

# Registered pharmacy inspection report

**Pharmacy Name:** Lloyds pharmacy, Unit 33; The Loan, SOUTH QUEENSFERRY, West Lothian, EH30 9SD

**Pharmacy reference:** 1085520

**Type of pharmacy:** Community

**Date of inspection:** 08/08/2022

## Pharmacy context

This is a community pharmacy in South Queensferry. It dispenses NHS and private prescriptions and provides a substance misuse service. Pharmacy team members advise on minor ailments and medicines use. And they supply over-the-counter medicines and prescription only medicines via 'patient group directions' (PGDs).

## 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	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<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

Pharmacy team members follow good working practices. And they manage dispensing risks to keep services safe. Pharmacy team members recognise and appropriately respond to safeguarding concerns. They suitably protect people's private information and keep the records they need to by law. Team members make records of mistakes and review the pharmacy's processes and procedures. They learn from mistakes and take the opportunity to improve the safety of services.

### Inspector's evidence

The pharmacy had introduced processes to manage the risks and help prevent the spread of coronavirus. This included installing a plastic screen at the medicines counter that acted as a protective barrier between team members and members of the public. Team members were not wearing face masks at the start of the inspection. But agreed to do so at the request of the inspector.

The company used documented working instructions to define the pharmacy's processes and standard operating procedures (SOPs). And team members annotated records when they had read and understood them. The company had changed the way they introduced new procedures. And it assessed the team members understanding through a series of questions they had to answer correctly. The pharmacy employed a non-pharmacist manager who was undertaking the NVQ level 2 dispensing qualification. And they worked alongside the responsible pharmacist to support and manage the other team members. The manager confirmed that team members had correctly answered the questions following the recent introduction of new 'responsible pharmacist' and 'controlled drug' SOPs. And team members had annotated the associated records to confirm they had read and understood them. Sampling of SOPs showed the company kept the procedures mostly up to date. But the 'assembly and dispensing' procedure had passed its expiry date of April 2022. The manager checked the company's intranet. And this was the most up-to-date version available. Dispensers signed medicine labels to show who had 'dispensed' and who had 'checked' prescriptions. This meant the pharmacist was able to help individuals to learn from their dispensing mistakes. Team members recorded their own near miss errors. And sampling showed they had been consistent with record keeping. The manager supported team members to carry out weekly audits. And documentation showed they were up to date with company requirements.

A monthly team meeting was used to discuss the findings from the audits. And team members also discussed dispensing mistakes so they could learn and improve. Recent improvements had included creating a 'top 150' section of fast-moving stock. And moving those items from drawers to open shelves to keep stock less congested. It also included attaching 'look-alike-sound-alike' (LASA) labels to shelves and drawers to manage selection risks of medicines with similar names and those with similar packaging. This included highlighting the different strengths of simvastatin and levothyroxine. Team members knew to record dispensing incidents on an electronic template. The template included a section to record information about the root cause and the mitigations to improve safety arrangements. The manager confirmed there had been no recent incidents. The pharmacy provided information about its complaints process in a company leaflet that it displayed for people to self-select. The number of formal complaints had reduced significantly since the pharmacy's last inspection six months ago. And team members had been able to answer the phone more as this had

been a common theme with complaints.

Team members maintained the records they needed to by law. And the pharmacy had public liability and professional indemnity insurances in place which were valid until June 2023. The pharmacist displayed a responsible pharmacist notice which was visible from the waiting area. And they kept the RP record up to date. It showed the name and registration details of the pharmacist in charge. Team members maintained the controlled drug registers and kept them up to date. And they evidenced that they carried out balance checks every week. People returned controlled drugs they no longer needed for safe disposal. And team members used a CD destruction register to document items. The pharmacist signed the register to confirm items had been safely disposed of. Team members filed prescriptions so they could be easily retrieved if needed. They kept records of supplies against private prescriptions and supplies of 'specials' that were up to date. The pharmacy provided training so that team members understood data protection requirements and how to protect people's privacy. And they used a designated container to dispose of confidential waste. An approved provider collected the waste for off-site destruction. The pharmacy trained its team members to manage safeguarding concerns. And it provided a policy for them to refer to. This included contact details for local agencies. The manager had instructed team members to re-read the policy. And they knew to speak to the pharmacist whenever they had cause for concern. This included concerns about failed deliveries or collections of medication for vulnerable people. A chaperone notice advised people they could request to be accompanied whilst in the consultation room.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members have the necessary qualifications and skills for their roles and the services they provide. And they work together to suitably manage the workload. The pharmacist supports team members that are undergoing qualification training. And the pharmacy team continues to learn to keep their knowledge and skills up to date.

### Inspector's evidence

The pharmacy's prescription workload had fallen over the past several months. But it was steadily rising again to the level it had been before. The pharmacy team had changed over recent months. And a new pharmacist had been in post for around nine weeks. The pharmacist and the non-pharmacist manager worked together to support and manage the pharmacy team. This included supporting new team members with induction requirements, such as the new trainee pharmacist that had started the week before. New trainee dispensers were undertaking NVQ level 2 dispenser qualifications. And the manager had authorised a 10-minute extension to lunch breaks to provide some protected learning time. The pharmacy team included one full-time pharmacist, one full-time manager (trainee dispenser), four full-time trainee dispensers, one full-time dispenser, one part-time dispenser and one trainee pharmacist.

Locums provided cover for the regular pharmacist. But the pharmacy had needed to close one Saturday in the last month as it had been unable to arrange a locum. The pharmacy had a business continuity plan in place. And team members referred to it to ensure that people were directed to another pharmacy nearby. They knew to contact vulnerable people to provide them with extra support so they did not go without their medication. The company had recently introduced a new IT operating system. And team members had completed online training, so they knew how to operate the system. A company trainer had also provided on-site training over a four-day period. And two team members had gone to another nearby branch to observe the system in practice. They had cascaded the learning to the rest of the pharmacy team. The manager ensured that team members complied with the company's ongoing monthly training requirements. Recent topics had included counter fraud, data protection and health and safety requirements which were due to be completed by the end of September 2022. A new trainee dispenser was working at the medicines counter. And they knew to provide information about codeine containing products and the risk of addiction. They also knew to refer concerns to the pharmacist. Team members attended a monthly briefing to discuss dispensing mistakes. And this helped them improve their accuracy in their dispensing.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises supports the safe delivery of services. And the pharmacy suitably manages the space for the storage of its medicines. The pharmacy has appropriate arrangements for people to have private conversations with the team.

### Inspector's evidence

The pharmacy was in a large modern purpose-built premises. Team members had organised the benches in the dispensary for different tasks. And they kept them tidy and free from clutter. Stock rooms were located at the rear of the pharmacy. And team members kept them neat and tidy. The pharmacist supervised the medicines counter from the dispensary and could intervene and provide advice when necessary. A sound-proofed consultation room was available for use. And it provided a confidential environment for private consultations.

Team members cleaned the surfaces on a regular basis. And a sink in the dispensary was available for hand washing and the preparation of medicines. Team members cleaned and sanitised the pharmacy on a regular basis to reduce the risk of spreading infection. Lighting provided good visibility throughout, and the ambient temperature provided a suitable environment from which to provide services. Only one team member at a time used a dedicated area for comfort breaks. This allowed them to remove their face masks without being at risk of spreading infection.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides services which are easily accessible. And it manages its services well to help people receive appropriate care. The pharmacy gets its medicines from reputable sources, and it stores them appropriately. The team carries out checks to make sure medicines are in good condition and suitable to supply. And it has arrangements to identify and remove medicines that are no longer fit for purpose.

### Inspector's evidence

The pharmacy had a step-free entrance and a pressure activated pad to provide unrestricted access for people with mobility difficulties. The pressurised pad only worked from outside the pharmacy and not from the inside. The pharmacy was located opposite a medical practice. And it advertised its services and opening hours at the front of the pharmacy. Team members were up to date with dispensing prescriptions. And it was able to dispense them within 48 hours of receiving them. Team members kept stock neat and tidy on a series of shelves and drawers. And they used secure controlled drug cabinets to safely segregate stock items. The pharmacy purchased medicines and medical devices from recognised suppliers. And team members carried out expiry date checks once a month. They updated a date checking matrix to keep track of when checks were due. And sampling showed that items were within their expiry date. The pharmacy had purchased a new large glass-fronted fridge since its last inspection to keep medicines at the manufacturers recommended temperature. And team members monitored and recorded the temperature every day. This provided assurance that the fridge was operating within the accepted range of 2 and 8 degrees Celsius. The pharmacy was carrying out a risk assessment in advance of introducing multi-compartment compliance pack dispensing. This was to help people that needed extra support with their medicines. The pharmacist was managing the process and was supplying packs to one person before introducing the service.

The pharmacy dispensed serial prescriptions for people that had registered with the 'medicines care review' service (MCR). The pharmacist had carried out a review of the pharmacy's dispensing processes. And had made improvements so that prescriptions were managed and dispensed before they were due. The pharmacist was carrying out the new dispensing process until the eight-week cycle had been completed for all prescriptions. They were also training the other team members so they understood the process. Team members knew about valproate medication and the Pregnancy Prevention Programme for people at risk. And they knew to supply patient information leaflets and to provide warning information cards with every supply. A large notice on the wall cautioned 'know your high-risk medicines'. The list included sodium valproate, warfarin, and lithium. The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste. The pharmacy prioritised drug alerts and team members knew to check for affected stock so that it could be removed and quarantined straight away. A team member checked a recent drug alert for mexilitine. And they followed the company's procedure which included updating its electronic alert system to confirm they had completed the action.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide safe services. And it uses its facilities to suitably protect people's private information.

### Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the British National Formulary (BNF). Team members used crown-stamped measuring cylinders, and they used separate measures for methadone. They had highlighted the measures, so they were used exclusively for this purpose. The pharmacy stored prescriptions for collection out of view of the public waiting area. And it positioned the dispensary computers in a way to prevent disclosure of confidential information. Team members could carry out conversations in private if needed, using portable telephone handsets. The pharmacy used cleaning materials for hard surface and equipment cleaning. And the sink was clean and suitable for dispensing purposes. Team members had access to personal protective equipment including face masks.

### 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.