General Pharmaceutical Council

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: 06/11/2019

Pharmacy context

This is a community pharmacy on a parade of shops on a busy main road. It opens seven days a week between the hours of 9am and 9pm. And 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 offers a smoking cessation service and flu vaccinations. And it provides blood pressure and diabetes 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 records when they make mistakes. The pharmacy team members review the records. But, they do not always use them to make improvements. The pharmacy keeps most of 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 working instructions to define the pharmacy processes and procedures. And the team members had signed them to show they understood their roles and responsibilities. The pharmacy had displayed the responsible pharmacist notice. And it showed the name and registration number of the pharmacist in charge. 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 dispensers recorded their own near-misses. But, they did not always identify what had caused the error. The team members found it difficult to come together to discuss safety matters. And this was due to them working at different times of the week. A dispenser had taken the initiative. And had started producing and circulating a summary document which listed safety priorities which the team members read and signed. The team members had been focussed on managing the dispensing spaces due to a recent refurbishment. And they were in the process of re-organising stock and keeping high-risk medicines such as pregabalin and gabapentin, and olanzapine and omeprazole separated due to previous selection errors.

A lead dispenser had been nominated to carry out weekly audits to confirm compliance with safety measures. For example, they checked that the benches were clear, and stock was safely stored. The company used a professional standards audit every 13 weeks to assess compliance. And the team members had agreed to implement the improvements that were needed. For example, ensuring they carried out regular controlled drug (CD) balance checks once a week. 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 mix-ups with controlled drugs when the wrong medication had been supplied. The pharmacy team members had discussed the incidents. And they had agreed to obtain a second check before passing to the pharmacist for a final accuracy. The pharmacist had completed the relevant incident reporting forms. And had submitted them to the controlled drug accountable officer (CDAO) at NHS greater Glasgow and Clyde. The pharmacy used a complaints policy to ensure that staff handled complaints in a consistent manner. But, the company leaflets were not being displayed and people were not informed about how to make a complaint. The pharmacy had been receiving complaints about its waiting times. But, they had managed to reduce the waiting time over the past 6 months.

The pharmacy maintained most of the legal pharmacy records it needed to by law. But, the pharmacist in charge did not always keep the responsible pharmacist record up to date. And the inspector could not identify who had been in charge on a specific day. Public liability and professional indemnity insurance were in place. And they were valid and up to date. The pharmacy team kept the controlled drug registers up to date. And they had recently increased the frequency of balance checks. This ensured they identified incidents in a timely manner. And made sure they accounted for methadone overages. The pharmacy had recently started placing controlled drug prescriptions in a poly-pocket. And the pharmacist checked to confirm they had been entered into the correct register. 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 the pharmacists had signed the necessary document for the Health Board to confirm they followed the current version. But, the pharmacists had not replaced the previous trimethoprim documentation. And there was a risk this could be used.

The pharmacy did not inform people about its data protection arrangements. The pharmacy trained its team members on a regular basis to comply with data protection arrangements. And they knew how to safeguard personal information. The pharmacy disposed of confidential information in designated bags. And it archived spent records for the standard retention period. The pharmacy used a protecting vulnerable group (PVG) scheme to help protect children and vulnerable adults. And it used a safeguarding policy with local contact details to ensure that team members knew how to identify and manage concerns. The pharmacy team knew to refer concerns to the pharmacist when they recognised the signs and symptoms of abuse and neglect. And they knew to discuss serious concerns with the superintendent's office who provided support. The team members recorded signatures when multi-compartment compliance packs were collected by people or their carers. And this helped them to identify compliance issues and when people needed extra support.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy monitors its staffing levels. And it ensures it has the right number of 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 members to learn and develop. And they make suggestions for improvement to keep services safe and effective.

Inspector's evidence

The pharmacy had experienced a slight decline in the number of NHS prescription items it dispensed over the summer. But, the numbers had started to increase in the last few months. The pharmacists monitored the capacity and capability of the team. And a non-pharmacist manager used rotas to ensure there was sufficient cover. The pharmacy relied on locums to provide regular cover a few days every month. And this generally fell on a weekend with different pharmacists providing cover. The rota was fixed with experienced team members working weekdays. But, the new, less-experienced team members worked at the weekend. And this meant there was a risk that service continuity could be compromised. The non-pharmacist manager arranged annual leave. And team members knew that only one person was permitted leave at the one time. The company had increased the number of team members in the pharmacy. And a new non-pharmacist manager had been appointed in July 2019 to support the pharmacists and to manage the pharmacy operations. An accuracy checking technician (ACT) had been recently organised to work at the pharmacy. And a new team member who had not worked in a pharmacy before was undergoing induction. The pharmacy had experienced a significant level of unplanned absence earlier in the year. But, the team members had returned to their posts and the pharmacy team was working at full capacity.

The pharmacy retained training qualifications on-site. And most of the team members were experienced and had worked at the pharmacy for a significant length of time. The following people worked at the pharmacy; two full-time pharmacists, one full-time dispenser (non-pharmacist manager), three full-time dispensers, one part-time dispenser, one part-time trainee dispenser, one part-time accuracy checking technician (ACT), one full-time medicines counter assistant (MCA), one part-time MCA and one delivery driver. A dispenser had previously worked a zero-hours contract. And was about to take up a post again after a period of leave. The pharmacy employed seven team members to work in the evenings and at the weekend. And new people had been recently appointed to replace team members who had left.

The pharmacy had undergone a refurbishment at the beginning of October 2019. And two cluster managers and the country manager were present at the time of the inspection to support the team members. One of the cluster managers was working alongside an experienced dispenser who had been nominated to oversee multi-compartment compliance pack dispensing. And they were reviewing the service, and implementing improvements so that the service was safe and effective. The dispenser was expected to develop and support the other dispensers in the branch. And once deemed competent would be expected to dispense packs. The cluster managers and the country manager had planned to

work at the pharmacy for the next few months. And to support the new manager and the rest of the team to develop.

The manager was about to carry-out the annual performance review to identify development goals for each team member. And the cluster manager had planned to attend each review to support the manager who had not carried out reviews before. The manager had been authorised to attend training to support her in her new role. And she had completed HR training and knew about the company's policies and procedures. The manager had planned to carry-out a baseline assessment to ensure that the team members had the competencies to carry out their roles and responsibilities. For example, one of the long-serving medicines counter assistants had been recently trained to cash-up at the end of the day.

The pharmacy had introduced records to confirm that everyone had completed mandatory training. And the team members were up-to-date with the company's current requirements. For example, they had completed both on-site and off-site training to provide the smoking cessation service. And some of the team members had been trained to carry out blood glucose and blood pressure checks with guidance available to support them. A team member had recently enrolled on the NVQ pharmacy services level 2 course. And the manager had planned to allocate protected learning time to support her progress.

The pharmacy team members felt empowered to raise concerns and provide suggestions for improvement. For example, the company had asked for feedback about their refurbishment plans. And a few team members had requested that a door in the new multi-compartment compliance pack room be removed, and this had been approved. The dispensers had highlighted the need to improve the storage arrangements for prescriptions awaiting collection. And this was being considered so that prescriptions could be retrieved more easily. The pharmacy used audits to identify safety risks. But, the team members did not always reflect and document the reasons for their errors. This prevented them from learning about their weaknesses and from making service improvements.

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 a few health information leaflets for self-selection. The pharmacy had allocated areas and benches for the different dispensing tasks. And a new separate rear room 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 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. The pharmacy displays its opening times and a few healthcare information leaflets at the front of the pharmacy. And it lets people know what services are available to them.

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, it only provided a limited range of health information leaflets for self-selection. 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 significant demand for medicines and advice using patient groups directions.

The pharmacy team members were able to plan dispensing using service initiatives such as the ‘managed repeat dispensing service’ (EXRX). And this allowed them to plan around 40% of their workload. And better manage stock levels to ensure that medicines were available at the point of collection when required. The pharmacy team members had been identifying people that were suitable for the chronic medication service (CMS). But, they had not been carrying out checks to identify people since the refurbishment due to time constraints. The pharmacy team used dispensing baskets. And kept prescriptions and medicines contained throughout the dispensing process. The pharmacist attached stickers and repeat slips 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 120 people. And it sent around 60 packs to be dispensed at a central hub. The team members had read and signed the company’s working instructions. And this provided assurance that dispensing was safe and effective. A named team member was carrying out and managing the dispensing of packs due to process changes and improvements. And another managed the prescriptions that they sent to the hub. The team members used supplementary records to manage the process. For example, the lead dispenser checked a sheet when the packs were returned from the huh. And retrieved the PMR sheet which showed the items still to be added. The team members used a new separate room to store all the packs. And they removed and isolated packs when they were notified about prescription changes. The team members completed a ‘change-sheet’ which was kept along-side the patient’s medication record. And they supplied patient information leaflets and descriptions of medicines.

The team members kept the pharmacy shelves and drawers neat and tidy. And purchased medicines and medical devices from recognised suppliers. The pharmacy kept controlled drugs in two well-organised cabinets. And this reduced the risk of selection errors. The team members used a

methameasure to dispense doses to around 40 people. And they had recently introduced a triple check to ensure that the correct dose was being supplied and that methadone was being accounted for. 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 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 ranitidine in October 2019 with stock identified and returned to the supplier. The pharmacy team members had completed e-learning and knew about the valproate pregnancy protection programme. And they knew where to find the safety leaflets and cards. The pharmacists monitored prescriptions for valproate. And they added flash notes to the PMR to highlight people that were affected. The pharmacy team had introduced a system to carry out the processes needed to comply with the Falsified Medicines Directive (FMD). But, the system had not been operationalized. And this was due to be completed by the end of November 2019

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 used a methameasure to provide methadone doses. And the pharmacist mostly calibrated the machine at the start of the day. 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. But, they were unable to produce the record showing recent calibrations. And this was due to a recent refurbishment and not all of the records readily available. The pharmacist stated that demand for the service was low. And if asked she would calibrate the machine at the time. 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.