

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, 10 Achamore Road, Drumchapel, GLASGOW, Lanarkshire, G15 8QS

**Pharmacy reference:** 1042266

**Type of pharmacy:** Community

**Date of inspection:** 27/02/2020

## Pharmacy context

This is a community pharmacy located in a residential area. It dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. It offers a repeat prescription collection service and a medicines' delivery service. And it provides substance misuse services and dispenses private prescriptions. The pharmacy team advises on minor ailments and medicines' use. And supplies a range of over-the-counter medicines. It offers blood pressure and diabetes testing and a smoking cessation service.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	2.2	Good practice	The pharmacy team members complete regular training. And the pharmacy provides time during the working day to support them to do so.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<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 met

### Summary findings

The pharmacy team members work to professional standards. They understand their role in protecting vulnerable people. And they 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 they listen to people and put things right when they can. Pharmacy team members record and discuss mistakes that happen whilst dispensing. And they use this information to learn and reduce the risk of further errors. They do not always collect detailed information about the causes of mistakes to help inform the changes they make. So, they may miss opportunities to improve. The pharmacy keeps the records it needs to by law. And it provides training for the team on how to keep confidential information. It has controls in place to keep people's private information secure.

### Inspector's evidence

The pharmacy used working instructions to define the pharmacy processes and procedures. The team members had signed to confirm they followed the procedures. And to show they understood their roles and responsibilities. The team members carried out regular weekly audits to identify and manage service risks. And this provided assurance that environmental risks were being managed and team members were up-to-date and competent in their roles. For example, a recent audit result showed that the team members had been reminded to complete the mandatory training module that was due. The pharmacy team members signed dispensing labels to show they had completed a dispensing task. And the pharmacist checked prescriptions and gave feedback to dispensers who failed to identify their own errors. The pharmacist and the team members recorded the errors. And the pharmacist carried out a near-miss review at the end of the month to identify patterns and trends and areas for improvement. For example, the January 2020 review showed that the most common error was putting medication in the wrong compartment of compliance packs. And the pharmacist had reminded the team members to carry out the necessary checks against prescription and the supplementary pharmacy records. The team members were able to provide a few examples of stock changes to manage dispensing risks. And they had started using caution labels to highlight look-alike and sound-alike medication (LASA). For example, to highlight amlodipine/amitriptyline tablets that the company described as a 'never-event'. The team members also used a LASA stamp to annotate prescriptions. And this alerted them to take extra care during dispensing.

The pharmacist managed the incident reporting process. And the team members knew when incidents happened and what the cause had been. For example, they knew about a recent incident involving a mix-up with tramadol and trazadone medication. The pharmacist had carried out an investigation. And they had separated the products to manage the risk of a similar incident happening in the future. The pharmacy used a complaints policy to ensure that team members handled complaints in a consistent manner. And it used a leaflet to inform people about its complaint's procedure. The pharmacy invited people to provide feedback about the services they received. And this had been mostly positive.

The pharmacy maintained the records it needed to by law. And the pharmacist in charge kept the responsible pharmacist record up to date. The pharmacy had public liability and professional indemnity insurance in place. And it was valid and up to date. The pharmacy team members kept the controlled

drug registers up to date. And they carried out balance checks once a week. The pharmacy team 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 (PGDs) to improve access to medicines and advice. And a sample showed the trimethoprim PGD was valid until August 2020.

The pharmacy did not display a notice to inform people about its data protection arrangements. And it did not inform people about how it kept their personal information safe. The company regularly trained the team members to comply with its data protection arrangements. And they knew how to safely process and protect personal information. The team members used designated bags to dispose of confidential waste. And these were regularly collected for off-site shredding. The team members archived spent records for the standard retention period.

The pharmacy displayed a chaperone notice beside its consultation room. And it used the protecting vulnerable group (PVG) scheme to help protect children and vulnerable adults. The pharmacy team had been trained to follow the company's safeguarding policy. And this ensured the pharmacy team knew how to handle concerns. The company regularly trained the pharmacy team about vulnerable groups. And they knew to refer concerns to the pharmacist when they recognised the signs and symptoms of abuse and neglect.

## 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 they 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 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 team had changed over the past year. And the company had made changes to the dispensing arrangements so that the pharmacy could continue to safely manage its workload. The company had authorised the pharmacist to send prescriptions to two off-site dispensing hubs. And the pharmacist continued to monitor the pharmacy's work-load to ensure the pharmacy team continued to meet the needs of the service. A newly qualified pharmacy technician had increased their hours. And the pharmacy had recruited two new part-time trainee dispensers in 2019 to replace the team members that had left. The pharmacy managed annual leave requests. And it maintained minimum levels by authorising only one team member to be off at the same time. The team members submitted annual leave requests in advance to help arrange cover. And the team members worked extra to provide cover when necessary. The pharmacy kept training qualifications on-site. And the team members were knowledgeable in their roles. The following team members were in post; two part-time pharmacists, one full-time newly qualified pharmacy technician, three part-time trainee dispensers and one delivery driver.

Two part-time pharmacists provided cover. And the responsible pharmacist had called their job-share partner at the time of the inspection for an up-date. The pharmacists carried out regular performance reviews to help the team members improve and develop in their roles. For example, the pharmacy technician had agreed to improve their knowledge about OTC medicines. And this was due to them working mostly in the dispensary and having to provide cover on the medicines counter at the same time.

The company provided structured training. And this ensured the team members stayed current in their roles. For example, they had recently completed training about Aronix, the falsified medicines directive (FMD) and safeguarding. The company tested the team members to confirm that the learning had been effective. And they had to complete the module a second time if they failed to achieve the pass-mark. The pharmacist supported the team members to learn. And they authorised protected learning time when they were up to date with tasks.

The company used targets to grow the services it provided. And the team members had been authorised to register more people with multi-compartment compliance packs when needed. This was due to the new pharmacy team being at full capacity. And having the necessary capability to manage increases in the service. The team members did not feel undue pressure to meet the targets. And knew only to speak to people about services that would benefit them. The pharmacy team members felt empowered to raise concerns and provide suggestions for improvement. For example, they had introduced a clear plastic wallet for individual CMS prescriptions. And this differentiated them from the

other prescriptions in the retrieval box.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises is 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. And it provided seating and some patient information leaflets for self-selection. The dispensary was organised and sufficient in size and layout to safely dispense. And this helped the team members to work in safe and effective way. The pharmacist supervised the medicines counter from the checking bench. And they 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 had a consultation room. And it provided a professional area for people to have private conversations. The pharmacy team members used a door-bell to control access to the pharmacy during opening hours. And they used a notice to instruct people to ring the door-bell so they could authorise entry.

## 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. And this provided unrestricted access for people with mobility difficulties. The pharmacy displayed some leaflets in the waiting area. And it displayed its opening hours in the window. The pharmacist attached stickers to prescription bags. And the team members knew to alert the pharmacist when they needed to speak to people about their medication. Such as ensuring that people taking warfarin tablets knew to have their bloods tested. The pharmacist had trained the pharmacy team to speak to people about the chronic medication service (CMS). And this provided the opportunity to support people with their medicines. For example, when there had been changes to ranitidine medication. The team members managed around eight CMS serial prescriptions. And they knew to keep track of supplies so they knew when the next supply was due. The pharmacy team knew to highlight when people arrived too early or late for their medication. But most people arrived when they expected them to.

The pharmacy team members used dispensing baskets. And they always kept prescriptions and medicines contained throughout the dispensing process. The pharmacy dispensed multi-compartment compliance packs for around 100 people. And this accounted for around half of its dispensing activity. The team members sent around 50 prescriptions to an off-site hub for dispensing. And this helped them manage their work-load. The team members had read and signed the company's working instructions to confirm that dispensing was safe and effective. And they whichever dispensing bench was clear at the time to assemble the packs. The team members isolated packs when people's prescription needs had changed/were changing. For example, when they went into hospital. The team members used supplementary records to support the dispensing process. And they updated them following prescription changes. The team members carried out regular checks to ensure that people collected their medication on time. And this helped them to identify potential compliance issues which they referred to the pharmacist. The team members supplied patient information leaflets. And they provided descriptions of medicines to support people to take their medicines correctly. 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 provided a managed repeat dispensing service (EXRX). And this enabled the team members to dispense prescriptions in advance of them being needed. The team members had been authorised to send around 10% of its prescriptions to another off-site dispensing hub. And they had been trained to follow the necessary procedures. The pharmacist carried out checks before the prescriptions were transmitted to the hub. And the team members carried out checks when prescriptions were returned. And this provided assurance that dispensing was safe. The team members

used a MethaMeasure to dispense methadone doses for around 23 people. And they obtained an accuracy check at the time of registering new prescriptions and at the time they supplied each dose.

The pharmacy purchased medicines and medical devices from recognised suppliers. The team members carried out regular stock management activities. And they highlighted short dated stock and split-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 team members kept controlled drugs in two separate cabinets. And this managed the risk of selection errors, for example, they kept multi-compartment compliance packs in a separate cabinet.

The team members acted on drug alerts and recalls. And they recorded the date they checked for affected stock and the outcome. For example, in February 2020 they had acted on an alert concerning ibuprofen. And on checking the drawers they had no affected stock.

The company had trained the team members about the valproate pregnancy protection programme. And they knew where to find the safety leaflets and cards and when to issue them. The pharmacist monitored prescriptions for valproate. And they spoke to people that could be affected to confirm they knew about the risks. The company had trained the team members about the Falsified Medicines Directive (FMD) and what it aimed to achieve. But it had not implemented and embedded the system in its day-to-day processes.

## 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). It used crown-stamped measuring equipment. And the measures for methadone were highlighted, so they were used exclusively for this purpose. The pharmacy used a MethaMeasure for dispensing methadone doses. And the pharmacist calibrated the machine to show it was measuring accurate doses. The team members used a blood pressure monitor. And a label showed when the next calibration was due. The team members used a blood glucose monitor. And records showed the team members carried out regular calibrations. The pharmacy kept 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 portable phones. And they took calls in private when necessary.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✔</span> <b>Excellent practice</b>	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.
<span style="color: green;">✔</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✔</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.