

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Unit C, 10-16 York Place, PERTH,
Perthshire, PH2 8EP

Pharmacy reference: 1091915

Type of pharmacy: Community

Date of inspection: 03/02/2020

Pharmacy context

This pharmacy is on a main road leading out of the town centre. It dispenses NHS and private prescriptions. And offers advice on the management of minor illnesses and long-term conditions. It supplies medicines in multi-compartment compliance packs. These help people remember to take their medicines. The pharmacy collects prescriptions from local surgeries. And it delivers medicines to peoples' homes. It provides NHS services such as supervised methadone consumption and offers a range of over-the-counter medicines. It provides a travel and flu vaccination service.

Overall inspection outcome

✓ **Standards met**

Required Action: Improvement Action Plan

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 consistently record and learn from the mistakes they make whilst dispensing.
2. Staff	Standards met	2.5	Good practice	The pharmacy team members feel comfortable raising concerns and make suggestions to improve the running of the pharmacy. This helps support the safe and efficient delivery of the pharmacy services.
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 has written procedures that the team follows. The team members have a clear understanding of their roles and tasks. And they work in a safe way to provide services to people using the pharmacy. The team members responsibly discuss mistakes they make during dispensing. They consistently record and learn from these. The pharmacy provides people using the pharmacy with the opportunity to feedback on its services. The pharmacy team members look after people's private information. And they know how to protect the safety of vulnerable people. The pharmacy keeps all the records as required by law, in compliance with standards and procedures.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) which the pharmacy team members have read. These provided the team with information to perform tasks supporting delivery of services. They covered areas such as controlled drug (CD) requisitions, prescription reception and unscheduled care. These were subject to regular review by the company. The SOPs had signature sheets and the team had read and signed the sections relevant to their role. The team could advise of their roles and what tasks they could do. There were also several other audits undertaken weekly to manage the running of the pharmacy.

The dispensary had two computer terminals, one for main dispensing, including people walking in with prescriptions and one for other items such as repeats, general and weekly collections. The pharmacy team members used baskets throughout the process to keep prescriptions and medicines together. They used different colours of baskets with red for people waiting, white for people calling back and blue/grey for collections. This helped distinguish people's prescriptions by degree of urgency and this helped plan workload. The team prepared several items for weekly collections and had dedicated shelves for these items to aid dispensing and supply to people. The pharmacy also had a laptop which the team used with the Methameasure system. The pharmacy sent some items to the company hub for dispensing. They advised people that from ordering to collection it would be seven days which allowed time for the pharmacy to process the prescriptions and the hub to assemble these. The team inputted the data for the hub which they advised took some time and they then checked these items on return. They sent about 100 items to the hub weekly. The pharmacy had a separate room for the compliance pack preparation.

The pharmacy recorded near miss errors found and corrected during the dispensing process. The team recorded these on a specific template. And reviewed these weekly and monthly. The pharmacy kept an attendance log of members present at the reviews. Examples included a label with the wrong patient name, isomol and epimax with the wrong cream given out and Provera 10mg instead of 5mg. The team members made comments to try to establish how the error may have occurred. These included 'awareness of strengths' and 'selected wrong cream'. The reviews included comments to keep areas organised and to finish tasks before starting a new task. The team had noted to increase the waiting time they gave to people when it was busy to meet their expectations. And take the pressure off the dispensing. They also noted to take the prescription to the stock for items for picking, such as antibiotics rather than remembering. The team members completed case studies from the company and discussed these at the monthly reviews. They had all read the recent company material on the Look-Alike Sound-Alike (LASA) drugs. And had moved items from locations as part of the process to

minimise picking errors.

The pharmacy displayed a company leaflet with the 'Customer Charter Standards of Service' which explained the customer commitments and complaints process. There was a company procedure to record and report dispensing errors and complaints. And the team followed this procedure. The pharmacy had recorded an error with clobazam 10mg/5ml. It had received 5mg/5ml from the wholesaler in error. The team had investigated the error. It established the pharmacy had ordered correctly but not noticed the error when it had received the item. And supplied it. The hospital had told the team of the error. The team asked for a copy of the box which they received as a photograph for information. After the investigation they informed the wholesaler as it had been a picking error at their warehouse. The team placed a warning label at the shelf for clobazam stating 'check strength and caution' as a reminder. The pharmacy had current indemnity insurance in place.

The pharmacy displayed the correct responsible pharmacist (RP) notice. And the pharmacist completed the responsible pharmacist records as required. The pharmacist generally did not leave the premises, but the team knew what they could and could not do in any absence. A sample of controlled drugs (CD) registers looked at found that they met legal requirements. The pharmacy usually checked CD stock against the balance in the register at each time of dispensing. This helped to spot errors such as missed entries. The registers were suitably maintained with the team undertaking weekly stock checks. The pharmacy maintained an electronic register for methadone using the Methameasure system. The team checked the balance of this weekly. Physical stock of an item selected at random agreed with the recorded balance. The pharmacy kept a record of CDs which people had returned for disposal and the team generally destroyed these on the day that people had returned these. The pharmacy kept special records for unlicensed products with the certificates of conformity completed. It had a private prescription book with few entries. Most of the entries were prescription through the Lloyds online service.

The pharmacy displayed a privacy notice with information on the confidential data kept and how it complied with legislation. The team had completed training on Information Governance through e-Learning which covered the General Data Protection Regulation (GDPR). The IT system was password protected. The computer stored patient medication records (PMRs) electronically. And the team stored completed prescriptions safely. The pharmacy team stored confidential waste in separate bags for offsite shredding. The pharmacy had a safeguarding policy and procedure for the safeguarding of vulnerable adults and children. All the team had undertaken training. The pharmacist was PVG (Protecting Vulnerable Groups) registered. And had undertaken training through NHS Education Scotland (NES) on safeguarding. The pharmacy had local safeguarding organisation details available and advised they would follow the company process. And contact the SI office if they had concerns, in the first instance.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a team with the qualifications and skills to support the pharmacy's services. And the team members support each other in their day-to-day work. The team members discuss how they can make improvements. And they discuss new processes and facilities to support the safe and efficient delivery of the pharmacy services. The pharmacy encourages and supports the pharmacy team to learn and develop. And it provides access to ongoing training. The team members share information and learning particularly from errors when dispensing. So, they can improve their performance and skills.

Inspector's evidence

There was one pharmacist and two dispensers working in the pharmacy. One of the dispensers was the pharmacy manager and worked full time. The other dispenser worked around 30 hours a week. In addition, there were another dispenser and a technician. Generally, there was one member of the team who covered the counter at all times, except Monday which was a quieter day. The pharmacist had one day off a week. And the pharmacy received second pharmacist cover for six hours each week. The pharmacy generally used this cover time for the checking of the compliance packs. A regular locum pharmacist worked on the pharmacist's day off.

Certificates and qualifications were available for the team in folders. The technician had recently qualified as a technician and had come from a different branch where she had worked as a dispenser. She had indicated, in performance reviews, that in the future she may go on to undertake the accuracy checking technicians' course once she had up skilled as a technician. The manager advised it would be a good place for an ACT due to the volume of compliance packs.

The team members had training records. And the manager received updates which advised if any of the team had training which required to be undertaken. He had just received notification that one member required to refresh her training on pharmacovigilance. The team received time to undertake training in the pharmacy. And were all up-to-date. Training was undertaken on My Learn and recent training had included CBD oil. The team received monthly training on My Learn. The pharmacist undertook training through NHS Education for Scotland (NES) and did some of these online. And also attended some events. He had also undertaken training through MASTA for the vaccination service. And received reminders through the company of any updates to Patient Group Directions (PGD)s for vaccinations. This ensured that he followed any changes and kept up-to-date with the procedures. He explained there were often small changes to these procedures.

The team carried out tasks and managed their workload in a competent manner discussing any issues which arose and dealing with any telephone queries. They discussed issues as they arose during the day with suggestions of how to deal with issues. They advised that they had lost some points in a recent internal audit for not completing a balance check for methadone. They had reviewed their process and had designed a simple form to monitor when checks were due. This had ensured they always completed these in the time frame required. The manager had reviewed the room where the team prepared the compliance packs. And had presented a case for an additional computer terminal and changes to the benches space. The area manager had approved this, and changes were being put in place in the next few weeks. There was a formal whistleblowing policy and telephone numbers were available so the team members could easily and confidentially raise any concerns outside the pharmacy

if needed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, secure and suitable for the services provided. And it has suitable arrangements for people to have private conversations with the team.

Inspector's evidence

The pharmacy was clean, tidy and hygienic. And fitted out to a suitable standard with plenty space for dispensing, storing stock and medicines and devices waiting for collection. The sink, benches, shelves and flooring were all clean and the team followed a cleaning rota to ensure they maintained this. The floor had a deep clean regularly with external cleaners undertaking this. Separate hand washing facilities were in place for the team. The pharmacy team kept the floor spaces clear to reduce the risk of trip hazards. The room temperature was comfortable, and the pharmacy was well lit.

The pharmacy had two good sized, signposted, sound proofed consultation room which the team members used. The rooms had signs saying, 'care room'. One was generally used for the methadone supervision. And the other for general consultations. There were notices, at both rooms, about the chaperone policy asking people if they would like a family member or chaperone present. The team members left the doors open. They did not store any confidential information in the rooms. And the team ensured that they kept any equipment such a needles and sharps bins in locked cupboards. And these were not accessible to people.

The room used for compliance pack preparation was at the side of the pharmacy. And had a key pack lock. The team kept this locked to avoid unauthorised entry. The team members were aware of people in the premises. There was a bell on the back door to alert them as people entered. And the front entrance was clearly observed from the dispensary.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people. And it displays information about health-related topics. The pharmacy provides its services using a range of safe working practices. The pharmacy team members take steps to identify people taking some high-risk medicines. And they provide these people with extra advice. The pharmacy team members dispense medicines into multi-compartment compliance packs to help people remember to take them correctly. The pharmacy sources its medicines from licenced suppliers. And it stores and manages its medicines appropriately. It takes the right action if it receives any alerts that a medicine is no longer safe to use.

Inspector's evidence

The pharmacy, consultation rooms and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was an automatic door at the front. And a ramp and rail to assist people. There was also a rear entrance available for people to use. There was some customer seating. The pharmacy displayed its services in the window and within the pharmacy. The hours of opening were on the door. The pharmacy displayed a practice leaflet with information about services offered. It included the hours of opening.

The pharmacy had a defined professional area. And items for sale were mostly healthcare related. The sections in the pharmacy were headed with various topics to alert people such as 'skincare'. The pharmacy kept pharmacy medicines on shelves behind Perspex. The wording on the Perspex asked people to ask for assistance with these medicines. And the team attended to any people wishing to purchase these items. The pharmacy had a room a chiropodist used. This was independent to the pharmacy. And people made their own arrangements for appointments. The pharmacy undertook the chronic medication service (CMS) and had around 109 people registered for serial prescriptions. The pharmacy provided flu vaccinations. These were generally to NHS staff through occupational health schemes. And the pharmacy provided some flu vaccinations off-site to local businesses. The pharmacist had undertaken around 400 flu vaccinations. The pharmacy also provided travel vaccinations and was a yellow fever centre. It also provided the HPV vaccination. The pharmacy provided services through the appropriate Patient Group Directions (PGDs). The team provided blood pressure monitoring, glucose tests and cholesterol checks. And the pharmacist provided smoking cessation with Champix if required. The pharmacy offered Emergency Hormonal Contraception (EHC). It provided the electronic Minor ailments service (eMAS). And it provided the Pharmacy First service for urinary tract infections with trimethoprim being supplied and Fucibet for impetigo. It had around three people who used the gluten free service. And it provided medicines through the unscheduled care service when required.

The pharmacy supplied medicines to around 118 people in multi-compartment compliance packs to help them take their medicines. And it supplied to two care homes, one with medicines in original packs with medicine administration records (MAR) sheets and the other had one person who received their medicine in a compliance pack. All of the team made up the compliance packs. The team selected the stock then prepared the backing sheets. And took the basket containing the stock with the prescriptions and backing sheets to the room for filling. Each person had a profile record sheet which the team used for checking. The team used a white board in the compliance pack room to convey messages for matters requiring attention. They made up four weeks at a time. Most people received one week at a time. The team put the patient information leaflets (PILs) into an envelope and supplied these to

people. The pharmacist checked the packs either in the room if it was not too busy in the pharmacy or the team brought the packs back into the dispensary for checking. The team added any external items when required. The compliance pack room was well organised. And the team were waiting for a new bench and shelf area which would improve it further. The pharmacy offered a substance misuse service to people with several receiving supervised methadone or buprenorphine. People received a mixture of supervision or taking doses away. The team signposted people to another Lloyds pharmacy in the town for the needle exchange service.

There was a clear audit trail of the dispensing process. The team completed the 'dispensed by' and 'checked by' boxes which showed who had performed these roles. And a sample of completed prescriptions looked at found compliance with this process. The team used appropriate containers to supply medicines. And used clear bags for dispensed CDs and fridge lines so they could check the contents again, at the point of hand-out. The team had a dedicated shelf section with leaflets and booklets they provided to people on high-risk medicines such as lithium and methotrexate. They placed alerts stickers on prescriptions to raise awareness at the point of supply which ensured patients received additional counselling. The team members used CD and fridge stickers on bags and prescriptions to prompt the person handing the medication over that they needed to add some medication to complete the supply. The CD stickers recorded whether the CD was in the CD cabinet or it was in the bag. This assisted the team in knowing whether they needed to add the item, or it was in the bag. They checked to ensure the item was within the required date for supply. The pharmacy team members were aware of the valproate Pregnancy Prevention Programme. And had the purple folder with the information which they provided to people. And they reinforced this each time with counselling. They had raised the relevant people with their doctor as part of their process.

The pharmacy provided collection service. People ordered their own medication. And the team advised them of the timeframes to ensure items would be ready for collection. When the pharmacy could not provide the product or quantity prescribed in full, patients received an owing slip. And the pharmacy kept a copy with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy contacted prescribers if items were unobtainable to ask for an alternative. The pharmacy kept a delivery sheet as an audit trail for the delivery of medicines from the pharmacy to patients. This included a signature of receipt of the delivery on an electronic pod. The driver used a separate delivery sheet for controlled drugs.

The pharmacy stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature. The team tried to get the 2.5 litre bottles for the Methameasure but if it could not it used a clean 2.5 litre container. The team poured from 500mls bottles and required to put batch numbers and expiry date as part of the labelling for the stock bottle.

The pharmacy had a refrigerator from a recognised supplier. This was appropriate for the volume of medicines requiring storage at such temperatures. The team members recorded temperature readings daily and they checked these to ensure the refrigerator remained within the required temperature range. The pharmacy team members checked expiry dates on products and had a rota in place to ensure all sections were regularly checked. They signed and dated sections once completed. The team members marked short-dated items for the year ahead and they took these off the shelf prior to the expiry date. The team members put 'date opened' stickers with the date of opening on liquid medication when they opened the bottle. This allowed them to check to ensure the liquid was still suitable for use. The pharmacy used recognised wholesalers such as AAH and Alliance.

The team were aware of the Falsified Medicines Directive (FMD) and that the company was trailing in some branches. But they had not implemented anything. The team used appropriate medicinal waste

bags for patient returned medication. The contents of the bags were securely disposed of via the waste management contractor. The pharmacy had appropriate denaturing kits for the destruction of CDs. The pharmacy had private and NHS sharps bins for their services. The pharmacy had a process to receive drug safety alerts and recalls. The team noted these on the safety report monthly.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the pharmacy services it provides. There are provisions in place to maintain people's privacy.

Inspector's evidence

The pharmacy team members had access to a range of up-to-date reference sources, including the British National Formulary (BNF). They used the internet as an additional resource for information such as the Electronic Medicines Compendium (EMC) for patient information leaflets (PILs). The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. It used the Methameasure system for measuring amounts of methadone. The pharmacy kept this in a locked unit on the dispensing bench, in a corner. It had a separate range of measures for measuring methadone for calibration purposes. The team calibrated the Methameasure system daily. It also had a range of equipment for counting loose tablets and capsules. The team members cleaned triangles after use. The team members had access to disposable gloves and alcohol hand washing gel. They used these for the biometric tests and preparation of the compliance packs.

The equipment such as the carbon monoxide monitor, and blood pressure machine appeared in good working order. Someone from the health board came out annually to check the carbon monoxide monitor. And the team replaced the blood pressure monitor every two years. They placed a sticker on when they replaced it. The current sticker stated June 2019. They calibrated the glucose monitor weekly and the cholesterol machine monthly.

The pharmacy stored medication waiting collection on shelves in the dispensary where people could not observe any confidential details. The team filed prescriptions in boxes in a retrieval system out of view, keeping details private. The computer screens in the dispensary were out of view of the public. The team used cordless phones for private conversations.

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.