General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 2 Alberta Avenue, EAST KILBRIBE, Scotland, G75 8BF

Pharmacy reference: 1087144

Type of pharmacy: Community

Date of inspection: 22/02/2022

Pharmacy context

This is a community pharmacy in the town of East Kilbride, Lanarkshire. The pharmacy sells over-the-counter medicines, dispenses NHS prescriptions, and offers the NHS Pharmacy First service. It delivers medicines for some people to their homes. And it dispenses medicines to some people in multi-compartment compliance packs. The inspection was completed during the COVID-19 pandemic.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	1.2	Good practice	The pharmacy team is good at recording and analysing near miss errors and dispensing incidents. It uses its analysis to make changes to the way the team works. This helps to improve safety and quality of services.
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 effectively identifies and manages risks with its services. Team members are good at recording and reporting details of any mistakes they make while dispensing. This helps the pharmacy make specific changes to the way it works to improve patient safety. The pharmacy suitably manages the risks with infection control during the pandemic to help keep members of the public and team members safe. It maintains the records it needs to by law and correctly secures people's private information.

Inspector's evidence

The pharmacy was inspected during the COVID-19 pandemic. It had several procedures in place to help manage the risks and to help prevent the spread of coronavirus. These included notices reminding people visiting the pharmacy to wear a face covering. There were markings on the floor of the retail area which helped people socially distance and keep to a one-way flow from their entrance to exit. The pharmacy's team members were wearing masks. And they socially distanced from each other when they could. The pharmacy had hand sanitiser located in several areas around the retail and the dispensary to promote good hand hygiene.

The pharmacy had a set of written standard operating procedures (SOPs). These provided information to help team members carry out various tasks, including dispensing and the management of controlled drugs (CD). Each SOP was reviewed every two years, so their content was up to date. There were signing sheets that each team members had signed which showed they had read and understood the SOPs that were relevant to their roles. The team had recently been issued with a guidance document following the decision for the pharmacy to sell e-cigarettes. Team members were in the process of reading the document so they could be competent in giving advice to people wishing to purchase e-cigarettes.

The responsible pharmacist (RP) and accuracy checking technician (ACT) spotted near miss errors made by team members during the dispensing process. They informed the dispenser of the error and asked them to rectify the mistake as soon as possible. The team used a near miss log to record details of the near miss errors. The details recorded included the type of error. For example, if the error involved medicines of similar names. And they also recorded detailed reasons for why a near miss error might have happened. For example, if the team member was distracted by a phone call. This helped the team spot patterns and trends and so they could make specific changes to the way they worked to ensure similar near miss errors didn’t happen again. For example, the team noticed many of the near miss errors involved medicines that had similar sounding names. The team separated some of these medicines on its dispensing shelves. This reduced the risk of the wrong medicine being dispensed by mistake. Team members explained this action had worked well. The pharmacy kept records of any dispensing errors that had reached people. The team completed an electronic incident form, printed a copy, and stored it in a folder for future reference. The pharmacy’s area manager and superintendent pharmacist (SI) office were sent details of any incidents. The area manager or the SI’s office helped contribute to any ongoing investigation into an incident and suggested ways the pharmacy could improve. The pharmacy had a concerns and complaints procedure. It was outlined in a pharmacy leaflet which was available in the retail area for people to read. Any complaints or concerns were verbally raised with a team member. If the team member could not resolve the complaint, it was escalated to

the SI's office.

The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist (RP) notice displayed the name and registration number of the RP on duty. Entries in the RP record complied with legal requirements. Team members knew which tasks they could and could not do in the absence of the RP. The pharmacy kept up-to-date and accurate records of supplies against private prescriptions and emergency supplies of medicines. It kept CD registers and records of CDs returned by people to the pharmacy. To make sure they were accurate, each week the pharmacy audited CD registers against physical stock.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. The team placed confidential waste into a separate bag to avoid a mix up with general waste. The waste was periodically destroyed by a third-party contractor. Team members understood the importance of securing people's private information and they had all completed information governance training. The pharmacy had a file containing key information about General Data Protection Regulations (GDPR) for team members to read. It also displayed a notice in the retail area giving people information about how the pharmacy managed their sensitive data. All team members had completed internal training on safeguarding vulnerable adults and children. The pharmacy had a file which contained blank forms for the team to complete if they had any safeguarding concerns that needed reporting. There were notices displayed in the dispensary which provided information to team members on how to follow the correct process of reporting safeguarding concerns. The notices also displayed the contact details of the local safeguarding leads. Team members gave examples of some situations that would raise their concerns about vulnerable adults and children.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy's team members have the necessary qualifications and skills to provide the pharmacy's services. They manage the workload well and support each other as they work. They feel comfortable raising concerns, giving feedback and suggesting improvements to provide a more effective service.

Inspector's evidence

At the time of the inspection, the RP was the pharmacy's resident pharmacist. A full-time ACT, two full-time qualified pharmacy assistants, a part-time qualified pharmacy assistant and a part-time qualified counter assistant supported the RP during the inspection. One of the pharmacy assistants was also the pharmacy's manager. Team members who were not present during the inspection included six part-time trainee pharmacy assistants, another qualified full-time pharmacy assistant and a part-time delivery driver. A regular locum pharmacist covered weekends. One of the trainee pharmacy assistants was also the pharmacy's supervisor and had additional administrative duties to complete as part of their role. The pharmacy was also advertising a vacancy for another part-time pharmacy assistant. The team was working well and it was not seen dispensing prescriptions under any significant time pressures. The pharmacy had a notice at the front of the pharmacy counter displaying the average time people would wait for their prescriptions to be dispensed. The time was updated regularly depending on the number of team members working at a particular time. The RP and the pharmacy manager demonstrated good leadership during the inspection by supporting team members manage the dispensing workload. Team members seen during the inspection were experienced in their roles and most of them had been working at the pharmacy for several years. They demonstrated a good rapport with many people who visited the pharmacy and were seen appropriately helping them manage their healthcare needs.

Prior to the pandemic, the team took the opportunity during their working hours, to complete various internal training modules to help them improve their knowledge and skills. But since the pandemic had started the pharmacy had become busier and the team was unable to get protected training time. And so, they did most of their training in their own time. The team was up to date with completing any mandatory modules provided by the pharmacy.

Team members attended regular meetings organised by the pharmacy's manager. These meetings were part of the pharmacy's process to improve its ways of working and ensure continuous patient safety. The meetings were held at least once a month. During the meetings, the team discussed the near miss errors made since the previous meeting. They discussed each other's errors which helped create an open and honest culture of learning. Team members described this culture as being important in helping them make specific changes to the way they worked to reduce the risk of similar errors happening again. For example, one team member described how she had spotted that when she scanned barcodes from electronic prescriptions, they computer system didn't always recognise if there had been a change in the person's surname or address. And so, there was a risk that the system created inaccurate dispensing labels. During a meeting, the team member told other team members of the potential problem. They discussed checking addresses and names carefully on the computer system before they started to produce dispensing labels.

The pharmacy had a whistleblowing policy so the team members could anonymously raise and escalate

a concern. The team had been set targets to achieve, for example, NHS prescription items and services.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy keeps its premises clean, secure, and well maintained. It has a suitable, sound-proofed room where people can have private conversations with the pharmacy's team members.

Inspector's evidence

The pharmacy was clean, well maintained and highly professional in appearance. Benches were generally kept tidy and well organised. There were some unsealed multi-compartment compliance packs stored on a rear bench. They were held together with rubber bands to reduce the risk of them being knocked over. The pharmacy’s floor space was mostly clear from obstruction. But in one area of the dispensary, the floor was cluttered with bags containing dispensed medicines awaiting collection. Which meant there was a risk of team members tripping.

The pharmacy had ample space to store its medicines. There was a private, signposted and sound-proofed consultation room available for people to have private conversations with team members. The room contained two seats and was large enough for two people to appropriately socially distance from each other when in use. There was a separate, semi-private area to the side of the main pharmacy counter.

The pharmacy had separate sinks available for hand washing and for the preparation of medicines. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout the premises.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy makes its services accessible to people. And manages its services well to help people look after their health. The pharmacy correctly sources and manages its medicines. And it completes regular checks of its medicines to make sure they are in date.

Inspector's evidence

People had level access into the pharmacy through automatic doors. The pharmacy advertised its services in the main window. The pharmacy's opening hours were advertised in the main window, and on two large signs that were visible from the surrounding roads. The pharmacy had recently made changes to its opening hours, but the two signs were displaying the old opening hours. And so, this may have confused people. There were seats available in the retail area for people to use while they waited for their prescriptions to be dispensed. People with a visual impairment were provided large-print labels on request. Team members had access to the internet which they used to signpost people requiring services that the pharmacy did not offer. The pharmacy offered the NHS Pharmacy First service. Through the service, the pharmacist supplied people with medicines for various conditions such as impetigo and urinary tract infections. The pharmacy held up-to-date patient group directions (PGDs) for the service.

Team members annotated bags containing people's dispensed medicines and used various stickers as an alert before they handed out medicines to people. For example, to highlight interactions between medicines or the presence of a fridge line or a CD that needed handing out at the same time. Team members signed the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. They used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. The pharmacy provided owing slips to people on occasions when the pharmacy could not supply the full quantity prescribed. People were given one slip and one was kept with the original prescription for reference when dispensing and checking the remaining quantity. The pharmacy kept a record of the delivery of medicines to people. Due to the pandemic, the delivery driver didn't ask people to sign for receipt of their medication. The driver left the medicines on the person's doorstep before moving away and waiting to watch them pick up the medicines. Team members were aware of the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They demonstrated the advice they would give in a hypothetical situation, including checking people were enrolled on the programme if they fit the inclusion criteria.

The pharmacy supplied medicines in multi-compartment compliance packs to several people. The team dispensed the packs in a segregated part of the dispensary. This helped team members dispense the packs away from the retail area to reduce the risk of distractions. The packs were provided either weekly or every four weeks. To help the team manage the workload evenly, the team divided the dispensing of the packs across a four-week cycle. Team members used master sheets which contained a list of the person's current medication and dose times. Team members checked prescriptions against the master sheets before the dispensing process started to make sure they were accurate. Team members discussed any queries with the relevant prescriber. They recorded details of any changes such as dosage increases or decreases on the person's master sheet. The pharmacy supplied the packs with patient information leaflets and descriptions of the medicines to help people identify them. For

example, 'orange, round, capsule'.

The pharmacy stored pharmacy (P) medicines behind the pharmacy counter and in clear plastic boxes placed in various locations around the retail area. The boxes were not sealed. Team members explained they were aware of the risk of self-selection but managed the risk by making sure there was always a team member stationed at the pharmacy counter who could intervene if they noticed someone wanted to purchase a P medicine. The pharmacy followed a process to check the expiry dates of its medicines every three months. Team members signed a sheet to show which medicines they had checked and when. So, an audit trail was in place. No out-of-date medicines were found after a random check of around 20 randomly selected medicines. Team members attached stickers to medicines to highlight them if they were expiring in the next three months. They recorded the date of opening on medicines that had a short shelf life. The pharmacy had medical waste bins, sharps bins and CD denaturing kits available to support the team in managing pharmaceutical waste. It used two medical grade fridges to store medicines that needed cold storage. The team kept daily records of the fridge's minimum and maximum temperature ranges. And a sample seen were within the correct ranges. The pharmacy received regular alerts about medicines and medical devices. For example, if a manufacture had issued a recall of a medicine. The team printed off the alert and kept a record of the action taken.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services. And it uses its equipment appropriately to protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources. The pharmacy used a range of CE quality marked measuring cylinders. It stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. It suitably positioned computer screens to ensure people couldn’t see any confidential information. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members could have conversations with people in private. Team members had access to personal protective equipment including face masks and gloves.

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.