

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 69 High Street, GRANTOWN-ON-SPEY, Morayshire, PH26 3EG

Pharmacy reference: 1042788

Type of pharmacy: Community

Date of inspection: 01/04/2019

Pharmacy context

The pharmacy is on the main street in Grantown-on-Spey. It dispenses NHS prescriptions for the local population. And offers a delivery service to housebound and vulnerable people. The pharmacy team supplies medicines in multi-compartment medicine devices for vulnerable people. And offers independent living aids and equipment to help people with mobility issues.

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	1.7	Good practice	The pharmacy has good information governance arrangements. The pharmacy team completes regular training and has the skills to keep confidential information safe.
		1.8	Good practice	The pharmacy has good safeguarding arrangements in place. And the pharmacy team have the knowledge to identify the signs and symptoms of abuse and neglect. The pharmacy team acts to make sure they protect and support vulnerable people.
2. Staff	Standards met	2.5	Good practice	The pharmacy encourages the pharmacy team to provide feedback and improve services. And it supports the team to raise concerns.
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 complete training and work to professional standards. They provide safe services and look after people. The pharmacy keeps records of mistakes when they happen. And senior pharmacy members carry out checks to make sure the pharmacy is running safely. The pharmacy team members discuss the need for new safety measures. And there is ongoing service improvement. 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. This means that staff listen to people and put things right when they can.

Inspector's evidence

A locum pharmacist was providing cover at the time of the inspection. And had arrived at short notice due to the regular pharmacist taking unplanned leave. The pharmacist had not displayed the responsible pharmacist notice. And people could not identify who was in charge.

The pharmacy team signed to confirm they followed standard operating procedures. The procedures defined the pharmacy processes and staff responsibilities.

The pharmacy team signed prescriptions to show they had completed a dispensing task. 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 dispensers recorded their near-misses. But did not always identify the contributing factors. This meant that improvement action was not always identified and discussed.

Sample near-miss reports were selected for January and February 2019. But, the pharmacy team had only been reminded to take more care when busy. The pharmacy was proactive at highlighting look alike and sound alike medicines. For example, it had discussed salmeterol and salbutamol inhalers. And this was due to packaging similarities and the risk of selection errors. The pharmacy team read case studies to learn about dispensing risks. For example, when an accountable officer could not find controlled drugs for destruction. The pharmacy team had agreed to re-read the standard operating procedure to ensure their knowledge was up to date.

The pharmacist managed the incident reporting process. The pharmacy team knew when incidents had happened and what the cause had been. For example, they knew about a mix-up with brinzolamide/brimonidine eye drops. But had not separated or highlighted the affected stock.

A complaints policy ensured that staff handled complaints in a consistent manner. This increased the likelihood of the pharmacy team being able to resolve issues. And managed the need for people to escalate complaints. A leaflet informed people about the complaints process and provided contact details.

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 checked and verified the balance of controlled drugs once a week. The pharmacy recorded controlled drugs that people returned for destruction. The staff destroyed the controlled drugs on a regular basis. And recorded their names once completed. A sample of private prescriptions were up to date and met legal requirements. A sample of specials records were up to date. And the pharmacy team recorded the name of the person who had received the medication. Public liability and professional indemnity insurance were in place.

The pharmacists used patient group directions to improve access to medicines and advice. A sample trimethoprim patient group direction was valid until November 2019.

The pharmacy team completed data protection training on a regular basis. And recent training had included the general data protection regulations. The staff disposed of confidential information in designated bags. A collection service uplifted the bags for off-site shredding. The pharmacy team archived spent records for the standard retention period. The pharmacy stored prescriptions for collection 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. The pharmacy team 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 and dispensary staff. The pharmacy displayed the chaperone policy beside the consultation room. And the pharmacy team had signed to confirm they 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. Staff were aware of vulnerable groups. And key contact details were available should a referral be necessary.

The pharmacy team asked people to sign when they collected multi-compartment medicine devices. And contacted the relevant person when there were frequent collections or failed deliveries.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy monitors its staffing levels. And ensures it has the right number of pharmacy team members throughout the week. The pharmacy team members reflect on their performance. They identify and discuss their learning needs at regular review meetings. This ensures they 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. They can speak up and suggest service improvements. They share ideas and learnings to keep services safe.

Inspector's evidence

The pharmacy work-load had increased over the past year. The pharmacist had completed a staffing review. And confirmed that the staffing level was adequate. A new dispenser had been recently appointed to replace someone who had left.

The pharmacy kept staff qualifications on-site so that evidence of accreditation was available. The pharmacy team members were mostly long-serving and experienced. The following staff were in post at the pharmacy: one full-time responsible pharmacist who had worked at the pharmacy for around 10 years; three x 28 hours dispenser; one x 35 hours dispenser; one x 38 hours dispenser/supervisor; and one x 21 hours dispenser.

The pharmacy allowed one member of staff to take annual leave at the one time. And part-time staff increased their hours to ensure there was enough cover to complete tasks.

The pharmacy supported staff that were in training. And the pharmacist had agreed protected training time each week for the trainee pharmacy technician. The pharmacy used an annual performance review to develop staff. For example, a new dispenser had agreed to spend more time in the dispensary to develop her competence.

The pharmacy team knew what company targets were in place. And were registering people with the chronic medication service. The pharmacy team were not under pressure. And only registered people that were suitable for services.

The pharmacy provided e-learning, and staff were up-to-date. The staff had completed information governance and safeguarding training. And knew to safeguard confidential information and vulnerable people. The pharmacy team members raised concerns and provided suggestions for improvement. For example, they identified the need for more shelf space for instalment prescriptions. So that prescriptions were easier to manage and retrieve at the time they were needed.

The pharmacist discussed queries with patients. And gave advice when handing out prescriptions.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy maintained and cleaned the premises on a regular basis. And a large well-kept waiting area presented a professional image to the public. The pharmacy provided seating in the waiting area. And a range of patient information leaflets were available for self-selection. A consultation room was available and professional in appearance.

The pharmacy had allocated benches for the different dispensing tasks. The pharmacy team dispensed walk-in prescriptions near to the waiting area. And dispensed multi-compartment medicine devices in a rear room. The pharmacist supervised the medicines counter from the checking bench. And could make interventions when needed.

A security alarm protected the pharmacy after hours. And panic buttons were available. The pharmacy had effective lighting. And the ambient temperature provided a comfortable environment from which to provide services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a range of services to the surrounding area. It provides information leaflets for self-selection. And it displays opening times and service information in the window. The pharmacy supports housebound and vulnerable people. It stocks a range of independent living aids and equipment. And dispenses multi-compartment medicine devices for people who need extra help. The pharmacy manages its services. But, does not always update the pharmacy team about high-risk medicines. This means that staff may not always be up to date with current safety messages. The pharmacy sources, stores and manages medicines to ensure they are fit for purpose. But it does not verify the receipt of new medicines.

Inspector's evidence

People with mobility difficulties could access the pharmacy on a level surface. And a power assisted door was available to provide extra support. The pharmacy offered independent living aids and equipment to people with mobility issues. And did not charge for delivery when collected from the pharmacy. 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 care home driver used a lockable red box to transport controlled drugs. The pharmacy team and the care home team held the keys to the box. And both teams signed the delivery form to confirm despatch and receipt of the controlled drugs.

The dispensing space was adequate. And the pharmacy team had allocated benches for the various dispensing tasks. The pharmacy team used dispensing baskets. And kept prescriptions and medicines contained throughout the dispensing process. The pharmacy team attached labels to prescription bags to communicate key messages. For example, using a pharmacist label to identify people suitable for services.

The pharmacy team managed the chronic medication scheme. And used a form to record when they made a supply against each serial prescription. The pharmacy team spoke to people when they made a supply. And referred issues to the doctor, for example when people ordered excessive inhalers.

The pharmacy provided multi-compartment medicine devices for people who needed extra support. And two experienced dispensers took it in turn to dispense the devices. The pharmacy team used trackers to manage the work-load, and to avoid people going without medication. The pharmacy team recorded changes on the patient medication record sheets. And confirmed that the electronic patient medication record was up to date. The pharmacy team supplied patient information leaflets and

descriptions of medicines. And supported people using the devices.

The pharmacy team kept the pharmacy shelves neat and tidy. And purchased medicines and medical devices from recognised suppliers.

The pharmacy kept controlled drugs in two well-organised cabinets to avoid selection errors. For example, the pharmacy team used a separate cabinet to store methadone. The pharmacist held the keys to the controlled drug cabinets to restrict access. And placed the keys in a tamper proof bag at the end of the day. The keys were secured in a key safe at the end of the day.

The pharmacy team carried out regular stock management activities. And highlighted short dated stock and part-packs. They monitored and recorded the fridge temperatures. And demonstrated that the temperature had remained between two and eight degrees.

Staff accepted returned medicines from the public. And disposed of them in yellow containers that the health board collected.

The pharmacy team acted on drug alerts and recalls. And recorded the outcome, and the date they checked for affected stock. For example, they had checked stocks of losartan in February 2019 with none found.

The pharmacist had not briefed the pharmacy team about the use of valproate for women. And they did not know about the pregnancy protection scheme and where to find safety leaflets and cards.

The pharmacy had not trained staff to follow the falsified medicines directive. And although it had installed a bar-code reader it was not used.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services. Systems are in place to ensure equipment used for services such as blood pressure and blood glucose levels are accurate. Up-to-date resources on the clinical use of medicines is available to the pharmacy team so they can check the medicines are appropriate for patients as necessary.

Inspector's evidence

The pharmacy used CE quality stamped measures for measuring liquids. And counting triangles were available. The pharmacy provided blood glucose and blood pressure testing. And the pharmacy team had dated the equipment to confirm when the next calibration was due.

Cleaning materials were available for hard surface and equipment cleaning. And hand washing solution was also available. The pharmacy sink was clean and suitable for dispensing purposes.

Reference sources were available. For example, the current copy of the BNF and BNF for children were in use.

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.