

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, The Health Centre Site, 146
Dalmellington Road, AYR, Ayrshire, KA7 3PR

Pharmacy reference: 1097483

Type of pharmacy: Community

Date of inspection: 19/09/2019

Pharmacy context

This is a pharmacy next to a health centre on the outskirts of Ayr. It offers the usual range of Pharmacy First services including flu vaccination. It dispenses NHS prescriptions and provides support for people by dispensing their medicines into multi-compartmental compliance packs. The pharmacy offers a substance misuse service including supervised doses of methadone. Other services provided include blood pressure and blood glucose monitoring and smoking cessation. And the Warrington hub supports the pharmacy by dispensing a proportion of its compliance packs.

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 has a complete set of properly authorised written procedures to support the pharmacy team in its work. And pharmacy team members have signed to show they have read and understood them. They protect the privacy and confidentiality of people's information. And pharmacy team members are aware of how to protect children and vulnerable adults from harm. The pharmacy team members make use of the company's risk management system to identify and manage risks. But their use of this is inconsistent. They record all near miss errors that happen whilst dispensing, but some are lacking in detail. And sometimes there is a lack of effective preventive action taken. The pharmacy informs people on how to provide feedback on its services. But it does not actively seek feedback or use it to drive improvement.

Inspector's evidence

The pharmacy was large with both a good-sized retail area and a large dispensary with good bench and shelf space and a drawer storage system. The checking bench overlooked the front counter and allowed effective supervision. The pharmacy had the usual set of Lloydspharmacy Standard Operating Procedures (SOPs) which were in date and properly authorised. Pharmacy team members had recently signed them to show they had read and understood the SOPs. These had started to be reissued in July 2019 and would roll out over the next six months or so.

The Pharmacy team members regularly completed the SaferCare audit. But were unable to show records of review as the safer care champion was on holiday. There were some examples of learning and correction when there was a near miss. These included separating quinine and quetiapine when they reviewed the drawer system. And separating olanzapine strengths due to an error in another pharmacy in the chain. Pharmacy team members were aware of the list of Look Alike – Sound Alike (LASA) drugs. Not all near miss records were fully completed with all details. And notes of actions taken tended to be “take more care” or “pay attention”. A cause of near misses was often recorded as “not paying attention”. But apart from the advice above, the pharmacy had not completed a root cause analysis to prevent this happening again. There were near misses recorded on most days of the month, with some 30-60 being the average. The inspection was in response to concerns raised by a person about two dispensing errors one month apart. There were records of dispensing errors with a brief analysis of the root cause. The safer care board was in use but was not completed with local details such as ‘days since last near miss’ or ‘number of near misses from the previous week’. This meant that pharmacy team members not present on the day of the SaferCare briefing might miss important learnings from the system.

The pharmacy informed people via a pamphlet to speak to their pharmacist if they had a complaint about NHS services. There were no other means of promoting feedback. And little evidence of feedback resulting in improvements. The pharmacy had professional indemnity insurance provided under the Lloydspharmacy national scheme.

Controlled drug (CD) records were generally acceptable. But the number of alterations was excessive. The pharmacy had recently identified that two Zomorph 30mg were missing. It had investigated this but found no definite explanation for the shortage. It had reported this to the accountable officer. A check

of the stock of a sample of CDs showed that the running balance and the actual stock figures agreed. Not all records of patient returned Controlled Drugs (CDs) had both a pharmacist and a witness signature for destruction. Some two pages of the patient returned controlled drug register had no note of the date of destruction of CDs previously returned. And these returns were no longer on the premises. And the pharmacy had no signatures for destruction or witnessing of destruction. The pharmacy had not reported this to the accountable officer . Pharmacy team members made emergency supplies under the Community Pharmacy Urgent Supply (CPUS) scheme. And the records for these were complete. The private prescription records were complete with dates, names and addresses of patients and prescribers. Records of specially ordered items were also complete, with copies of labels used on the special items. Fridge temperature records were always recorded every day. And temperatures were in the required range of two to eight degrees Celsius. The Responsible pharmacist log was complete.

There was no confidential waste in the general waste. Or in the consultation room . People could not overhear private consultations. And computer screens were either not visible or locked onto password protected screen savers. The pharmacy had written guidance for pharmacy team members on safeguarding. And both pharmacists were Protection of Vulnerable Groups (PVG) registered. And they had completed the NHS Education Scotland (NES) training on child and adult protection. Pharmacy team members had read the guidance. And they could provide evidence of safeguarding activities.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team has the skills and knowledge to provide a range of services to meet people's health needs. Pharmacy team members have access to training and have time during the working day to use these resources to develop their skills. The pharmacy mostly has a suitable numbers of qualified team members to provide the services offered. But there are signs the team members are under pressure over the longer term as they are not finishing all required tasks and some records are incomplete.

Inspector's evidence

On the day of inspection there were: one pharmacist (full- time) and one pharmacist (morning only); one probationary accuracy checking pharmacy technician (ACT); one NVQ2 dispenser and two medicine counter assistants.

Usually the Warrington hub dispensed some 50% of the pharmacy's multi-compartmental compliance packs. But pharmacy team members reported that the hub had rejected a large part of this regular workload. The pharmacist thought this was due to a member of the pharmacy team taking over the submission process for the first time. This had increased the work load in the pharmacy. There were enough suitably qualified pharmacy team members on the day of the inspection. But issues with completion of tasks such as safer care, the number of near misses and dispensing errors, and poor record keeping with regards to controlled drugs suggested that staffing was under pressure over the longer term. A member of the pharmacy team was ill at the time of inspection and another member had gone off on leave for three weeks. Support was being provided via overtime of part-time pharmacy team members. And student cover and some extra pharmacist time was being provided.

Pharmacy team members regularly completed MyKnowledge training each month. And the last training was on safeguarding and EllaOne. Pharmacy team members had time during the working day to complete it. Pharmacy team members were uncertain when their last annual review had been but reported it was over one year ago. Although pharmacy team members reported having regular training they found it hard to give specific examples. A lack of effective preventive actions on near misses and a lack of promotion of, or learning from, people's feedback showed a lack of a learning culture in the pharmacy. Pharmacy team members were unable to give good examples of ideas for improvement that they had come up with. Or of feedback that they had provided on concerns or issues. They had recently changed the layout of the drawer system and tidied up any clutter therein. Targets did not compromise people's safety. And pharmacy team members were comfortable to provide feedback to the pharmacy manager.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is secure and very clean and tidy. It has good arrangements for people to have private talks with the pharmacist.

Inspector's evidence

The dispensary benches were clear of clutter. The front shop was clean and tidy as was the dispensary. The drawer system had recently been re-stocked and re-labelled. The premises were well lit and were temperature controlled. The consultation room was tidy and had a sink, desk and chairs. The room was of a good size and was well equipped.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a wide range of services to meet the needs of local people. It uses a range of safe working techniques. These include baskets to keep items and prescriptions together whilst dispensing. And audit trails to track dispensing. The pharmacy team members provide advice to people taking high-risk medicines, but they don't make records of these interventions. The pharmacy has good arrangements for dealing with medicine recalls.

Inspector's evidence

Entry to the premises was through a door level with the street, and the counters were low in height for those using wheelchairs. There were hearing loops on the counter for those with a hearing impairment and they were in working order. Services offered by the pharmacy were promoted via leaflets in-store and posters in the window. Stickers were in use for fridge lines and CDs awaiting collection. And to alert pharmacy team members to anyone who the pharmacist wished to speak to. Other safe working practices included the use of baskets to keep items all together. And audit trails of "dispensed by" and "checked by" signatures. The pharmacist had a range of materials to provide extra information to people who were diabetic, on warfarin or receiving valproate.

The system for dispensing multi-compartmental compliance packs relied heavily on use of the Warrington hub. But on the day of the inspection the hub had rejected part of the workload which resulted in increased pressure in the dispensary. The pharmacy gave out patient information leaflets at the start of each 4 week cycle.

The pharmacy offered a delivery service and kept electronic records of people's signatures. The driver obtained these on receipt of delivery. But it can take the pharmacist 24-48 hours for them to obtain copies of these records from AAH when there is an issue. This means that they may be unaware of a delivery problem until the person contacts them. The drivers made no unattended deliveries and kept no items or paperwork in vans overnight. Where a person was not at home the drivers left a card asking them to contact the pharmacy to re-arrange delivery.

There were records available that showed that drug recalls and alerts were regularly received and acted upon. And the pharmacy kept records of the actions taken. The pharmacy team stated it had identified and assessed persons on valproate but there were no records of these assessments or interventions. There were enough materials available to provide guidance to any person presenting with valproate. The pharmacy had installed the hardware needed to support the Falsified Medicines Directive (FMD) but had provided no staff training or SOPs on its use. So, the pharmacy was not using many of the features of FMD.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has enough equipment for the services it offers and it maintains such equipment to provide accurate measurement.

Inspector's evidence

The pharmacy had a range of measuring equipment including a blood pressure meter which had date of first use recorded. And a blood glucose meter which had been regularly calibrated. The pharmacy had access to the British National Formularies for both adults and children. And had online access to a range of further support tools.

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.