

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 8 Quarry Place, HAMILTON,
Lanarkshire, ML3 7BB

Pharmacy reference: 1042554

Type of pharmacy: Community

Date of inspection: 31/10/2019

Pharmacy context

This is a community pharmacy in Hamilton 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 flu vaccinations.

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	Good practice	1.1	Good practice	The pharmacy has systematic review arrangements in place. And this ensures that the quality, safety and effectiveness of its services continue to improve.
		1.2	Good practice	The pharmacy embeds continuous improvement in its culture. The pharmacy team ensures it learns when things go wrong. And it takes its time to discuss and identify risks so that the safety and effectiveness of its services continue to improve.
		1.7	Good practice	The pharmacy has a systematic approach to information governance. It provides regular training. And it carries out regular reviews to confirm that its arrangements meet data protection requirements.
		1.8	Good practice	There is a clear culture of safeguarding the safety and wellbeing of children and vulnerable adults.
2. Staff	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.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy manages its services well. The pharmacy team members are organised and efficient. And they provide safe services.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Good practice

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 the team members consistently use the records for 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 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 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. And provided reasons why the errors had happened. This allowed them to identify weaknesses and improve services to make them as safe as they needed to be. The team members carried out weekly audits to confirm compliance with safety measures. For example, they checked that the benches were clear, and stock was safely stored. A sample of recent near-miss reviews showed the following actions had been agreed;

1. Separating gabapentin and pregabalin to manage selection risks.
2. Highlighting significant near-miss records with a green highlighter pen to discuss again at the monthly review.
3. Taking more care when selecting inhaler devices due to the range of different devices.

The company used a professional standards audit every 13 weeks to assess compliance. The branch had achieved good compliance and had agreed to implement changes where needed. For example, using clear prescription bags instead of paper bags for multi-compartment compliance packs. The pharmacy team members discussed the company's newsletter. And they had recently reviewed their practices as a result;

1. Using PC70 forms for all instalment prescriptions.
2. Dispensing oxycodone against Oxynorm prescriptions. And Shortec against Shortec prescriptions.

The pharmacist managed the incident reporting process. And team members knew when incidents happened and what the cause had been. For example, they knew there had been a mix-up with pregabalin and gabapentin. And this had been partly due to the dispenser being distracted. The pharmacy team members had discussed the incident. And they had agreed to obtain an accuracy check from one of their colleagues before passing to the pharmacist for a final check. 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. 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 November 2019.

The pharmacy displayed a notice which provided people with information 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 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 used a safeguarding policy to train the pharmacy team members. And they kept contact details up to date, so they could make timely referrals if they needed to. The pharmacy team knew to refer concerns to the pharmacist when they recognised the signs and symptoms of abuse and neglect. And they documented and reported serious concerns to the superintendent's office who provided support.

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 had experienced a slight growth in the number of NHS prescription items it dispensed over the past year. But, the pharmacist continued to monitor the capacity and capability of the team to ensure they were able to provide safe and effective services. The team members were experienced and had worked at the pharmacy for a significant length of time, and included; one full-time pharmacist, one full-time dispenser, two part-time dispensers and one Saturday trainee dispenser. The pharmacist managed annual leave with only one team allowed to take leave at the one time. And the Saturday dispenser provided cover when the pharmacy team needed extra support.

The pharmacist was about to carry-out the annual performance review to identify development goals for each team member. For example, in the past one of the dispensers had been nominated to carry-out the monthly patient safety review and to manage the internal auditing processes.

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 provide the smoking cessation service. And they had attended a training session at an off-site location about how to use the pharmacy care record (PCR). The pharmacy trained team members to carry out blood glucose and blood pressure checks. And the company provided a policy and work instructions to support them to do so.

The pharmacy provided the team members with protected learning time to support them to keep up to date with training requirements. And they were able to access on-line training after hours if they wished to. The pharmacy supported others to learn. For example, it was providing experiential learning for a pharmacy student on the day of the inspection. The pharmacy team members felt empowered to raise concerns and provide suggestions for improvement. For example, a dispenser had suggested reviewing when multi-compartment compliance packs were dispensed to better manage the work-load. And the exercise had resulted in a re-balancing to ensure that dispensing was evenly distributed over a 4-week period.

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 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 stepped access which had the potential to cause restrictions for people with mobility difficulties. And the pharmacy had installed an external bell so that people could alert the team members for assistance. But, the bell was broken at the time of the inspection due to it being vandalised. And the team members were awaiting a new improved device to be installed. The team members had asked people that were affected to knock on the door that was close to the medicines counter. And this meant they could provide assistance until the bell was installed. The pharmacy displayed its opening hours in the pharmacy window. And displayed leaflets in the waiting area and in the consultation room.

The pharmacy team members identified people that were suitable for the chronic medication service (CMS). And they attached stickers to prescription bags to alert the pharmacist who spoke to people about their medicines and identified any difficulties they may be having. The pharmacist had been speaking to people using NSAIDs. And they had been identifying issues such as someone who was stock-piling supplies at home. 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 100 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 bench to assemble and store the packs. And they used supplementary records to support the dispensing process. 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. The team members removed and isolated packs when they were notified about prescription changes. And they completed a 'change-sheet' which was kept in the patient's medication record. The pharmacy team members supplied patient information leaflets. And they provided descriptions of medicines.

The team members kept the pharmacy shelves neat and tidy. And purchased medicines and medical devices from recognised suppliers. The pharmacy kept controlled drugs in a well-organised cabinet. And this managed the risk of selection errors. The pharmacist supplied methadone doses to around 10 people. And they dispensed the doses the day before they were due to maximise the available space in the CD cabinet. The pharmacy team 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 Docetaxel in October 2019 with no stock found. 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 pharmacist monitored prescriptions for valproate. And added flash notes to the PMR to highlight people that were affected. The pharmacy team had implemented a system to carry out the processes needed to comply with the Falsified Medicines Directive (FMD). And the team members had completed training to follow the 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). 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 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.