

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 8 New Kirk Road, Bearsden,
GLASGOW, Lanarkshire, G61 3SL

Pharmacy reference: 1042445

Type of pharmacy: Community

Date of inspection: 01/10/2019

Pharmacy context

The pharmacy is in the centre of Bearsden town centre. It dispenses NHS prescriptions and provides a range of extra services. The pharmacy collects prescriptions from local surgeries. And it delivers medication to people in their homes. The pharmacy supplies medicines in multi-compartmental compliance packs when people need extra help. Consultation facilities are available. And people can speak in private with the pharmacy team.

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. They provide safe services and look after people's welfare. The pharmacy keeps records of mistakes when they happen. 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 displayed the responsible pharmacist notice. And it showed the name and registration number of the pharmacist in charge. The pharmacy used standard operating procedures (SOPs) to define the pharmacy processes and procedures. And this ensured that team members followed safe practices and provided effective services. The pharmacy team 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 near-misses. And they recorded some information about the contributing factors. The pharmacist reviewed the near-misses every month. And briefed the pharmacy team so that they could identify preventative measures. The dispensers took it in turn to carry out weekly safety audits to ensure compliance with safety measures. And an external auditor carried out checks once or twice a year with a score of 82% compliance achieved in the middle of August 2019. The pharmacy produced samples of the monthly briefings. But, they did not provide any details of improvement action that had been taken. And the briefing mostly covered service changes and new initiatives. For example, the July 2019 report listed the following;

1. Instructing team members to read new SOPs.
2. Reminding team members that gabapentin cannot be written on a repeat prescription due to its new controlled drug (CD) status.
3. Informing team members about a new text service, a new on-line booking system and about changes to the melatonin licence.

The team members had taken some action to manage dispensing risks. And they had highlighted look-alike and sound-alike medication such as amlodipine/amitriptyline and omeprazole 10/20mg.

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 medication had been supplied to the wrong person who had the same name as someone else. The pharmacist had instructed team members to re-read the SOP. And to always ask people to confirm their address instead of saying it for them. The pharmacy used a complaints policy to ensure that staff handled complaints in a consistent manner. And it used a leaflet to inform people about the complaints process and who to contact should they wish to complain or provide feedback. But, the leaflet was displayed in a corner at the back of the pharmacy and it could not be easily seen. The pharmacy received mostly positive comments. And the team members had not received suggestions for improvement.

The pharmacy maintained the legal pharmacy 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. The pharmacy team kept the controlled drug registers up to date. And the dispensers checked and verified the balance of controlled drugs 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 had been accredited to use patient group directions to improve access to medicines and advice. And a sample trimethoprim patient group direction was seen to be valid until August 2020.

The pharmacy provided regular training so that team members knew how to safeguard confidential information. The pharmacy did not display a data processing notice. And it did not inform people how it protected their confidential information. The pharmacy disposed of confidential information in designated bags. And a collection service uplifted the bags for off-site shredding. 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 trained the pharmacy team to comply with safeguarding arrangements. And provided contact details so that team members knew who to contact if they had a concern about a child or a vulnerable adult. The pharmacy team knew when to refer to the pharmacist. For example, at the time of the inspection. the dispenser was speaking to someone who had run-out of their medication. And had established that they should have had one month's supply left. The dispenser contacted the GP practice to arrange a multi-compartmental compliance pack to provide the extra support that they needed.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy monitors its staffing levels. And it ensures it has enough 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 it provides access to ongoing training. 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 had experienced team members leaving. And a new full-time and a part-time team member had been recruited to replace them. An area accuracy checking technician (ACT) had been seconded to the branch to provide extra support two days per week. The pharmacist continued to monitor the capacity and capability of the pharmacy team. And provided assurance that services were safe and effective. The company used performance targets. And team members were registering people with the managed repeat prescription service (EXRX) and the chronic medication service (CMS) when they could. The team members did not feel undue pressure to register people. And only did so when the services were suitable and appropriate.

A locum pharmacist was covering the regular pharmacist's day off. And the team members were providing support as he had only worked at the pharmacy once before. The team members were experienced and knowledgeable. And the following people were in post; one full-time pharmacist, three full-time dispensers, one pre-registration pharmacist, one Saturday pharmacy student and one delivery driver. The pharmacy team members submitted holiday requests in advance. And pharmacy students provided cover over the summer period when most of the team members took leave. The team members worked extra hours when cover was needed. And the Saturday student worked extra when she was available.

The pharmacist carried out annual performance reviews to identify areas for development. And had agreed to enrol two of the dispensers on the NVQ pharmacy services level 3 course at the next student intake. The pharmacy provided access to ongoing training so that team members were competent in their roles. For example, they had recently completed Flexiseq and EllaOne training. And were up-to-date with training that supported them to comply with the company's policies and procedures. For example, data protection training and safeguarding training.

A pre-registration pharmacist worked at the pharmacy. And had developed a timetable which included meetings with the on-site pharmacist mentor. And weekly allocated training time. This aimed to ensure she kept up-to-date with development activities to demonstrate that she was meeting the required competencies. For example, she had been carrying out consultations under the supervision of the pharmacist. And providing supplies of trimethoprim medication to treat urinary tract infections.

The pharmacy team members felt empowered to raise concerns and provide suggestions for improvement. For example, the dispenser had highlighted the need to improve the managed repeat

prescription service (EXRX). And had arranged for prescriptions to be dispensed well in advance. This was due to them being sent for dispensing to an off-site dispensing hub. And the need for extra time to be dispensed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean. And the pharmacy provides 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. And the pharmacy was kept neat and tidy with allocated areas and benches for the different dispensing tasks. The pharmacist supervised the medicines counter from the checking bench. And could make interventions when needed. The team members dispensed multi-compartmental compliance packs on a Monday when it was quieter. And when the dispensing benches were free from other prescriptions. 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 in the window. And it lets people know about its services and when they 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 dispenses multi-compartmental compliance packs. And supplies extra information to these people to support them to take their medicines. The pharmacy sources, stores and manages its medicines appropriately. And updates the pharmacy team 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 a pressure activated pad provided extra support to people with mobility difficulties. The pharmacy sold independent living aids and equipment to people with mobility issues. And demonstration products were available and provided people with the opportunity to try them before deciding to buy them. The pharmacy displayed its opening hours in the window. And provided patient information leaflets. But, these were displayed in a corner at the back of the pharmacy and in the consultation room and this restricted access.

The pharmacy provided a managed repeat dispensing service (EXRX). And this accounted for around 25% of the prescriptions dispensed. The pharmacy used an off-site dispensing hub. And the team members had read and signed the service SOPs to ensure the service was safe and effective. The dispensers processed the prescriptions as normal on a Monday when it was quieter. And the pharmacist carried out accuracy and clinical checks before they were transmitted to the hub for dispensing. The hub delivered the medication back to the pharmacy in sealed totes. And the team members carried out checks to ensure that the correct number of items had been dispensed and added extra medication that had been dispensed in the pharmacy.

The dispensing benches were organised. And the pharmacy team used dispensing baskets to keep prescriptions and medicines contained throughout the dispensing process. The pharmacy supplied multi-compartment compliance packs for around 112 people. And an off-site dispensing hub dispensed for around 44 of those people registered with the service. The team members had read and signed the company's SOPs. And this ensured that dispensing was safe and effective. The team members used a module on the PMR system to manage the dispensing process. And they sent prescriptions and a list of people's names so that extra checks were completed at the hub. The team members also used the list to reconcile packs once they were received back at the pharmacy. The team members removed and isolated dispensed packs when they were notified about prescription changes. And they made records in the communications diary and the patient's medication records. The pharmacy supplied patient information leaflets and provided descriptions of medicines. The pharmacy provided a delivery service to anyone that asked for it. The delivery driver used an electronic device to record deliveries. And made sure that people signed for their prescriptions to confirm receipt.

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 the pharmacy shelves neat and tidy. And purchased medicines and medical devices from

recognised suppliers. The pharmacy used two controlled drug cabinets. And kept expired and returned medication separated to avoid dispensing incidents. The team members carried out regular stock management activities. And highlighted short dated stock and part-packs during regular 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 team members acted on drug alerts and recalls. For example, they had actioned an alert in September 2019 for bisacodyl. And this had been shared with team members and an audit trail kept. The pharmacist had briefed the team members about the valproate pregnancy protection programme. And they knew where to find the safety leaflets and cards. The pharmacist monitored prescriptions for valproate. And made sure people had been given safety messages by their GP. The pharmacy team had been briefed about the Falsified Medicines Directive (FMD) and what it aimed to achieve. And although they had the necessary equipment, the system had not been introduced. The team members were unable to confirm when the system was due to be implemented.

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 added elastic bands to measures for methadone. The pharmacy team members used a blood pressure monitor. And they had attached a dated label to show when the next calibration was due. The pharmacy team members kept a blood glucose monitor. And the pharmacist explained there was little demand for the service. The pharmacist was the only person who carried out the tests. And calibrated the monitor before use. And not every 13 weeks as defined in the standard operating procedure (SOP). 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.