

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 15 Fenwick Road, GIFFNOCK,
Renfrewshire, G46 6AU

Pharmacy reference: 1042880

Type of pharmacy: Community

Date of inspection: 14/05/2019

Pharmacy context

The pharmacy is on a busy main road in Giffnock. It mostly dispenses prescriptions from the nearby Merryvale Medical Centre. And provides a prescription collection and delivery service. The pharmacy offers a range of extra services. And supplies medicines in multi-compartmental compliance packs to people when needed. A consultation room is available to see people 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
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 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 team 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 relief pharmacist had been providing maternity leave cover for around three months. The pharmacist had 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 most prescriptions to show they had completed a dispensing task. And this included assembly and accuracy checking prescriptions. But, a sample of multi-compartment medicine devices showed the signature audit trail was incomplete. The pharmacist checked prescriptions and gave feedback to dispensers when they failed to identify their own errors. The dispensers recorded their own near-misses and in most cases identified the contributing factors. This meant that improvement action could be identified and discussed.

The dispensers carried out monthly near-miss reviews. And carried out monthly audit activities to provide assurance that professional standards were being met. The pharmacy team had agreed remedial action following the April 2019 patient safety review. For example: 1. Making sure a standard purple form was attached to all methadone prescriptions at the time they were received. This provided additional assurance that the correct dose was given to the right person at the right time.

2. Making sure that everyone logged out of the computer in the consultation room. This safeguarded confidential information.

3. Separating lisinopril 5/10mg tablets. This managed the risk of selection errors.

4. Making sure that dispensing baskets were not stored on the floor. This managed the risk of contamination.

The pharmacy team were proactive at managing selection errors. For example, bendroflumethiazide and bisoprolol had been separated. A central Lloyds office had instructed pharmacy teams to isolate prednisolone and olanzapine to avoid errors, and this had been actioned.

The dispensers had been trained to complete the on-line incident report form. And the pharmacist managed the process. The pharmacy team knew when incidents had happened and what the cause had been. For example, they knew when the wrong quantity of methotrexate tablets had been issued in

error. And they had agreed to ask the pharmacist for an accuracy check before they were put into the container.

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. And destroyed the controlled drugs on a regular basis. The pharmacy team 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.

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 completed data protection training on a regular basis. And recent training had included the general data protection regulations. A pharmacy notice informed people that confidential information was kept safe and secure. And the pharmacy team disposed of confidential information in designated bags. A collection service uplifted the bags for off-site shredding. And the pharmacy team archived spent records for the standard retention period.

The pharmacy team knew to watch out for dispensing labels that had become attached to the blue delivery totes. And when this was the case they were removed.

The pharmacy stored prescriptions for collection in drawers 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 and dispensary staff with the scheme.

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.

The pharmacy team were aware of vulnerable groups. And key contact details were available should a referral become necessary.

The pharmacy team had referred people and had produced a report following each intervention. For example, people who had been experiencing suicidal thoughts and signs of psychosis.

Public liability and professional indemnity insurance were in place.

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. And 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 that is relevant to their roles. The pharmacy team members support each other in their day-to-day work. They can speak up and suggest service improvements. And this ensures they keep services safe.

Inspector's evidence

The pharmacy work-load had remained stable over the past year. The pharmacy team had remained mostly stable. But, a new member of staff recruited in July 2018 to replace someone who had left.

The pharmacy did not always keep staff qualifications on-site. And evidence of accreditation was not always available. The following staff were in post at the pharmacy: one full-time responsible pharmacist who had worked at the pharmacy for around three months; two x 40 hours dispensers; one x 4-days trainee dispenser; and one Saturday pharmacy student.

The pharmacy allowed one member of staff to take annual leave at the one time. And pharmacy students provided cover when needed. The pharmacy could contact a nearby branch at Eastwoodmains Road. And contacted the area manager if there were staffing difficulties.

The pharmacy supported staff that were in training. And the pharmacist had agreed training time for the trainee dispenser when possible. The pharmacy used an annual performance review to develop staff. For example, the trainee dispenser had agreed to spend more time in the dispensary to develop her dispensing skills. A dispenser had agreed to enrol on the NVQ pharmacy services level 3 training. And the pharmacist had agreed to the tutoring role that was needed.

The pharmacy provided training and the company monitored compliance with mandatory requirements. The staff provided several examples of recent training. Such as off-site smoking cessation training. And training to handle requests for over-the-counter Syndol tablets and skin care products.

The pharmacy team knew the company targets that were in place. And were trained to identify suitable people for the chronic medication service at the time of labelling prescriptions. The pharmacy team attached a questionnaire to prescription bags. And people were assessed to find out if they were suitable when they collected their medication.

The pharmacy team members knew they were expected to raise concerns at the time. And were encouraged to suggest areas for improvement. For example, one of the dispensers had developed a form to be used to manage serial prescription dispensing. And included the supply due date and the actual collection date. This helped to identify compliance issues that were discussed with the surgery.

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. And the 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 dispensing bench was congested at the time of the inspection. And this was due to a supplier sending excess stock and having to be kept on the bench.

The bench had been organised for different tasks. And multi-compartment medicine devices were dispensed at the far end of the bench next to the sink.

The pharmacy team knew to keep the limited space they had as clear as they could. For example, an order had been prioritised and was being checked and put away as soon as possible.

The pharmacist supervised the medicines counter from a checking bench. And made interventions when needed.

A security alarm and shutters protected the pharmacy after hours. And CCTV 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 displays opening times and service information in the window. The pharmacy supports housebound and vulnerable people. It dispenses multi-compartment medicine devices for people who need extra help. And provides a prescription collection and delivery service when needed. The pharmacy manages its services. And updates the pharmacy team about high-risk medicines. This means that staff are up to date with current safety messages. The pharmacy sources, stores and manages medicines to ensure they are fit for purpose. And it has the resources to follow the new falsified medicines directive.

Inspector's evidence

People with mobility difficulties could access the pharmacy on a level surface. And provided a delivery service to housebound and vulnerable people who had difficulty getting to the pharmacy. The delivery driver made sure that people signed for controlled drug prescriptions. And delivery records were retained to provide evidence of receipt.

The pharmacy team used dispensing baskets. And kept prescriptions and medicines contained throughout the dispensing process. The pharmacy dispensed a significant number of serial prescriptions using the chronic medication scheme. The pharmacy team kept the completed prescriptions in a separate cupboard. And completed a form to highlight when the next supply was due. The pharmacy team knew to ask people if they were having any difficulties with their medication. But, there were no examples of interventions at the time of the inspection.

The pharmacy provided multi-compartment medicine devices for people who needed extra support. And both 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 designated forms. And the pharmacist checked the form to ensure that all the associated records had been updated, for example the electronic patient medication record. The pharmacy team supplied patient information leaflets and descriptions of medicines.

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. And used a separate cabinet to store multi-compartment medicine devices.

The pharmacist held the keys to the controlled drug cabinets to restrict access. And placed the keys in a tamper proof bag which were secured in a 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. The pharmacy team 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 prednisolone in April 2019 with none found.

The pharmacist had carried out an audit in 2018 to identify people who were taking valproate medication. And the findings had been submitted via the company's intranet. The pharmacist had briefed the pharmacy team about the use of Valproate in people who may become pregnant. And they knew 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 used CE quality stamped measures for measuring liquids. And counting triangles were available. The pharmacy provided blood glucose, blood pressure and cholesterol testing. And the pharmacy team had dated the equipment to confirm when the next calibration was due. For example, the blood pressure monitor had been first used in April 2017.

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.