

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Woodstock Medical Centre,
Woodstock Road, LANARK, Lanarkshire, ML11 7DH

Pharmacy reference: 1087359

Type of pharmacy: Community

Date of inspection: 14/08/2019

Pharmacy context

The pharmacy is in the same building as Woodstock Medical Centre. And a short distance away from a sister branch. The pharmacy dispenses NHS prescriptions and provides a range of extra services. A consultation room is available, and people can speak to pharmacy team members 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	1.2	Good practice	The pharmacy team records near misses and dispensing incidents. And internal and external audits are carried out on a regular basis. The pharmacy uses the information to identify areas for improvement. And this ensures that services continually improve and develop. The pharmacy team meet regularly to discuss the findings. And this ensures that team members are aware of the risks in the pharmacy and take responsibility for implementing safety measures.
		1.7	Good practice	The company provides information governance training when their employment begins. And refresher training to provide assurance that they understand their responsibilities.
		1.8	Good practice	The pharmacy has a clear culture of safeguarding the safety and wellbeing of children and vulnerable adults, including support for team members when they raise concerns. The pharmacy documents examples of safeguarding by making records of the interventions.
2. Staff	Standards met	2.4	Good practice	The pharmacy team members take ownership of tasks. And take the opportunity to provide feedback so that services develop and patient safety improves. The team members support each other. And ensure that trainees are confident in their roles. There is a culture of openness, honesty and learning.
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's welfare. 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 team members discuss the need for improved safety measures. And there is ongoing service improvement. The pharmacy keeps the records it needs to by law. And it provides regular training to keep confidential information safe. It understands its role in protecting vulnerable people. And team members complete regular training to ensure they are up-to-date with safeguarding requirements. People using the pharmacy can raise concerns. And team members know to follow the company's complaints handling procedure. This means that they listen to people and put things right when they can.

Inspector's evidence

The pharmacy used standard operating procedures (SOPs) to define the pharmacy processes and procedures. The pharmacy team members had signed to confirm they followed the procedures. And to show they understood their roles and responsibilities. The company was updating and issuing new SOPs more frequently on a quarterly basis. And this made it easier for the pharmacy team to read and consolidate new processes. The pharmacy had displayed the responsible pharmacist notice. And it showed the name and registration number of the pharmacist in charge.

The pharmacy team signed dispensing labels to show they had completed a dispensing task. And the pharmacist checked prescriptions and gave feedback to dispensers who failed to identify their own errors. The dispensers recorded their own near-misses including details of the contributing factors. And they discussed ways of managing any significant risks at a monthly near-miss review. The dispensers carried out weekly safety audits to confirm compliance with safety measures. And external auditors carried out checks once or twice a year, with the pharmacy recently achieving good compliance against company standards.

The pharmacy produced their near-miss reports and safety audits for the past few months. And improvement action had been identified and implemented. For example;

1. Separating and highlighting look-alike and sound-alike medicines. Such as citalopram 10mg/20mg, metoprolol/metoclopramide, pregabalin/gabapentin.
2. Agreeing to tidy the pharmacy due to a busy period and prescription delays at the medical centre.
3. Checking to ensure that the batch number and expiry date were available on part-packs.
4. Taking extra care when dispensing prescriptions without a bar-code which was due to an increase in nurses' prescriptions.

The pharmacist managed the incident reporting process. And team members knew when incidents happened and what the cause had been. For example, they knew about an error when prednisolone 1mg had been incorrectly supplied instead of the 5mg dose. And this was due to previous regular prescriptions for 1mg. The pharmacist had discussed the incident with the pharmacy team members.

And they had agreed to be more cautious in the future. The pharmacy used a complaints policy to ensure that staff handled complaints in a consistent manner. And displayed a leaflet to inform people about the complaints process which included relevant contact details. The team members had been routinely issuing the leaflet due to a significant increase in complaints. And this was due to changes at the medical centre and significant prescriptions delays.

The pharmacy maintained the legal pharmacy records it needed to by law. The pharmacist in charge kept the responsible pharmacist record up to date. And public liability and professional indemnity insurance were in place. The team members kept the controlled drug registers up to date. And they checked and verified the balance of controlled drugs on a weekly basis. The team members recorded controlled drugs that people returned for destruction. And the pharmacist and a team member recorded their name and signature against each destruction. A sample of private prescriptions were up to date and met legal requirements. And specials records were kept up to date with details of who had received each supply. The pharmacists used patient group directions to improve access to medicines and advice. And a sample trimethoprim patient group direction was valid until November 2019.

The pharmacy displayed a 'fair data processing notice' which provided people with information about its data protection arrangements. The pharmacy team read and signed the confidentiality SOP. And they knew how to safeguard personal information. The pharmacy disposed of confidential information in designated bags. And a collection service uplifted the bags for off-site shredding. The pharmacy stored prescriptions for collection out of view of the waiting area. And kept computer screens facing away from the waiting area. The pharmacy team took calls in private using a portable phone when necessary. And used individual passwords which were regularly updated to restrict access to patient medication records.

The pharmacy displayed a chaperone notice beside the consultation room. And the protecting vulnerable group (PVG) scheme was used to help protect children and vulnerable adults. The pharmacy kept a safeguarding policy in the SOPs folder with key contact details readily available. And team members had signed to confirm they had read and understood it. The team members knew to refer concerns to the pharmacist when they recognised the signs and symptoms of abuse and neglect. And they had handled a significant number of serious concerns in recent months. The team members referred to the policy and had completed the necessary records before referring to the superintendent's office. This ensured the company supported the pharmacy team to make the right decision in the best interests of vulnerable children and adults.

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 and identify and discuss their learning needs at regular review meetings to 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. And they can speak up at regular meetings and make suggestions for improvement to keep services safe and effective.

Inspector's evidence

The team members were experienced and had worked at the pharmacy for a significant length of time. The pharmacy kept training certificates on-site. And the following team members were in post; one full-time pharmacist, one full-time pre-registration pharmacist, one part-time dispenser/supervisor, one full-time dispenser, one part-time dispenser, one part-time dispenser (long-term sick leave), one Saturday dispenser, one full-time pharmacy technician, one Saturday dispenser, and one Saturday trainee dispenser. The number of items dispensed had remained mostly the same over the past year. And there had been no need to make changes to the pharmacy team. But, the team members had been under pressure due to changes at the medical centre. And significant prescription delays had caused disruptions to normal working practices. For example, having to provide a significant number of urgent supplies until new prescriptions arrived.

The pharmacy managed annual leave with only one team member permitted leave at any one time. And team members covered for each other's annual leave and absences. A new dispenser had been recently recruited and was covering for a dispenser's absence. The pharmacist had discussed the current capacity at the pharmacy. And had been authorised to recruit a new team member to relieve some of the pressure.

The pharmacy had supported team members to develop their knowledge and skills. And the trainee pharmacy technician was allocated one hour's training time in the work-place each week. The pharmacist mentored the trainee pharmacy technician. And provided extra support when needed.

The company used performance targets. But, team members did not feel undue pressure to meet them. For example, the pharmacy was focussed on registering people onto the chronic medication service (CMS). And supported people to get the most out of their medicines. The pharmacy used an annual appraisal to identify areas for development. And the pre-registration pharmacist had been trained and authorised to carry out recent reviews. The team members had all agreed to try to slow-down and be more patient even when the pharmacy was busy. And to develop resilience to manage stress due to the recent increase in complaints.

The team members were expected to complete mandatory training. And they were up-to-date with company requirements. For example, they had recently completed Flexiseq and Ellaone training. The pharmacy team members felt empowered to raise concerns and provide suggestions for improvement. For example, the trainee pharmacy technician was re-arranging stock and re-labelling

storage drawers at the time of the inspection. And this was due to the recent busy period when there was little extra time to carry out routine tasks.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

A well-kept waiting area presented a professional image to the public. And the pharmacy provided seating and healthcare information leaflets for self-selection. The pharmacy had allocated areas and benches for the different dispensing tasks. And team members dispensed walk-in prescriptions near to the waiting area. The pharmacist supervised the medicines counter from the checking bench. And could make interventions when needed. The pharmacy had effective lighting. And the ambient temperature provided a comfortable environment from which to provide services. The pharmacy provided a consultation room. And both were professional in appearance.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible to people with mobility difficulties. It displays its opening times and service information in the window. And there is access to some patient information leaflets inside the pharmacy. The pharmacy has up-to-date working instructions in place for its services. And this provides support for the pharmacy team to work in a safe and effective way. The pharmacy sources, stores and manages its medicines. It updates the pharmacy team about high-risk medicines. And this means that team members know when to provide people with extra information.

Inspector's evidence

The pharmacy had a step-free entrance. And an automatic door supported people with mobility difficulties. The pharmacy displayed opening hours in its window. And provided healthcare information leaflets in the waiting area and in the consultation room. The pharmacy dispensed around 49% of the prescriptions produced by the medical centre which was accessed through an adjoining door. And the pharmacist was in the process of arranging a meeting with the practice pharmacists and medical centre staff to discuss the benefits of a managed repeat prescription service.

The dispensing benches were organised. And the pharmacy team used dispensing boxes to keep prescriptions and medicines contained throughout the dispensing process. The pharmacy supplied methadone doses to around 18 people. And the team members dispensed doses once a week to safely manage the work-load. The team members obtained an accuracy check after dispensing each dose. And they retrieved both the prescription and the previously dispensed dose for a final accuracy check at the time of supply.

The team members kept the pharmacy shelves neat and tidy. And purchased medicines and medical devices from recognised suppliers. The pharmacy kept controlled drugs in three well-organised cabinets to manage the risk of selection errors. And the team members used one of the cabinets to segregate the methadone doses. The pharmacy team carried out regular stock management activities. And highlighted short dated stock and part-packs during regular expiry date checks. The team members monitored and recorded the fridge temperatures. And demonstrated that the temperature had remained between two and eight degrees Celsius. The pharmacy used a fridge for stock and another for dispensed items awaiting collection. The pharmacy accepted returned medicines from the public. And disposed of them in yellow containers that the health board collected. The pharmacy used clear bags instead of paper prescription bags for controlled drugs and fridge items. And this allowed the pharmacist to easily carry out additional checks at the time of supply.

The pharmacy team members acted on drug alerts and recalls. And recorded the outcome, and the date they carried out checks. For example, the team members were aware of supply disruptions affecting Emerade injections. The pharmacy team members had been trained to adhere to the requirements of the valproate pregnancy protection programme. And they knew where to find the safety leaflets and cards. The pharmacist monitored prescriptions for valproate. And had contacted the medical centre to ensure that people had been provided with the relevant information and knew about the risks of taking valproate. The pharmacy team knew about the Falsified Medicines Directive (FMD) and what it aimed

to achieve. But the company had not introduced a system to meet the needs of the directive. And had informed the team members that it would be introduced soon.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services. And it keeps it clean and well-maintained.

Inspector's evidence

The pharmacy had access to a range of up to date reference sources, including the British National Formulary (BNF). The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. And the team members had highlighted measures for methadone using elastic bands. The pharmacy used a blood pressure monitor. And attached a dated label to show when a calibration was next due. The pharmacy used a blood glucose monitor. And kept records to confirm it was being calibrated. For example, it had last been calibrated in August 2019.

The pharmacy provided cleaning materials for hard surface and equipment cleaning. And the pharmacy sink was clean and suitable for dispensing purposes. The pharmacy stored prescriptions for collection out of view of the waiting area. And it arranged computer screens, so they could only be seen by the pharmacy team. The pharmacy team members used a portable phone. And they took calls in private when necessary.

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.