

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Riverside Medical Practice,
Ballifoary Lane, Ness Walk, INVERNESS, Inverness-Shire, IV3 5PW

Pharmacy reference: 1042142

Type of pharmacy: Community

Date of inspection: 14/11/2019

Pharmacy context

This is a community pharmacy next to a medical practice on the edge of Inverness town centre. It dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. The pharmacy offers a repeat prescription collection service and a medicines' delivery service. It also dispenses private prescriptions. The pharmacy team advises on minor ailments and medicines' use. And supplies a range of over-the-counter medicines. It also offers a smoking cessation service and carries out blood pressure and diabetic testing.

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 team members work to professional standards. And they keep some records of mistakes when they happen. The team members discuss the mistakes at regular meetings. And this helps them to make safety improvements. The pharmacy keeps the records it needs to by law. And it provides regular training for the team to keep confidential information safe. The team members understand their role in protecting vulnerable people. People using the pharmacy can raise concerns. And the pharmacy team members know to follow the company's complaints handling procedure. They listen to people and put things right when they can. And make service changes to improve people's experiences.

Inspector's evidence

The pharmacy used working instructions to define the pharmacy processes and procedures. And the team members had signed them to show they understood their roles and responsibilities. An accuracy checking technician (ACT) worked at the pharmacy. And the company had defined the checking process in a working instruction. But, this had expired in 2016. And there was a lack of assurance that the process complied with best practice. 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 the accuracy 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 they provided some information about the reasons for their errors. The pharmacist had trained and authorised the pre-registration pharmacist to carry out the monthly near-miss reviews. And to complete the weekly audit checks to show compliance with safety measures. For example, they regularly checked that the benches were clear, and that stock was safely stored. A sample of near-miss reviews showed that record keeping, and improvement action had improved over the past few months. For example, the following actions had been agreed;

1. To score part-packs to manage the risk of quantity errors.
2. To manage look-alike and sound-alike risks. Such as amlodipine/amitriptyline, and olanzapine/omeprazole.

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 an error when the wrong quantity had been supplied. And they had agreed to take greater care when counting the number of doses prescribed. 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 to. 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 provided a delivery service to housebound and vulnerable people. And the delivery driver obtained signatures to confirm that people had received their medication.

The pharmacy displayed a notice which provided people with information about its data protection arrangements. And it provided assurance that it protected people's privacy and confidentiality. The pharmacy trained its team members on a regular basis to comply with data protection arrangements. And they knew how to protect people's privacy and confidentiality. The pharmacy separated confidential waste. And placed it into designated bags for off-site shredding. The pharmacy archived spent records for the standard retention period. The pharmacy displayed a chaperone notice beside the consultation room. And it used the protecting vulnerable group (PVG) scheme to help protect children and vulnerable adults. The pharmacy had a safeguarding policy which included a list of key contacts. And this ensured the pharmacy team were able to make timely referrals if they needed to. The pharmacy provided the pharmacy team with regular safeguarding training. And they knew to refer concerns to the pharmacist when they recognised the signs and symptoms of abuse and neglect. For example, the delivery driver reported that he had been unable to deliver medication even though he believed the person to be at home. And on contacting a family member the pharmacy had found that the person had hearing difficulties and did not always know when someone was at the door. The pharmacy team members knew to contact the family member when the driver was unable to complete a delivery. And they collected the medication instead.

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 review meetings to keep up to date in their roles. The pharmacy encourages and supports the pharmacy team to learn and develop. And the pharmacy team members support each other in their day-to-day work. They can speak up at regular meetings. And make suggestions for improvement to keep services safe and effective.

Inspector's evidence

The pharmacy workload had remained stable over the past year. And the number of pharmacy team members had remained the same. The pharmacy had appointed a new team member to replace someone who had left. And the pharmacist had enrolled them onto the medicines counter assistant course. The pharmacist supported trainees to learn. And they allocated protected learning time in the workplace, so they made good progress with course-work. The team members had worked at the pharmacy for a significant length of time. And they were experienced and knowledgeable in their roles. The pharmacy kept training qualifications on-site. And the following team members were in post; one full-time pharmacist, one full-time accuracy checking technician (ACT), one full-time pre-registration pharmacist, two full-time dispensers, one part-time dispenser and one part-time trainee medicines counter assistant (MCA). The pharmacist managed annual leave. And they authorised a maximum of one team to take leave at the one time. The pharmacy did not use relief dispensers. And, the team members worked extra to provide cover for each other.

The pharmacist was about to carry-out the annual performance review to identify development goals for each team member. And at previous inspections had delegated responsibility to competent team members. For example, one of the dispensers managed serial prescription dispensing and the accuracy checking technician (ACT) managed multi-compartment compliance packs dispensing. A pre-registration pharmacist was on-duty at the time of the inspection. And the pharmacist was providing support to ensure they gained the experience they needed to demonstrate compliance with training standards. The trainee had been recently tasked with carrying out the weekly audits. And reviewing the near-miss logs and leading the monthly patient safety discussions. The pharmacist supported the pharmacy technician. For example, to help them demonstrate competency in accuracy checking when required.

The pharmacy used records to keep track of training. And the team members were up-to-date with the company's current requirements. For example, they had been trained to hand-out cards, and to provide safety messages when selling NSAID medication. The team members had completed e-learning, so they could safely sell Otrivine nasal sprays, Ellaone and Flexiseq medication. The pharmacy provided the team members with protected learning time to support them to complete training. And they were able to access training on-line after hours if they wished to. The pharmacy team members felt empowered to raise concerns and provide suggestions for improvement. For example, a team member had reviewed multi-compartment compliance pack dispensing. And had suggested introducing paper copies of each person's medication record so that they could easily check new prescriptions when they arrived.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises is secure, clean and hygienic. It has a consultation room that is professional in appearance. And it is an appropriate space for people to sit down and have a private conversation with pharmacy team members.

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 a separate side bench was used to dispense multi-compartment compliance packs. The pharmacist supervised the medicines counter from the checking bench. And could make interventions when necessary. 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 displays its opening times and healthcare information at the front of the pharmacy. And it lets people know what services are available to them. The pharmacy has working instructions in place for its services. And these support the pharmacy team to work in a safe and effective way. The pharmacy sources, stores and manages its medicines appropriately. And the pharmacist keeps the pharmacy team up-to-date about high-risk medicines. This means that team members know when to provide people taking these medicines with extra information.

Inspector's evidence

The pharmacy had step-free access which provided unrestricted access for people with mobility difficulties. The pharmacy kept the same hours as the GP surgery that was in the next building. And it displayed its opening hours and health information leaflets in the waiting area and consultation room. The pharmacy had registered a significant number of people with managed repeat prescription schemes. And this freed-up time and supported the team members to manage the demand from people who wanted to wait on their prescriptions after being at the surgery.

The pharmacist had trained the team members to identify suitable people for the chronic medication service (CMS). And they knew to attach a CMS information leaflet to prescription bags so that the team members working at the counter knew to call on the pharmacist. The pharmacy dispensed serial prescriptions for around 200 people. And a lead dispenser managed the system. The team members used trackers and dispensed prescriptions seven days before they were due. And they issued cards which included the next collection date, and they sent text messages to remind people when their next supply was due. The pharmacist monitored supplies. And identified people who were not taking their medicines as intended. For example, they had informed the GP when someone reported that they no longer needed omeprazole.

The pharmacy team members used dispensing baskets. And they kept prescriptions and medicines contained throughout the dispensing process at all times. The pharmacist attached stickers to prescription bags. And this helped team members to communicate safety messages, such as checking that people taking warfarin were having regular blood checks. The pharmacy dispensed multi-compartment compliance packs for around 80 people. And the team members had read and signed the company's working instructions to confirm that dispensing was safe and effective. The team members used a separate rear bench to assemble the packs. And they used shelving in a rear room to store the packs. The team members used supplementary records to support the dispensing process. And they updated them following prescription changes. The team members removed and isolated packs when they were notified about prescription changes. And they retained prescriptions alongside medication records. The team members obtained signatures to confirm which pack had been collected. And this helped them to monitor supplies and to identify potential compliance issues which they referred to the pharmacist. The pharmacy team members supplied patient information leaflets. And they provided descriptions of medicines. The accuracy checking technician (ACT) carried out most of the final accuracy checks. And knew only to check prescriptions that the pharmacist had annotated.

The team members kept the pharmacy shelves neat and tidy. And purchased medicines and medical devices from recognised suppliers. The pharmacy used two cabinets to safely store controlled drugs.

And this managed the risk of selection errors. For example, one of the cabinets was used to store multi-compartment compliance packs. The pharmacist dispensed methadone doses to around 12 people. And the team members retrieved the doses from the controlled drug cabinet and obtained a final accuracy check before it was supplied. The pharmacy managed its stock. And the team members highlighted short dated stock and part-packs during regular checks. The team members monitored and recorded the fridge temperatures. And they demonstrated that the temperature had remained between two and eight degrees Celsius. 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 accepted returned medicines from the public. And disposed of them in yellow containers that the health board collected. The pharmacy team members acted on drug alerts and recalls. And recorded the date they checked for affected stock and the outcome. For example, they had acted on an alert concerning paracetamol tablets in November 2019 with no stock found. The pharmacy team members had completed e-learning. And they knew about the valproate pregnancy protection programme and where to find the safety leaflets and cards and when to issue them. The pharmacist monitored prescriptions for valproate. And added flash notes to the PMR to highlight people that were affected. The pharmacy had provided training about the Falsified Medicines Directive (FMD). But, the company had not implemented the resources that were needed to carry out the checks. And the team members did not know when this was due.

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 were able to take 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. |