General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, The Bruce Medical Practice, 4 Pollock Street, Mossend, BELLSHILL, Lanarkshire, ML4 1QD

Pharmacy reference: 1087417

Type of pharmacy: Community

Date of inspection: 26/10/2022

Pharmacy context

This is a community pharmacy in the town of Mossend, Lanarkshire. The pharmacy sells over-the-counter medicines, dispenses NHS and private prescriptions. And it delivers medicines for some people to their homes. The pharmacy supplies some people with their medicines in multi-compartment compliance packs to help them take their medicines. It provides a substance misuse service and the NHS Pharmacy First service.

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 mostly identifies and manages risk. Team members have access to a set of written procedures to help support them in managing the pharmacy's services safely. Team members keep most of the records they need to by law, and they keep people's confidential information safe. Team members record details of some mistakes made during the dispensing process and they discuss ways to improve patient safety.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs). The SOPs provided the team with information to help them complete various tasks. Team members read the SOPs in the first few weeks of their employment. They were assessed on their knowledge of the SOPs and signed a document to confirm they had understood the contents of each SOP. Another team member countersigned the document to confirm that team members were competent in following the SOPs.

The pharmacy had a process in place to record any mistakes made during the dispensing process. These mistakes were known as near misses. There was a paper near miss log for team members to use. The log had several sections to complete including the date and time the near miss happened, and if team members felt there were any contributory factors. Team members reported that they didn’t always have the time to record details of every near miss due to the volume of the dispensing workload. They took the responsibility to record their own near misses. Recently, the team discussed the importance of taking care when dispensing medicines that came in different strengths and had similar looking packaging. The pharmacy had a process to report any dispensing mistakes that were identified after the person had received their medicine. The team used an electronic reporting tool report such incidents. The reports were forwarded on to the pharmacy’s superintendent pharmacist’s (SI) team and the pharmacy’s area manager. The team had not had any dispensing incidents in the past few months and so had not had the opportunity to use the tool. The pharmacy had a concerns and complaints procedure. 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 pharmacy’s superintendent pharmacist (SI) team.

The pharmacy had up-to-date professional indemnity insurance. It was displaying a responsible pharmacist (RP) notice which was easy to see from the retail area. It was displaying the correct name and registration number of the RP on duty. Entries in the RP record were mostly kept in line with legal requirements, but on occasions some pharmacists had not recorded the time their RP duties had ended. The pharmacy kept records of supplies against private prescriptions. It retained complete controlled drug (CD) registers. And the team kept them in line with legal requirements. The team completed balance checks of the CDs at least each month. The inspector checked the balance of three randomly selected CDs. And they were found to be correct.

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 bin to avoid a mix up with general waste. The waste was periodically destroyed via a third-party contractor. Team members understood the importance of securing people's private information. The pharmacy had a formal written procedure to help the team raise concerns about safeguarding of vulnerable adults and

children. And team members had completed some basic training on the subject. Team members described hypothetical safeguarding situations that they would feel the need to report. They had access to the contact details of the local safeguarding teams. The pharmacist was part of the Protecting Vulnerable Groups (PVG) scheme.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has a team with the qualifications and skills to provide the pharmacy's services. Team members give feedback on ways the pharmacy can improve. And they complete some ongoing training to keep their knowledge and skills up to date. But they do not always have time in the working day to complete this. And they sometimes feel under some pressure to complete tasks in a timely manner.

Inspector's evidence

The pharmacy team consisted of the RP who was the full-time resident pharmacist, two full-time qualified pharmacy assistants, a part-time qualified pharmacy assistant and a part-time pharmacy counter assistant. The resident pharmacist was also the pharmacy's manager. Team members who were not present during the inspection included a trainee pharmacy assistant, a trainee pharmacy technician, a qualified pharmacy assistant who was also the pharmacy's supervisor, and a pharmacy counter assistant who only worked on Saturdays.

The team was seen working well during the inspection. And they supported each other while they worked. Team members were seen involving the pharmacist to help answer people's queries about their health. Team members explained the pharmacy was normally a lot busier and they often had to work under significant pressure to complete the workload. Over the past few months, the pharmacy was experiencing long customer queues and the team reported that many people were unhappy with the time taken for them to be seen to. Several team members were reportedly regularly working more than their contracted hours starting before the pharmacy opened and finishing after the pharmacy had closed. Team members usually felt they had support from the company's head office and senior management. The pharmacy used locum pharmacists when the resident pharmacist was absent. The pharmacy had recently had a new dispensing software system installed and the team reported some operational issues.

The trainee pharmacy technician was provided with three hours a week of protected training time to help them complete their training course. For team members who were not enrolled on a training course, the pharmacy had a structured training programme to help support them update their knowledge and skills. Team members had access to an online library of modules which they could complete. Some of the modules had short quizzes for team members to complete to assess their understanding. They occasionally took the time to complete modules during their working day. However, in recent months, they reported this had not been possible. Team members attended informal team meetings where they could discuss any professional concerns and give feedback on ways the pharmacy could improve. The team was set some targets to achieve. The team did their best to achieve the targets but focused on aiming to provide an efficient service for the local community.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy keeps its premises clean and secure. And they are suitable for the services the pharmacy provides for people. The pharmacy has a suitable consultation room where people can have private conversations with team members.

Inspector's evidence

The pharmacy was mainly clean, well maintained, and professional in appearance. During the inspection benches in the dispensary were generally well organised with baskets containing prescriptions and medicines awaiting a final check by the RP. The pharmacy's floor space was mostly clear from obstruction. There were clearly defined areas used for the dispensing process and there was a separate bench used by the RP to complete the final checking process. The pharmacy had ample space to store its medicines. There was a private, soundproofed consultation room available for people to have private conversations with team members. There was a small office which was kept tidy and used to store various folders containing paperwork.

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. Team members controlled unauthorised access to restricted areas of the pharmacy. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout the premises.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easily accessible to people. It sources and stores its medicines appropriately. The pharmacy has processes in place to help team members provide its services safely and effectively. But not all these processes are robust, including checking the expiry dates of medicines. So, there is a risk people may receive medicines that are out of date.

Inspector's evidence

People had level access into the pharmacy through the main entrance door. This made it easy for people using wheelchairs or pushchairs to enter the pharmacy. There was a car park outside the pharmacy for people visiting the pharmacy to use. The pharmacy advertised its services in the main window. The pharmacy was advertising that it provided free blood pressure and diabetes checks. However, the pharmacy charged for the services. The team had requested for updated displays to reflect this, but these had not yet been provided and the team had not removed the current ones. The pharmacy had a facility to provide large print labels to people with a visual impairment. The pharmacy had a small range of healthcare related information leaflets for people to take away with them. Several people who used the pharmacy didn't speak English and team members helped them by using an internet translation application. Team members ensured they took more time to speak with them to ensure their understanding. Team members were aware of the importance of not covering braille on medicine packaging with dispensing labels.

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 a pregnancy prevention programme if they fit the inclusion criteria. The pharmacy provided the NHS Pharmacy First service. The pharmacy had an up-to-date formulary to help the team consider which treatments would be suitable for people. Team members were competent in providing the service and knew when to ask the pharmacist for support.

Team members used various stickers to attach to bags containing people's dispensed medicines. They used these 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. They used 'penicillin' stickers to remind team members to check if a person had a penicillin allergy. 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 had owing slips to give to people when the pharmacy could not supply the full quantity prescribed. But the team didn't always use them. And so, people were not always given a record of the medicines they were outstanding. The pharmacy offered a delivery service. The pharmacy kept records of deliveries to ensure there was an audit trail.

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. 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. Patient information leaflets (PILs) were not always supplied with the packs. The inspector discussed the importance of supplying PILs with the team. The packs were supplied with some basic descriptions of the medicines to help people identify them. For example, 'orange, round, tablet'. But on some occasions, these descriptions were not accurate.

The pharmacy stored some pharmacy (P) medicines behind the pharmacy counter, and some in clear containers in the retail area. The containers had an instruction on the front, informing people to ask for assistance if they wished to purchase a medicine stored inside. The pharmacy had a process in place for the team to check the expiry date of the pharmacy's medicines. The team reported to be behind with the process. The inspector found 10 out-of-date medicines. The medicines were not marked as being short dated. So the date checking process was not robust. Team members explained how they checked the expiry dates of medicines during the dispensing process, and this was seen during the inspection. This somewhat reduced the risk of people being supplied expired medicines. The pharmacy's medicines were tidily stored in the dispensary. The pharmacy had one clinical-grade fridge to store medicines that needed cold storage. Each day, team members recorded the minimum and maximum temperature ranges of the fridges. A sample seen showed the fridge was operating within the correct ranges. However, the pharmacy also stored some medicines in the staff fridge which was mainly used to store food items. There were no records available to determine the medicines in the fridge had been stored at within the correct temperature ranges. This was highlighted during the inspection.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the appropriately maintained equipment that it needs to provide its services. And it uses its equipment appropriately to help 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. There were separate, marked cylinders used only to dispense substance misuse medicines. The pharmacy used an automated dispensing system for its substance misuse medicines. This was kept clean and was calibrated daily. The pharmacy used an electronic blood pressure monitor. It was set to be replaced every two years.

The pharmacy 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.