

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 48 Hanover Street, STRANRAER,
Wigtownshire, DG9 7RP

Pharmacy reference: 1043041

Type of pharmacy: Community

Date of inspection: 06/06/2019

Pharmacy context

The pharmacy is in the town centre. It dispenses NHS and private prescriptions and sells over-the-counter medicines. And offers advice on the management of minor illnesses and long-term conditions. The pharmacy offers a prescription collection service from local GP surgeries. And it delivers medicines to people's homes. It offers a range of services including supervised methadone consumption. And supplies medicines in multi-compartmental compliance packs to help people take their medicines.

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 has procedures to identify and manage risks. It keeps them up to date. Pharmacy team members read and follow the procedures. They keep people's information secure. They know how to protect the welfare of children and vulnerable adults. And, they relate this specifically to people using their services. The pharmacy team members understand their role in protecting vulnerable people. And they know how to raise concerns with other agencies as required. The team members record and discuss mistakes that happen. They use this information to learn and make changes to help prevent similar mistakes happening again. But they don't always discuss or record enough detail about why these mistakes happen. So, they may miss opportunities to improve.

Inspector's evidence

The pharmacy had up to date standard operating procedures (SOPs) which the pharmacy team members have read.

These provided the team with information to perform tasks supporting delivery of service. They covered areas such as the dispensing prescriptions and controlled drugs (CD) management. These were subject to regular review. The team could advise of their roles and what tasks they could do.

There were also several other corporate checks undertaken weekly to manage the running of the pharmacy.

The pharmacy workflow provided different sections for dispensing activities with dedicated benches for assembly and checking, with a room area for multi-compartmental compliance pack preparation. The team utilised the space well. The team collected prescriptions four times a day from the surgery and managed the workload. The pharmacy team members used baskets throughout the process to keep prescriptions and medicines together.

The pharmacy recorded near misses found and corrected during the dispensing process. The team recorded these on a specific template. Examples included baclofen, with the wrong medicine but they had not specified what medicine it should have been, beclomethasone with the wrong form, amitriptyline with the wrong strength and doxycycline but no detail of what they should have supplied. The team had recorded to 'slow down' or they were 'busy' under the actions. The team had included points for learning from near misses such as marking spilt boxes on all sides to raise awareness of spilt boxes during the dispensing process.

The team used the Safer Care notice board and noted points for action from near misses and included SOPs which they had to read, with the current one the change in the blood pressure monitoring service.

There was information available to people on how to provide comments and about the complaints process. There was a procedure to record and report dispensing errors and evidence was seen that this procedure was followed.

The pharmacy had current indemnity insurance in place. The pharmacy had the correct Responsible

pharmacist (RP) notice. And the pharmacists completed the Responsible pharmacist records as required.

A sample of the CD registers looked at were completed as required. The pharmacy team undertook stock checks of methadone every Saturday night or Monday morning. And they checked the other CDs on a Thursday or Friday, each week. Physical stock of an item selected at random agreed with the recorded balance. The pharmacy kept a record of CDs which people had returned for disposal and it had a process in place to ensure the team destroyed these promptly. And did not allow a build-up in the CD cabinet. The pharmacy recorded for private prescriptions in the register, with a few prescriptions from the Online Doctor. The pharmacy kept special records for unlicensed products with the certificates of conformity completed.

The team had read General Data Protection Regulation (GDPR) information. The IT system was password protected. The computer stored patient medication records (PMRs) electronically. And the team stored completed prescriptions safely. The team stored confidential waste in separate bags for offsite disposal.

The team had a policy for the protection of vulnerable adults and children which they had read and signed. They had contact details displayed and advised of the process, informing the superintendent's office. The team had acted when they had concerns about a vulnerable person. They alerted the surgery to the situation of the person. And the surgery reviewed her case and medication.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough qualified staff to provide safe and effective services. The pharmacy team members are competent and have the skills and qualifications they need for their role. 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

Inspector's evidence

There was one pharmacist, one accuracy checking technician (ACT), five dispensers and one medicines counter assistants (MCA) who worked in the pharmacy.

The ACT was the pharmacy manager and worked 39 hours a week. The ACT completed her training about two years ago and advised she regularly used the qualification. And checked about half of the compliance packs, with the pharmacist checking the rest. The dispensers worked between 32 hours and 11 hours a week. The MCA worked 20 hours a week.

Certificates and qualifications were available for the team. And displayed in the consultation room.

The pharmacy team members undertook monthly skills assessments, with multiple choice questions. The team members had training records which kept a track of ones they had completed. Topics included a new cream, 'Total Effects' and valproate refresher training.

The ACT kept a folder with her training records and near misses for her revalidation for the ACT qualification. She had examples of ones checked, such as there only being one diazepam twice a day and thee should have been two. She had given this to the dispenser to rectify. And logged on the Company Safer care near miss sheet.

The team attended training meetings which included a local Safeguarding event and a local session with other healthcare providers on compliance packs, Level C and synchronisation of medicines. They received training on a local initiative which the Health Board was introducing, 'Florence' which was a reminder system for people to take their medicines. The organisers asked the pharmacy team to suggest suitable people for this service.

One team member had recently attended a smoking cessation session.

The team received performance reviews which gave the chance to receive feedback and discuss development needs. One of the dispensers had advised she wanted to do the technicians course and the area manager nominated her. She had undertaken the assessment and was waiting to start the course.

The team carried out tasks and managed their workload in a competent manner discussing any issues which arose and dealing with any telephone queries. The worked well together and had a good rapport with the people using the pharmacy. And attended to their needs.

There was a whistleblowing policy and telephone numbers were available, so the team members could

easily and confidentially raise any concerns outside the pharmacy if needed.

The pharmacy team had targets for services such as CMS. The team advised they put stickers on prescriptions as a reminder for them to ask people and put them on the system.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are suitable size for the services it provides. The pharmacy is clean and well maintained. And people can have private conversations with the team in the consultation room.

Inspector's evidence

The pharmacy was clean, tidy and hygienic. And fitted out to an acceptable standard with suitable space for dispensing, storing stock and medicines and devices waiting collection.

The sink in the dispensary for preparation of medicines was clean. Separate hand washing facilities were in place for the team.

The benches, shelves and flooring were all clean and a cleaning rota was available. And the team members ticked off once they completed tasks. They had a daily check sheet for points to check, before trading, during trading and after trading which ensured they kept the pharmacy to a suitable standard.

The room temperature was comfortable and well lit.

The pharmacy had a good sized, signposted, sound proofed consultation room which the team promoted for use. The team left the door open, so people could see the additional range of healthcare information and leaflets. They ensured that they left no confidential information unattended in the room.

The team used cordless phones for private conversations.

Members of the public could not access the dispensary. The counter was clearly observed from the dispensary and the staff were aware of customers in the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people. And it displays information about health-related topics. The pharmacy provides its services using a range of safe working practices. It supplies medicines in multi-compartmental compliance packs to assist people to take their medicines at the right time. The pharmacy gets its medicines from reputable suppliers. It generally adheres to storage requirements during the dispensing process. It takes the right action if it receives any alerts that a medicine is no longer safe to use. And takes the correct action to return it to the supplier.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. The team members could see the door from the dispensary and assisted any people requiring help.

There was some customer seating. And the pharmacy had two working hearing loops.

The pharmacy displayed its services in the window and within the pharmacy. The hours of opening were on the door. The pharmacy was in the process of obtaining a new practice leaflet as the blood pressure service was no longer free as stated on the old leaflet. They had removed the leaflets from display.

The pharmacy had a defined professional area. And items for sale were mostly healthcare related. Pharmacy only medicines could not be reached by customers.

The team signposted to other healthcare services e.g. needle exchange, referring to another pharmacy.

The pharmacy registered people for the Chronic Medication Service (CMS) but only had four patients who received serial prescriptions. The team advised that Dumfries and Galloway were doing a re-launch of the service. And they were engaging in the process to encourage more serial prescriptions.

The team advised of a process 'Conversations that count' and told of one where they had checked a lady's blood pressure and repeated this as it had given high readings. They advised the lady to go to the doctor. And she returned, with the doctor changing her to different tablets. And was feeling much better.

The pharmacy provided a gluten free service to around ten people. The pharmacy had Patient Group Directives (PGDs) for impetigo, with a few requests; flucloxacillin with limited use and trimethoprim with several requests. The doctors referred people for trimethoprim and the pharmacy referred people to the surgery for urinary tract infections, if over 65 as they were not covered by the PGD.

The dispenser provided the smoking cessation service, with about six people using the service. They had a variety of success with a couple people coming back to try again. The team encouraged people to try again and supported them.

The pharmacy supplied around 86 people with multi-compartmental compliance packs to help them take their medicines. One of the dispensers who worked three days a week managed the process. Other members of the team could do the compliance packs if required. The dispenser ordered prescriptions in plenty of time to ensure the pharmacy could resolve any issues in a timely way. She kept a book and the rest of the team recorded any messages to for her to attend to. She added all messages to patient's profile sheets to ensure the pharmacy kept a good audit. She kept old books, just in case for reference or any follow-up. The dispenser supplied Patient Information leaflets (PILs) each cycle and put these inside the packs, attached by tape. The pharmacy delivered some of the compliance packs, generally on Thursdays and Fridays. Most people collected one week at a time, with one person who received monthly supplies and a couple fortnightly. The pharmacy had checked the multiple supplies with the doctor.

The pharmacy supplied around 60 to 70 people with weekly supplies of their medication to assist them in managing their medicines.

The pharmacy offered a substance misuse service. It used the Methameasure system and they had several people using the service, with around 26 daily and others collecting on various days, with supervision on the day of collection. They supplied buprenorphine to around 12 people with most of them daily supervised.

There was a clear audit trail of the dispensing process. The team completed the 'dispensed by' and 'checked by' boxes which showed who had performed these roles. And a sample of completed prescriptions looked, at found compliance with this process.

The team used a stamp on the prescription to show that the pharmacist had completed a clinical check. This allowed the accuracy checking technician to do their accuracy check.

There were some alerts stickers used to apply to prescriptions to raise awareness at the point of supply. These included warfarin, methotrexate and lithium which ensured patients received additional counselling.

The team used CD and fridge stickers on bags and prescriptions to alert the person handing the medication over to add these items. The CD stickers recorded the last date for supply, to make sure it was within the 28-day legal limit. This prevented supplies when the prescription was no longer valid.

When the pharmacy could not provide the product or quantity prescribed in full to patients, it provided them with an owing slip. And it kept one with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy contacted prescribers if items were unobtainable at the current time for an alternative.

The pharmacy team members were aware of the Valproate Pregnancy Prevention Plan and they had undertaken an audit. They kept cards at the location with the stock. And reminded patients of the requirements.

The pharmacy kept a delivery sheet as an audit trail for the delivery of medicines from the pharmacy to patients. The driver had an electronic pod which he got people to sign when they received their medication.

The pharmacy stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature.

The pharmacy had a refrigerator from a recognised supplier. This was appropriate for the volume of medicines requiring storage at such temperatures. The team recorded temperature readings daily and they checked these to ensure the refrigerator remained within the required temperature range.

The pharmacy team checked expiry dates on products and had a rota in place to ensure all sections were regularly checked. The team members marked short dated items and they took these off the shelf prior to the expiry date.

The team members marked liquid medication with the date of opening which allowed them to check to ensure the liquid was still suitable for use.

The team were aware of the Falsified Medicines Directive (FMD). But this had not been implemented yet.

The pharmacy obtained medicines from reputable sources.

The team used appropriate medicinal waste bins for patient returned medication. These were uplifted regularly. The pharmacy had appropriate denaturing kits for the destruction of CDs.

The pharmacy had a process to receive drug safety alerts and recalls. The team actioned these and kept records of the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment available, which it properly maintains. And it manages and uses the equipment in ways that protect people's confidentiality.

Inspector's evidence

The pharmacy had access to a range of up to date reference sources, including the British National Formulary (BNF). They used the company online portal to access resources.

The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. It had a separate range of measures for calibration of methadone. The pharmacy had a Methameasure unit in place for the dispensing of methadone. The team cleaned this as required. It also had a range of equipment for counting loose tablets and capsules. The team had access to disposable gloves and alcohol hand washing gel.

The carbon monoxide monitor was testing by the smoking service team. The blood pressure machine appeared in good working order and the team checked this as required.

The pharmacy mostly stored medication waiting collection on shelves where no confidential details could be observed by people. It stored a few of the bulkier bags in an organised way on the floor. The team filed the prescriptions in boxes in a retrieval system out of view, keeping details private.

The computer screens were out of view of the public.

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. |