General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Cumnockhealth Centre, 2 Tanyard, CUMNOCK, Ayrshire, KA18 1BF

Pharmacy reference: 1092181

Type of pharmacy: Community

Date of inspection: 27/04/2022

Pharmacy context

This is a community pharmacy next to a medical practice in Cumnock. It dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. The pharmacy provides substance misuse services and dispenses private prescriptions. Pharmacy team members advise on minor ailments and medicines use. And they supply over-the-counter medicines and prescription only medicines via 'patient group directions' (PGDs). 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	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

Pharmacy team members follow good working practices. And they show that they are managing dispensing risks to keep services safe. The pharmacy documents its mistakes and team members learn from them to improve the safety of services. The pharmacy keeps the records it needs to by law, and it suitably protects people's private information.

Inspector's evidence

The pharmacy had introduced new processes to manage the risks and help prevent the spread of coronavirus. Team members monitored the waiting area for congestion. And when necessary, they asked people to wait outside until it became less busy. The pharmacy provided hand sanitizer at the medicines counter for people to use. And pharmacy team members had access to supplies throughout the dispensary. A protective plastic screen had been installed at the medicines counter at the start of the coronavirus pandemic. But this had recently been removed when it had broken, and the company had not replaced it. Team members wore face masks throughout the day. This helped to protect other team members and members of the public. The company used documented working instructions to define the pharmacy's processes and procedures. And team members annotated the associated records when they had read and understood them. There was evidence to show that a new team member who had only worked at the pharmacy for a few months had read them. Sampling showed the company kept the procedures up to date. This included the ‘assembly and dispensing’ procedure which was due to be reviewed in May 2022.

The company had recently promoted a dispenser to the post of non-pharmacist manager. This was partly due to the pharmacy running on locum pharmacists since December 2021. The manager supported team members to carry out audits and to comply with the company’s clinical governance arrangements. And the pharmacy team attended a monthly meeting to discuss the findings from the audits. Team members agreed on safety improvements to manage the risks they identified. And these were documented for them to refer to the following month. Dispensers signed medicine labels to show who had ‘dispensed’ and who had ‘checked’ prescriptions. This meant the pharmacist was able to help individuals to learn from their dispensing mistakes. Team members recorded their own near miss errors. And sampling showed they had recorded 13 errors in March 2022. The near-miss review for the same month showed they had identified ‘strength’ as a common error. And team members had been re-arranging the storage drawers to ensure that items were well segregated. They had also separated items such as amitriptyline/amlodipine and prednisolone tablets/prednisolone enteric-coated tablets to manage selection errors. A printed list above the dispensing bench showed common ‘look alike sound alike’ (LASA) medications to raise awareness. The list included several LASAs including tadalafil/tamoxifen. Team members knew to record dispensing incidents on an electronic template. The template included a section to record information about the root cause and the mitigations to improve safety arrangements. The manager confirmed there had been no recent incidents.

The pharmacy trained its team members to handle complaints. It had defined the complaints process in a procedure for team members to refer to. The procedure was up to date and valid until May 2022. The pharmacy did not display a notice or provide information about its complaints process for people who did not want to raise concerns whilst in the pharmacy. Team members maintained the records

they needed to by law. The pharmacy had public liability and professional indemnity insurances in place which were valid until 30/6/2022. The pharmacist displayed a responsible pharmacist notice, and it was visible from the waiting area. The RP record was up to date, and it showed the name and registration details of the pharmacist in charge. Team members maintained the controlled drug registers and kept them up to date. They carried out balance checks every week. And recalculated methadone balances to include any overages. The pharmacy used an automated dispensing system for methadone dispensing. And team members carried out end of day checks to ensure the register reflected the supplies made that day. People returned controlled drugs they no longer needed for safe disposal. And a destructions register showed the pharmacist had signed the records to confirm that destructions had taken place. At the time of the inspection the Health Boards' authorised witness was carrying out a destruction of expired stock. Team members filed prescriptions so they could be easily retrieved if needed. They kept records of supplies against private prescriptions and supplies of 'specials' and they were up to date.

The pharmacy provided training so that team members understood data protection requirements and how to protect people's privacy. It displayed a notice at the medicines counter to inform people about how it used and processed their information. Team members used a designated container to dispose of confidential waste. And an approved provider collected the waste for off-site destruction. The pharmacy trained its team members to manage safeguarding concerns. And it provided a policy for them to refer to. The manager had recently instructed team members to re-read the policy and to ensure they knew when to raise concerns. A chaperone notice advised people they could request to be accompanied whilst in the consultation room. And team members knew to speak to the pharmacist whenever they had cause for concern. This included concerns about failed deliveries or collections of multi-compartment compliance packs.

Principle 2 - Staffing ✔ Standards met

Summary findings

Pharmacy team members have the necessary qualifications and skills for their roles and the services they provide. The pharmacy proactively supports team members in-training to obtain the skills they need. And it provides relevant training as and when required to develop the necessary knowledge and skills for their roles.

Inspector's evidence

The pharmacy's workload had fallen slightly since the beginning of the year. But it was steadily returning to the level it had been in 2021. The number of team members was lower than the previous year. And this was due to two people leaving. The pharmacy was in the process of trying to recruit a part-time dispenser. They had recently appointed someone who had left after a short period of time. The company provided an over-time budget, and a few team members had been able to increase their hours to provide extra cover. Locum pharmacists had been working at the pharmacy since the start of the year. And there had been continuity of cover with the same four pharmacists working at the branch. A second pharmacist had been providing extra support on a Friday. But recently this had not been as regular as it had been in the past. The pharmacy manager had contacted the regional manager to discuss the need for permanent double pharmacist cover every Friday. And they had agreed to try to put arrangements in place. This was mostly to support the responsible pharmacist to manage multi-compartment compliance pack dispensing.

The team included one full-time pharmacist with occasional double cover, one full-time manager (dispenser), one full-time dispenser, one full-time trainee dispenser, one part-time dispenser, one part-time trainee dispenser and one part-time delivery driver. The regional manager visited the pharmacy to provide operational support. And they had also provided dispensing support during busy periods. The pharmacy provided some protected learning time to support the trainee dispensers. And the manager allocated one hour per week when this was practicable to do so. The manager kept the pharmacy team up to date with changes. Recent topics had included an updated version of the NHS pharmacy first formulary and changes to the list of products they were able to supply. They also supported team members to improve in the roles. Following a recent near miss review team members had re-read the procedure that defined the dispensing process. This was to help team members improve accuracy in their dispensing. They had also read a case study that the company had recently issued. It detailed the consequences of not checking 'Owings' on a regular basis and the risk this presented such as people going without their medication. The company was in the process of implementing a new IT system that was due to go live on 9 June 2022. At the time of the inspection someone from head office was installing a package on one of the PCs so that team members could get used to the new system. Training was due to start the following week with protected learning time provided to complete e-learning modules.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises support the safe delivery of its services. And it manages the space for the storage of its medicines well. The pharmacy has suitable arrangements for people to have private conversations with the team.

Inspector's evidence

The pharmacy was in a large modern purpose-built premises. Team members had arranged the benches in the dispensary for the different tasks. This included two benches for multi-compartment compliance pack dispensing. They kept the benches tidy and free from clutter. Separate workstations also meant that team members kept their distance from each other whenever they could. The pharmacist supervised the medicines counter from the checking bench and could intervene and provide advice when necessary. A sound-proofed consultation room was available for use. And it provided a confidential environment for private consultations.

Team members cleaned the surfaces on a regular basis. And a sink in the dispensary was available for hand washing and the preparation of medicines. Team members cleaned and sanitised the pharmacy on a regular basis to reduce the risk of spreading infection. Lighting provided good visibility throughout, and the ambient temperature provided a suitable environment from which to provide services. Only two team members at a time used a dedicated area for comfort breaks. This allowed them to remove their face masks without being at risk of spreading infection.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy gets its medicines from reputable sources, and it stores them appropriately. The team carries out checks to make sure medicines are in good condition and suitable to supply. And it has arrangements to identify and remove medicines that are no longer fit for purpose. The pharmacy provides services which are easily accessible. And it manages its services well to help people receive appropriate care.

Inspector's evidence

The pharmacy had a step-free entrance and a pressure activated pad to provide unrestricted access for people with mobility difficulties. The pharmacy advertised its services and opening hours in the window. But it did not provide public health information to help keep people safe from coronavirus. The health board had provided authorisation for the pharmacy to close over the lunchtime period between 13.00 and 14.00. And the medical practice next door closed during the same period. This meant that people were less likely to be impacted and a notice on the door informed people of the change. Team members kept stock neat and tidy on a series of shelves. And they used controlled drug cabinets to safely segregate stock items. The pharmacy purchased medicines and medical devices from recognised suppliers. And team members had been re-establishing date-checking procedures to manage the risk of stock expiring. Sampling showed items were within their expiry date.

The pharmacy supplied medicines in multi-compartment compliance packs to people that needed extra support with their medicines. The level of dispensing had remained stable since the start of the pandemic. And team members sent around half of the prescriptions to an off-site hub for dispensing. The responsible pharmacist approved the prescriptions before they were sent. And the hub assembled and checked the packs before they were returned to the pharmacy for supply. The pharmacy had defined the assembly and dispensing process in a documented procedure for team members to refer to. And the procedure was up to date and valid until May 2022. Team members used a module on the 'patient medication record' (PMR) to manage the dispensing process. And they referred to supplementary records which contained a list of the person's current medication and dose times which they kept up to date. Team members checked prescriptions against the master records for accuracy before they started dispensing packs. And they discussed queries with the relevant prescriber. Descriptions of medicines and ‘patient information leaflets’ (PILs) were provided to support people to take their medicines. Shelving to store the packs was kept neat and tidy. And once a week team members retrieved packs for collection. They knew to contact people to discuss their medication when packs remained uncollected. The driver delivered most of the packs. They kept a supply of face masks, gloves, and hand sanitizer in the delivery vehicle, and used them during deliveries. They knew to keep a safe distance from people to manage the risk of infection. A handheld device recorded the deliveries and provided an audit trail in the event of queries. Team members used an automated dispensing system for instalments of some medicines. The number of prescriptions it dispensed had remained around the same since before the pandemic. The pharmacist carried out a clinical check before new prescriptions were entered onto the system. And they also carried out accuracy checks before they authorised team members to provide supplies.

The pharmacy sent some repeat prescriptions to an off-site dispensing hub. Team members annotated

the PMR to show which prescriptions had been approved. And the pharmacist carried out a clinical check before they released them to the hub for dispensing. Once dispensed, the hub placed the dispensed prescriptions in an orange tote so that team members prioritised them on arrival at the pharmacy. Dispensers carried out the necessary checks to confirm supplies. And they reconciled medicines that the hub was unable to dispense. The pharmacy dispensed serial prescriptions for people that had registered with the 'medicines care review' service (MCR). Team members dispensed the prescriptions at the time they were needed. This managed the risk of having to re-dispense medication due to frequent prescription changes.

The pharmacy used three fridges to safely segregate stock and manage the risk of selection errors. For example, it used one of the fridges exclusively for insulin. The fridges were well-organised, and team members monitored and documented the temperatures. This meant they were able to evidence that all fridges were operating within the accepted range of 2 and 8 degrees Celsius. Team members knew about valproate medication and the Pregnancy Prevention Programme. The pharmacist spoke to people in the at-risk group about the associated risks. And team members knew to supply patient information leaflets and to provide warning information cards with every supply. The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste. The company had recently removed the requirement for returns to be quarantined for 48 hours before handling the waste. The pharmacy prioritised drug alerts and team members knew to check for affected stock so that it could be removed and quarantined straight away. A team member checked a recent drug alert for Depo-Medrone injections. And they followed the company's procedure which included updating the electronic alert system and arranging for the responsible pharmacist to apply their electronic signature and GPhC registration details to confirm the checks.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services and it uses its facilities to suitably protect people's private information.

Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the British National Formulary (BNF). Team members used crown-stamped measuring cylinders, and they used separate measures for methadone. They had highlighted the measures, so they were used exclusively for this purpose. The pharmacy used an automated dispensing system to dispense methadone doses. The pharmacist calibrated the pump once a day to ensure accuracy of doses. And they updated the calibration audit form to show it had been completed. A blood pressure monitor was dated 24 March 2023. This showed when the machine was first used and when it was due to be replaced. The pharmacy stored prescriptions for collection out of view of the public waiting area. And it positioned the dispensary computers in a way to prevent disclosure of confidential information. Team members could carry out conversations in private if needed. The pharmacy used cleaning materials for hard surface and equipment cleaning. The sink was clean and suitable for dispensing purposes. Team members had access to personal protective equipment including face masks.

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.