

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, 78 High Street, LANARK,  
Lanarkshire, ML11 7ES

**Pharmacy reference:** 1042559

**Type of pharmacy:** Community

**Date of inspection:** 14/08/2019

## Pharmacy context

The pharmacy is in the town centre of Lanark and is located a short distance away from a sister branch. It dispenses NHS prescriptions and provides a range of extra services. The pharmacy collects prescriptions from local surgeries. And it supplies medicines in multi-compartmental compliance packs when people need extra help. A consultation room is available. And people can speak to pharmacy team members in private.

## 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	1.2	Good practice	The pharmacy team records near misses and dispensing incidents. And internal and external audits are carried out on a regular basis. The pharmacy uses the information to identify areas for improvement. And this ensures that services continually improve and develop. The pharmacy team meet regularly to discuss the findings. And this ensures that team members are aware of the risks in the pharmacy and take responsibility for implementing safety measures.
<b>2. Staff</b>	Standards met	2.4	Good practice	The pharmacy team members take ownership of tasks. And take the opportunity to provide feedback so that services develop and patient safety improves. The team members support each other. And ensure that trainees are confident in their roles. There is a culture of openness, honesty and learning.
<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 complete training and work to professional standards. They provide safe services and look after people's welfare. The pharmacy keeps records of mistakes when they happen. And senior pharmacy team members carry out checks to make sure the pharmacy is running safely. The team members discuss the need for improved safety measures. 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 used standard operating procedures (SOPs) to define the pharmacy processes and procedures. The pharmacy team members had signed to confirm they followed the procedures. And to show they understood their roles and responsibilities. The company was updating and issuing new SOPs more frequently on a quarterly basis. And this made it easier for the pharmacy team to read and consolidate any new processes. 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 including details of the contributing factors. And they discussed ways of managing any significant risks at a monthly near-miss review. The trainee pharmacy technician was undergoing training to carry out weekly safety audits to confirm compliance with safety measures. And external auditors carried out checks once or twice a year, with the pharmacy recently scoring 92.99% compliance against company standards.

The pharmacy produced their near-miss reports and safety audits for the past few months. And improvement action had been identified and implemented. For example;

1. Using baskets to quarantine prescriptions containing near-misses until they were discussed and corrected.
  2. Separating Pulmicort 200/400 devices and adding shelf-edge caution labels.
  3. Separating Spiriva 30/60 devices and adding shelf-edge caution labels.
  4. Highlighting and separating look-alike and sound-alike medicines such as Humulin Kwik Pen and M3 Pen.
  5. Reminding team members to attach an expiry date to liquid medicines at the time of opening.
- The pharmacy had identified busy peak times when dispensers also had to cover the medicines counter. And they ensured that prescriptions were thoroughly checked after being interrupted. 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 an error when a glyceryl trinitrate spray containing 75 doses had been supplied instead of a spray containing 200 doses. The pharmacist had taken remedial action and had arranged for the different sized containers to be highlighted on the shelf. The pharmacy used a complaints policy to ensure that staff handled complaints

in a consistent manner. The company provided a leaflet to inform people about the complaints process which included relevant contact details. But this was not available at the time of the inspection.

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 'fair data processing notice' which provided people with information about its data protection arrangements. The pharmacy team read and signed the confidentiality SOP. And they knew how to safeguard personal information. The pharmacy disposed of confidential information in designated bags. And a collection service uplifted the bags for off-site shredding. The pharmacy stored prescriptions for collection out of view of the waiting area. And kept computer screens facing away from the waiting area. The pharmacy team took calls in private using a portable phone when necessary. And used individual passwords which were regularly updated to restrict access to patient medication records.

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 kept a safeguarding policy in the SOPs folder with key contact details readily available. And team members had signed to confirm they had read and understood it. The pharmacy team knew to refer concerns to the pharmacist when they recognised the signs and symptoms of abuse and neglect. For example, they referred people to the community addictions team when they did not attend for their supervised doses.

## 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 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 number of items dispensed had increased by around 1000 to 1500 prescription items per month over the past 6 months. And the number of team members had remained the same. But, the capacity and capability of the pharmacy team met the work-load demands.

The team members were experienced and had worked at the pharmacy for a significant length of time. The pharmacy kept training certificates on-site. And the following team members were in post; one full-time pharmacist, one full-time non-pharmacist manager/dispenser, one part-time newly qualified accredited checking technician, one full-time trainee pharmacy technician, two part-time dispensers, one Saturday dispenser and one delivery driver.

The pharmacy had supported team members to develop. And the trainee pharmacy technician was allocated an hour's training time in the work-place each week. The pharmacist mentored the trainee pharmacy technician. And had completed an expert witness module to provide the necessary quality assurance when the trainee submitted evidence. The newly qualified ACT and the pharmacist had been discussing the new ACT role. And had agreed that carrying out final accuracy checks of multi-compartmental compliance packs would best meet the needs of the service.

The company used performance targets. For example, the pharmacy was focussed on registering people onto the chronic medication service (CMS). And this supported people to get the most out of their medicines. The pharmacy used an annual appraisal to identify areas for development. And the trainee pharmacy technician was undergoing development to identify and register people onto the CMS service due to an experienced team member leaving. The team member did not feel undue pressure to meet the performance target.

The team members were expected to complete mandatory training. And they were up-to-date with company requirements. For example, they had recently completed Ellaone training. 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.

The pharmacy team members felt empowered to raise concerns and provide suggestions for improvement. For example, the pharmacist had discussed the company's requirement to seal multi-

compartmental compliance packs following an auditor's feedback. The auditor had taken the pharmacist's comments on board and agreed it should always be at the pharmacist's discretion.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are clean. And provide a safe, secure and professional environment for people to receive healthcare.

### Inspector's evidence

A large well-kept waiting area presented a professional image to the public. The pharmacy provided seating close to the medicines counter and consultation room. And provided a few patient information leaflets for self-selection. The pharmacy had allocated areas and benches for the different dispensing tasks. And the pharmacy team dispensed walk-in prescriptions near to the waiting area. The pharmacist supervised the medicines counter from the checking bench. And could make interventions when needed. 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 is accessible to people with mobility difficulties. It displays its opening times and service information in the window. And there is access to some patient information leaflets inside the pharmacy. The pharmacy has up-to-date working instructions in place for its services. And this assists the pharmacy team to work in a safe and effective way. The pharmacy dispenses multi-compartmental compliance packs. And it supplies extra information to support people to take their medicines. The pharmacy sources, stores and manages its medicines. It updates the pharmacy team about high-risk medicines. And this means that team members know when to provide people with extra information.

### Inspector's evidence

The pharmacy had two separate entrances and there was unrestricted access for people with mobility difficulties. It provided access to a car-park from the rear entrance. And to the busy high street from the main entrance. The pharmacy displayed its opening hours in the pharmacy window. And displayed a few leaflets behind the medicines counter and in the consultation room. The dispensing benches were organised, and a separate rear room was used for dispensing and storing multi-compartmental compliance packs. The pharmacy team used dispensing baskets. And kept prescriptions and medicines contained throughout the dispensing process. The pharmacy provided a delivery service to housebound and vulnerable people. And made sure that people signed for controlled drugs to confirm receipt.

The pharmacy dispensed multi-compartment compliance packs for around 140 people. And an off-site hub dispensed packs for around 43 of those people registered with the service. The team members had read and signed the company's standard operating procedure. And this ensured that dispensing was safe and effective. A separate rear room was used to assemble packs. And this minimised disruptions and the risk of dispensing errors. The team members used a module on the PMR system to manage the dispensing process. And this ensured that people received their medication on time. The team members scanned bar-codes on prescriptions that had been dispensed and returned by the off-site hub. And this showed the items that had been deemed not suitable to be put into the packs. And these were dispensed and added by team members. The team members removed and isolated packs when they were notified about prescription changes. And a record was made in the communications diary and the patient's medication record was updated at the same time. The pharmacy supplied patient information leaflets and provided descriptions of medicines. The pharmacy provided a delivery service to housebound and vulnerable people. And made sure that people signed for controlled drug prescriptions to confirm receipt.

The pharmacy supplied methadone doses to around 30 people. And the team members dispensed doses twice a week to manage the work-load. The team members obtained an accuracy check after dispensing each dose. And the doses were placed in one of the controlled drug cabinets until they were needed. The team members retrieved the prescription and previously dispensed doses when people arrived at the pharmacy. And obtained a final accuracy check at the time they were supplied.

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 four well-organised cabinets

to manage the risk of selection errors. For example, the team members kept sugar-containing and sugar-free methadone separated. The pharmacy team carried out regular stock management activities. And highlighted short dated stock and part-packs during regular expiry date 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 a fridge for stock and another for dispensed items awaiting collection. The pharmacy accepted returned medicines from the public. And disposed of them in yellow containers that the health board collected. 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 team members acted on drug alerts and recalls. And recorded the outcome, and the date they checked for affected stock. For example, they had checked for aripiprazole in July 2019 with no stock found. The pharmacy team members had been trained to adhere to the requirements of 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 knew about the Falsified Medicines Directive (FMD) and what it aimed to achieve. But the company had not introduced a system to meet the needs of the directive. And the team members had not been informed about timescales.

## 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 highlighted measures for methadone using elastic bands. The pharmacy used a blood pressure monitor. And attached a dated label to show when a calibration was next due. The pharmacy used a blood glucose monitor. And 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.