

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 1851-1855 Paisley Road West,
GLASGOW, Lanarkshire, G52 3SX

Pharmacy reference: 1042461

Type of pharmacy: Community

Date of inspection: 29/05/2019

Pharmacy context

The pharmacy is on a busy main road and lies to the south west of Glasgow. The pharmacy opens seven days a week between the hours of 9am and 9pm. And it dispenses NHS prescriptions and a range of extra services. The pharmacy supplies medicines in multi-compartmental compliance packs to help people take their medicines. And it provides a prescription delivery service when needed. A consultation room is available, and people can be seen in private.

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	2.1	Standard not met	The pharmacy does not have the right number of pharmacy team members throughout the week. This means that the pharmacy is unable to keep up to date with all the tasks they need to.
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 does not always manage its medicines appropriately. The pharmacy team members don't always check for out of date medicines. And they cannot provide assurance that faulty medicines are removed in time. This means they risk making supplies of medicines that may not be safe to use.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy keeps the records it needs to by law. It understands its role in protecting vulnerable people. And it provides regular training to keep confidential information safe. People using the pharmacy can raise concerns. And staff know to follow the company's complaints handling procedure. But, there is little assurance that the pharmacy has made the improvements that are being highlighted. The pharmacy trains the pharmacy team to work to policies and procedures. But, the team members are unable to do so all of the time. This means that the pharmacy cannot provide assurance that services are as safe as they need to be. And it increases the risk of something going wrong. The pharmacy team do not always keep records when things go wrong. This prevents the team members from learning about its weaknesses. And prevents the pharmacy from making service improvements where they are needed.

Inspector's evidence

The pharmacist displayed the responsible pharmacist notice. And people could identify who was in charge. The pharmacy team signed to confirm they followed standard operating procedures. And the procedures defined the pharmacy processes and staff responsibilities. The pharmacy team signed prescriptions to show they had completed a dispensing task. And this included assembly and accuracy checking prescriptions. The pharmacist checked prescriptions and gave feedback to dispensers when they failed to identify their own errors. The pharmacy team had not been recording near-misses since the beginning of March 2019. And they could not provide examples of improvement action following errors. The pharmacist had nominated a trainee dispenser to carry out the company's weekly audits. And areas for improvement had been highlighted. For example, the pharmacy team had agreed to prioritise tasks when they found they were short of time. And to check and verify controlled drug stock once a week.

The pharmacist managed the incident reporting process. And the pharmacy team knew when incidents had happened. For example, when a child had been given out-of-date phytomenadione medication. The regular pharmacist had investigated the incident and had found the pack contained a yellow dot to highlight the short expiry date. The pharmacist had contacted the locum pharmacist about the incident. But, had not arranged for additional date checking to be carried out. The pharmacy displayed a date-checking matrix. But, the last full expiry date check had not been carried out since November 2018. The inspector found 2 out-of-date products whilst sampling the stock; Tildiem LA 300mg and levofloxacin which both expired in April 2019.

The company carried out quarterly professional standards audits and had graded the pharmacy 'red' on 3 occasions over the past year. A professional support manager had carried out an audit in April 2019 and an action plan had been issued. A complaints policy ensured that staff knew to handle complaints in a consistent manner. The pharmacy did not provide information in the waiting area to inform people about the complaints process. The pharmacy team explained there had been an increase in the number of complaints over the past month. And they had been handing out the Customer Charter leaflets which contained contact details. The pharmacy team explained the complaints were about long waiting times and out-of-stock medicines. And this was due to the pharmacy being short staffed and losing control

over stock management procedures.

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 team kept the controlled drug registers up to date. And a dispenser had been working extra hours on a Monday to check and verify the stock once a week.

The pharmacy recorded controlled drugs that people returned for destruction. And destroyed the controlled drugs on a regular basis. The pharmacy team recorded their names once completed. The pharmacy kept the private prescription register up to date. But, had not been keeping the specials register up to date. And the last entry had been made in March 2019. The pharmacists used patient group directions to improve access to medicines and advice. A sample trimethoprim patient group direction was valid until August 2020.

The pharmacy team read and signed the company's data protection policy. And they knew to safeguard confidential information. The pharmacy team archived spent records for the standard retention period. And disposed of confidential information in designated bags which were uplifted for off-site shredding. The pharmacy stored prescriptions for collection in the dispensary out of view of the waiting area. And computer screens were not visible. The pharmacy team took calls in private using a portable phone when necessary. And used individual passwords to restrict access to patient medication records. The protecting vulnerable group scheme helped to protect children and vulnerable adults. And the pharmacy had registered the pharmacists.

The pharmacy displayed the chaperone policy beside the consultation room. And a new pharmacy assistant had signed to confirm she had read and understood it. The pharmacy team had read and signed the safeguarding policy. And they knew how to raise concerns when they recognised the signs and symptoms of abuse and neglect. The pharmacy team were aware of vulnerable groups. And key contact details were available should a referral become necessary. A trainee dispenser knew to refer people to the pharmacist. For example, when she had concerns about someone who had not called to ask when their multi-compartmental pack would be delivered as they normally did so. And it was found identified that the person was in hospital. Public liability and professional indemnity insurance were in place.

Principle 2 - Staffing Standards not all met

Summary findings

The company monitors its staffing levels. But, it does not have the right number of pharmacy team members throughout the week. This means that the pharmacy is unable to keep up to date with all the tasks they need to. The pharmacy encourages the pharmacy team to learn and develop. And the pharmacy team are required to complete training on a regular basis. But, they are not able to do so all of the time. This means the pharmacy team members are not always up to date to provide safe services. The pharmacy team members support each other in their day-to-day work. They can speak up and suggest service improvements. But, they are unable to meet all of the company's requirements.

Inspector's evidence

The pharmacy opened 7 days per week from 9.00am to 9.00pm. The pharmacy used a rota to manage the cover that was needed. The pharmacy used 2 teams to provide cover between 9.00am and 6.00pm and 6.00pm and 9.00pm and weekends. The pharmacy workload had remained the same over the past year. The pharmacy kept staff qualifications on-site. And evidence of accreditation was available. Two full-time pharmacists worked at the pharmacy. And each worked four days one week and three days on alternate weeks.

The pharmacy employed the following pharmacy team members to work between the hours of 9.00am and 6.00pm; one full-time medicines counter assistant (on sick-leave), one full-time medicines counter assistant/dispenser (on sick-leave), one full-time dispenser (on sick leave), one full-time trainee dispenser, one part-time trainee dispenser, one part-time medicines counter assistant and one part-time pharmacy assistant (on induction). The pharmacy employed two trainee medicines counter assistants, two trainee dispensers and three dispensers to work in the evening and at weekends. And a medicines counter assistant and a dispenser provided cover at the one time.

The pharmacy was experiencing difficulties maintaining the right number of pharmacy team members. This was due to three full-time pharmacy team members on long-term sick leave. It was also due to experienced team members leaving, and new people being recruited and enrolled onto training programmes. The pharmacy had not filled a pre-registration pharmacist post for the first time in 17 years. And double pharmacist cover had been stopped. The pharmacists had raised concerns and some cover had been provided. But, this was not sufficient.

The inspector visited the pharmacy on 22 May 2019. And found a trainee dispenser to be the only regular team member on duty at the time. The pharmacy increased the waiting time to one hour when the inspector spoke to the pharmacy team member in the consultation room. The pharmacists had prioritised the workload. For example, controlled drug management was up to date. But, e-learning was not being completed. The pharmacy team were unable to discuss dispensing risks due to the lack of near-miss recording. And improvement action was not being discussed.

The company used an annual performance review to develop staff and this was due. The pharmacy supported pharmacy team members that were in training. For example, the trainee dispenser that normally worked on weekdays had agreed to work on a Sunday and training support was provided by the regular pharmacist. The company used a workbook to support staff induction. And a new member

of staff was being supported by an external trainer. For example, the trainer had provided information about the electronic minor ailments scheme and the chronic medication service.

The pharmacy team knew what company targets were in place. And they had been trained in the past to register suitable people with the chronic medication service. The pharmacy team had reprioritised the workload and were unable to focus on targets. And there had been no repercussions as a result.

The pharmacy team were encouraged to raise concerns and provide suggestions for improvements. And had raised concerns about the shortfall in the number of pharmacy team members. The pharmacist discussed queries with patients. And gave advice when handing out prescriptions.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is safe and clean. But, the area that the pharmacy uses to make up prescriptions is too small. And sometimes prescriptions are made up on areas not designed for that purpose, such as on storage boxes. The pharmacy team members use a consultation room for private conversations. And the waiting area provides a safe, secure and professional environment for people to receive healthcare.

Inspector's evidence

The pharmacy maintained and cleaned the premises. And the waiting area presented a professional image to the public. The pharmacy provided seating in the waiting area. And a few patient information leaflets were available for self-selection. A consultation room was available and professional in appearance. The dispensary benches were congested at the time of the inspection. And storage boxes had been assembled in the middle of the pharmacy to provide a surface on which to dispense on. A trainee dispenser was dispensing multi-compartmental packs on the storage boxes at the time of the inspection. A large rear storage room was overstocked and was messy in appearance. The pharmacist supervised the medicines counter from a checking bench. And made interventions when needed. The pharmacy had effective lighting. And the ambient temperature provided a comfortable environment from which to provide services.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy sources its medicines from reputable suppliers. But, it doesn't always manage its medicines appropriately. The pharmacy team members don't always check for out of date medicines. And they cannot provide assurance that faulty medicines are removed in time. This means they risk making supplies of medicines that may not be safe to use. The pharmacy provides a range of services. It dispenses multi-compartmental compliance packs for people who need extra help with their medicines. And provides an NHS prescription collection and delivery service when needed. The pharmacy is accessible to people with mobility difficulties and has long opening hours from 9am to 9pm, seven days a week.

Inspector's evidence

The pharmacy provided a ramped surface for people with mobility difficulties. And, the medicines counter staff monitored the entrance to help when needed. The pharmacy displayed its opening hours at the front of the pharmacy. But, only provided a limited range of information leaflets for self-selection. For example, they did not provide information about the electronic minor ailments scheme or the chronic medication service. The pharmacy was busy during the day and in the evenings due to its location and extended opening times. For example, the pharmacy received out-of-hours referrals from NHS 24. And there was a demand for medicines and advice using patient groups directions.

The pharmacy was able to plan some of its dispensing workload using repeat dispensing schemes such as the chronic medication service. And used the PMR system to manage dispensing so that people's prescriptions were dispensed on time. The pharmacy kept the serial prescriptions in a separate cupboard. And they used forms to record the due date and the supply date. The pharmacy team had been trained to ask people if they were having problems taking their medication. And this allowed them to identify people with compliance problems.

The pharmacy team used dispensing baskets. And kept prescriptions and medicines contained throughout the dispensing process. The pharmacy dispensed a significant number of multi-compartment compliance packs. And a trainee dispenser who worked during the week ordered new prescriptions and produced the backing sheets ready for them to be dispensed at the weekend. The pharmacy aimed to dispense the packs two weeks in advance. But they had fallen behind in the last month and were only one week ahead. The pharmacy used trackers to manage the work-load and this managed the risk of people going without their medication. The pharmacy used a communication form to record changes. And updated the patient medication record as soon as possible. The pharmacy supplied patient information leaflets and descriptions of medicines to support people.

The pharmacy kept completed prescriptions separated from prescriptions that were owed. And the pharmacy had identified that locum pharmacists were not aware of the system, and had assumed that all prescriptions were kept together. This meant that prescriptions could not always be found and had led to delays with people waiting longer for their medication. The regular pharmacists had reminded

the pharmacy team to inform locums about the system. And to always check the PMR to find out if the prescriptions had been dispensed. The pharmacy provided a delivery service to housebound and vulnerable people. And the delivery driver made sure that people signed for prescriptions.

The pharmacy team accepted returned medicines from the public. And disposed of them in yellow containers that the health board collected. The pharmacy team kept the pharmacy drawers tidy. And purchased medicines and medical devices from recognised suppliers. The pharmacy kept controlled drugs in two organised cabinets to avoid selection errors. And they used a separate cabinet to store multi-compartmental compliance packs. The pharmacy team monitored and recorded the fridge temperatures. And demonstrated that the temperature had remained between two and eight degrees Celsius.

The pharmacy team had maintained an audit trail of drug alerts and recalls up until February 2019. And they had recorded the outcome, and the date they checked for the affected stock. For example, they had last checked stocks of amoxicillin in February 2019 with none found. The pharmacy could not provide examples of recent drug alerts. And could not provide assurance that they had been actioned. The pharmacist had carried out an audit to identify people who were taking Valproate medication. And the findings had been submitted via the company's intranet. The pharmacist confirmed she had briefed the pharmacy team about the use of Valproate in women. But, a trainee dispenser did not know about the pregnancy protection scheme and where to find safety leaflets and cards. The pharmacy had trained the pharmacy team to follow the falsified medicines directive. And although it had installed a bar-code reader and associated software, the system had not been operationalized.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services.

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 it had a separate range of measures for measuring methadone. The measures were marked for methadone and others were available for measuring other liquids such as antibiotics. The pharmacy used a Methameasure machine. And it calibrated and cleaned the machine once a day to ensure it was accurate. The pharmacy used a blood pressure monitor and the pharmacy team had attached a label to show it was due to be calibrated in June 2019. The pharmacy used a blood glucose monitor and a record showed it had been calibrated in February 2019 with the next calibration due in 13 weeks' time. The pharmacy had a range of equipment for counting loose tablets and capsules. And a separate triangle was used for cytotoxic medication. Cleaning materials were available for hard surface and equipment cleaning. And the pharmacy sink was clean and suitable for dispensing purposes. A consultation room was available. And the pharmacy protected people's privacy and dignity.

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.