

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 55-57 Milngavie Road, Bearsden, GLASGOW, Lanarkshire, G61 2DW

Pharmacy reference: 1089021

Type of pharmacy: Community

Date of inspection: 27/09/2019

Pharmacy context

The pharmacy is in Bearsden. It dispenses NHS prescriptions and provides a range of extra services. The pharmacy collects prescriptions from local surgeries. And it delivers medication to people in their homes. The pharmacy supplies medicines in multi-compartmental compliance packs when people need extra help. Consultation facilities are available. And people can speak in private with the pharmacy team.

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 members discuss near misses and dispensing errors to manage the risk of the same error happening again. And they are good at using the information to share the learning from these errors.
2. Staff	Standards met	2.2	Good practice	The pharmacy provides training to team members tailored to the services they provide. And it offers all team members opportunities to complete more training. The pharmacy provides feedback to team members on their performance. So, they can identify opportunities to develop.
		2.4	Good practice	The pharmacy is good at listening to feedback and ideas from team members and people using the pharmacy. It makes improvements to its services. The pharmacy team members are enthusiastic about their roles and work well together. They openly discuss mistakes and how they can improve their learning from them.
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 work to professional standards. They provide safe services and look after people's welfare. The pharmacy keeps records of mistakes when they happen. 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 displayed the responsible pharmacist notice. And it showed the name and registration number of the pharmacist in charge. The pharmacy used standard operating procedures (SOPs) to define the pharmacy processes and procedures. And this ensured that team members followed safe practices and provided effective services. 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 pharmacist completed the first six columns of the near-miss record. And the dispensers reflected on their errors and recorded why they thought they had happened in the last column. The pharmacist and the team members took it in turn to review the records. And they all identified patterns and trends and agreed when improvement action was needed. The team members took it in turn to carry out weekly safety audits to ensure compliance with safety measures. And an external auditor carried out checks once or twice a year with a score of 94% compliance achieved in the middle of August 2019. The pharmacy produced samples of monthly reports and briefings. And there was evidence to demonstrate continuous service improvement to manage the risk of dispensing errors. For example, the July and August reports showed the following actions;

1. Discussing the team rota to identify shortages. And to make alternative arrangements to ensure that services were safe and effective.
2. Discussing formulations of medications. And highlighting the different actions.
3. Obtaining an accuracy check before reconstituting antibiotic syrups. To confirm accuracy and to avoid waste.
4. Discussing the fridge temperature records. And reminding team members to escalate readings out-with the accepted range of between two and eight degrees Celsius.
5. Highlighting that doxazocin 1mg/2mg medications were mixed-up in the drawer. And the team members agreeing to keep the drawers tidy.

The team members kept a patient safety notice board up to date. And highlighted when extra caution or action was needed. For example, reminding team members to read the latest patient safety case study. 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 a mix-up between the different co-amoxiclav strengths. And that the pharmacist had investigated the incident and found that the drawers needed tidying and the different strengths separated. The pharmacist had also reminded team members to take their time when dispensing to avoid mistakes. The pharmacy used a complaints policy to ensure that staff handled complaints in a consistent manner. And it used a leaflet to inform

people about the complaints process. And who to contact should they wish to complain or provide feedback. The pharmacy received mostly positive comments. And the team members had not received suggestions for improvement.

The pharmacy maintained the legal pharmacy records it needed to by law. And the pharmacist in charge kept the responsible pharmacist record up to date. The pharmacy had public liability and professional indemnity insurance in place. The pharmacy team kept the controlled drug registers up to date. And the dispensers checked and verified the balance of controlled drugs once a week. The pharmacy team 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 had been accredited to use patient group directions to improve access to medicines and advice. And a sample trimethoprim patient group direction was seen to be valid until August 2020.

The pharmacy provided regular training and team members were updated about data protection requirements. The pharmacy displayed a data processing notice. And it informed people about how it safeguarded their confidential information. The pharmacy disposed of confidential information in designated bags. And a collection service uplifted the bags for off-site shredding. 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 trained the pharmacy team to comply with safeguarding arrangements. And provided contact details so that team members knew who to contact if they had a concern about a child or a vulnerable adult.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy monitors its staffing levels. And it ensures it has enough suitably skilled 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 are proactive. And make suggestions for improvement to keep services safe and effective.

Inspector's evidence

The pharmacy had experienced some growth over the past year. And the work-load had increased by about 1000 items per month. The pharmacy had experienced changes to the pharmacy team with a dispenser leaving and a new person starting. But, most of the team members were long-serving and experienced and knowledgeable in their roles. The pharmacist continued to monitor the capacity and capability of the pharmacy team. And provided assurance that services were safe and effective. The company used performance targets. And team members were registering people with the managed repeat prescription service (EXRX) and the chronic medication service (CMS) when they could. The team members did not feel undue pressure to register people. And only did so when the services were suitable and appropriate. The following team members were in post; one full-time pharmacist, one full-time pharmacy technician, one part-time dispenser, one full-time trainee dispenser, two Saturday students, one part-time team member who was on the induction period. The pharmacy team members submitted holiday requests at least one month in advance. And the part-time team members provided cover when required. The pharmacist could call on a nearby branch to provide cover for absences. And had done so in the past.

A second pharmacist was working at the time of the inspection. And was due to take over the management of the branch the following week. And had been supported by the regular pharmacist who was leaving that day. The pharmacist carried out annual performance reviews to identify areas for development. And had identified areas for development when she took up her post nine months ago. For example, she had trained the pharmacy technician to dispense methadone doses. And had identified that one of the dispensers needed to undergo refresher training to provide services such as the smoking cessation and diabetes testing services. The company encouraged and supported the pharmacy team to develop. And allocated 20 minutes of training time each week.

The company provided access to ongoing training so that team members were competent in their roles. For example, they had recently completed pharmacovigilance, Viagra and skin care training. And were up-to-date with training that supported them to comply with the company's policies and procedures. For example, data protection training and safeguarding training. The pharmacy team members felt empowered to raise concerns and provide suggestions for improvement. For example, the dispenser had suggested introducing a record for people to sign when they collected multi-compartmental compliance packs. And this helped the team members to identify people who were not taking their medicines as intended so they could provide extra support if needed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean. And the pharmacy provides 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. The pharmacy had allocated areas and benches for the different dispensing tasks. And a downstairs area was used for dispensing and storing multi-compartmental compliance packs. 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 which was professional in appearance.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy displays its opening times and healthcare information in the window. And it lets people know about its services and when they are available to them. The pharmacy has working instructions in place for its services. And these support the pharmacy team to work in a safe and effective way. The pharmacy dispenses multi-compartmental compliance packs. And supplies extra information to these people to support them to take their medicines. The pharmacy sources, stores and manages its medicines appropriately. And updates the pharmacy team about high-risk medicines. This means that team members know when to provide people taking these medicines with extra information.

Inspector's evidence

The pharmacy had step-free access which made it convenient for people with mobility difficulties. The pharmacy displayed its opening hours in the window. And provided patient information leaflets for self-selection. The pharmacy team used a healthy living notice board in the waiting area to communicate key messages. For example, reminding vulnerable people to have a flu vaccination. The pharmacy provided a managed repeat dispensing service (EXRX). And this accounted for around 20% of the prescriptions dispensed. The pharmacy used an off-site dispensing hub. And the team members had read and signed the service SOPs to ensure the service was safe and effective. The dispensers processed the prescriptions as normal. And the pharmacist carried out accuracy and clinical checks before they were transmitted to the hub for dispensing. The hub delivered the medication back to the pharmacy in sealed totes. And the team members carried out checks to ensure that the correct number of items had been dispensed and added extra medication that had been dispensed in the pharmacy.

The dispensing benches were organised. And the pharmacy team used dispensing baskets to keep prescriptions and medicines contained throughout the dispensing process. The pharmacy supplied multi-compartment compliance packs for around 100 people. And a downstairs room was used to assemble and store the packs once the pharmacist had checked them. The team members had read and signed the company's standard operating procedure. And this ensured that dispensing was safe and effective. The team members removed and isolated packs when they were notified about prescription changes. And they made records in the communications diary and the patient's medication records. The pharmacy supplied patient information leaflets and provided descriptions of medicines. The pharmacy provided a delivery service to anyone that asked for it. The delivery driver used an electronic device to record deliveries. And made sure that people signed for their prescriptions to confirm receipt.

The pharmacist and the pharmacy technician dispensed methadone doses every Monday for the rest of the week. The team members used two controlled drug cabinets. And they kept the methadone doses in a separate cabinet once the pharmacist had checked them. 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 team members kept the pharmacy shelves neat and tidy. And purchased medicines and medical devices from recognised suppliers. The team members carried out regular stock management activities. And highlighted short dated stock and part-packs during regular 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 accepted returned medicines from the public. And disposed of them in yellow containers

that the health board collected. The pharmacy team members acted on drug alerts and recalls. For example, they had actioned an alert in September 2019 for bisacodyl. And this had been shared with team members and an audit trail kept. The pharmacist had briefed the team members about the valproate pregnancy protection programme. And they knew where to find the safety leaflets and cards. The pharmacist monitored prescriptions for valproate. And made sure they had been given safety messages by their GP. The pharmacy team had been briefed about the Falsified Medicines Directive (FMD) and what it aimed to achieve. But although they had the scanners in place the system had not been introduced. And the team members were unable to confirm when it was due to be implemented.

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 added elastic bands to measures for methadone. The pharmacy team members used a blood pressure monitor. And they had attached a dated label to show when a calibration was next due. The pharmacy team members used a blood glucose monitor. And it had last been calibrated on 26 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.