purposes. The pharmacy stored prescriptions for collection out of view of the waiting area. And it arranged computer screens, so they could only be seen by the pharmacy team. The pharmacy team members used a portable phone. And they took calls in private when necessary.

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.