

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, 84 - 85 Mary Street, Laurieston,  
FALKIRK, Stirlingshire, FK2 9PR

**Pharmacy reference:** 1098366

**Type of pharmacy:** Community

**Date of inspection:** 04/11/2022

## Pharmacy context

This is a community pharmacy in Laurieston. It dispenses NHS and private prescriptions and provides a substance misuse service. 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).

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

Pharmacy team members follow good working practices. And they manage dispensing risks to keep services safe. Pharmacy team members recognise and appropriately respond to safeguarding concerns. They suitably protect people's private information and keep the records they need to by law. Team members make records of mistakes and use this information to review the pharmacy's processes and procedures. They learn from mistakes and take the opportunity to improve the safety of services.

### Inspector's evidence

The pharmacy had control measures in place to manage the risks and help prevent the spread of coronavirus. This included a plastic screen at the medicines counter. It also included the placing of hand sanitizer at the entrance and throughout the dispensary for visitors and team members to use. The company used 'standard operating procedures' (SOPs) to define the pharmacy's working practices. And team members annotated records when they had read and understood the SOPs. The company had changed the way it introduced new procedures. It notified team members to access new SOPs via a new online operating system. Team members then printed the new SOPs and replaced the old SOPs in the designated pharmacy folder. SOPs included 'responsible pharmacist' and 'controlled drug' procedures and records showed the company kept them up to date. The pharmacy had policies in place for the services it provided. This included blood pressure monitoring and diabetes checks and team members had signed to confirm they had read and understood them.

Dispensers signed dispensing labels to show who had 'dispensed' and who had 'checked' prescriptions. This meant the pharmacist was able to help individuals to learn from their mistakes. Team members recorded their own near miss errors. And a nominated dispenser held a monthly briefing to discuss any patterns and trends they had identified. This helped them to identify risks and implement new measures to manage dispensing risks. They gave examples of action they had taken to help avoid errors, of improvements were provided, such as attaching a shelf-edge caution label to highlight the different strengths of fluconazole. And agreeing to take regular pauses to re-focus on dispensing tasks and to reduce pressure in the workplace. The company had recently introduced bar-code scanning technology that helped team members identify selection errors. But this facility had not yet been fully implemented. This was due to time constraints associated with the new online operating system. Team members knew to record dispensing errors on an electronic template which they sent to the superintendent's office. The template included a section to record information about the root cause and any mitigations to improve safety arrangements. An area pharmacist manager visited the pharmacy on a regular basis. And they carried out audits to confirm the pharmacy was operating safely and effectively. They provided feedback following the audits and highlighted areas for improvement if required. A few actions had been implemented following a recent audit. This included the need to re-focus on date-checking 'pharmacy' (P) medicines. A designated dispenser carried out weekly 'safer care' audits. For example, records showed they had audited the environment they worked in, and that areas were clear of congestion. The pharmacy provided information about its complaints process in leaflets that were available for self-selection in the waiting area.

Team members maintained the records they needed to by law. And the pharmacy had public liability and professional indemnity insurance policies in place which were valid until June 2023. The pharmacist

displayed a 'responsible pharmacist' (RP) notice, and it was visible from the waiting area. The RP record showed the time the pharmacist took charge of the pharmacy and the time they finished. Team members maintained the controlled drug registers and kept them up to date. Records showed they carried out regular balance checks every week. People returned controlled drugs they no longer needed, for safe disposal. And team members recorded them in a CD destruction register. The pharmacist signed the register to confirm when items had been safely disposed of. Team members filed prescription forms so they could easily retrieve them if needed. They kept up-to-date records of supplies against private prescriptions and supplies of unlicensed 'specials'. The pharmacy provided training so that team members understood data protection requirements and how to protect people's privacy. And a policy was available for them to refer to. They 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. This included contact details for local agencies. Team members knew to speak to the pharmacist if ever they had cause for concern. This included concerns following medication deliveries to vulnerable people in their homes, and people failing to collect their medication when it was due. A chaperone notice advised people they could request to be accompanied whilst in the consultation room.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members have the necessary qualifications and skills for their roles and the services they provide. And they work together to suitably manage the workload. The pharmacy team continues to learn to keep their knowledge and skills up to date.

### Inspector's evidence

The pharmacy's prescription workload had increased since the start of the coronavirus pandemic. And the company had maintained the number of working hours in the pharmacy team to manage the workload. A regular pharmacist manager had been in post for many years. And an experienced well-established team supported them. An area manager visited the pharmacy on a regular basis. And supported the team to comply with the company's governance arrangements. Locum pharmacists provided cover for the pharmacist manager. And the dispensers covered each other's annual leave. Team members included one full-time pharmacist, one part-time dispenser (supervisor), three part-time dispensers and one delivery driver they shared with another branch. The pharmacy worked closely with other branches in the area and they shared team members when cover was needed.

The company supported team members to learn and develop in their roles. And it provided access to mandatory training such as pharmacovigilance training, which included responding to drug alerts and recalls. It had recently provided access to training to support the introduction of a new online operating system. And a trainer had visited the pharmacy to provide team members with onsite support. The pharmacy team had individual usernames and passwords which linked to individual records to evidence training. Team members attended a monthly briefing to discuss dispensing mistakes. And this helped them to improve their accuracy in dispensing. Team members worked well together as a team and were proactive at suggesting improvements to the pharmacy's working practices. For example, they had recently worked overtime to reorganise the shelves for prescription balances. And they had purchased a small storage unit which had created more space. They also highlighted 'look alike sound alike' (LASA) medications when putting stock away. This had included metformin and metoclopramide medications. Team members were aware of the company's whistleblowing policy. And they felt empowered to speak up if they had concerns.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises supports the safe delivery of services. And the pharmacy suitably manages the space for the storage of its medicines. The pharmacy has appropriate arrangements for people to have private conversations with the team.

### Inspector's evidence

The pharmacy was in average-sized premises. The space in the dispensary was becoming restricted due to an increase in prescription workload. But team members were managing the space well. They used baskets for dispensing tasks. And they only dispensed multi-compartment compliance packs when a bench was completely clear and not in use. Team members had been re-organising the dispensary to create more space. This included re-arranging the storage shelves and drawers. Designated areas were used for different dispensing tasks. And dispensing and accuracy checking was well-segregated. The pharmacist supervised the medicines counter from the dispensary and could intervene and provide advice when necessary. A sound-proofed consultation room with hot and cold running water was available for use. It provided a professional environment for the administration of vaccines. It also provided a confidential environment for private consultations. Team members used the dispensary sink for hand washing and the preparation of medicines. And they cleaned and sanitised the pharmacy on a regular basis to reduce the risk of spreading infection. This included frequent touch points such as keyboards, phones, and door handles. Lighting provided good visibility throughout, and the ambient temperature provided a suitable environment from which to provide services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides services which are easily accessible. And it manages its services well to help people receive appropriate care. 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.

### Inspector's evidence

The pharmacy had a stepped entrance, and a portable ramp was available to help people with mobility difficulties to access the pharmacy. Services and opening hours were displayed in the main window. And health information leaflets were on display in the waiting area. The pharmacy offered appointments for flu vaccinations. And the pharmacist provided vaccinations at appropriate times to maintain service continuity throughout the day.

Team members kept stock neat and tidy on a series of shelves and in drawers. And they used secure controlled drug cabinets to safely segregate items. This included expired items awaiting destruction. And dispensed items awaiting collection in clear plastic bags. The pharmacy purchased medicines and medical devices from recognised suppliers. And team members were focussing on carrying out regular expiry date checks. They updated a date checking matrix to keep track of when checks were next due. A random sample was checked, and all the items were found to be within their expiry dates. The pharmacy used a large glass-fronted fridge to keep medicines at the manufacturers recommended temperature. And team members monitored and recorded the temperature every day. This provided assurance that the fridge was operating within the accepted range of 2 and 8 degrees Celsius. Team members regularly checked the company's online system for drug alerts. And they updated the system once they had carried out the necessary checks which included removing affected stock. The pharmacy had medical waste bins and CD denaturing kits. And this supported the pharmacy team to manage pharmaceutical waste. The pharmacy had trained team members about valproate medication and the Pregnancy Prevention Programme for people at risk. And they knew to supply patient information leaflets and to provide cards with every supply.

Team members had capped services to keep their working environment safe. This included limiting the number of people they dispensed multi-compartment compliance packs for due to space restrictions. Team members managed dispensing tasks well. They used trackers to prompt the re-ordering of prescriptions for multi-compartment compliance packs. And they used supplementary records to check new prescriptions for accuracy. This was mostly undertaken by the pharmacist manager who also kept an audit trail of any prescription changes. Team members used large yellow baskets to differentiate the prescriptions for medications to be dispensed into compliance packs. And they assembled them on a designated bench. Team members provided descriptions of medicines on the dispensing labels. And they supplied patient information leaflets for people to refer to. Team members obtained a verbal check from other team members to help manage the risk of the wrong pack being supplied.

The pharmacy dispensed serial prescriptions for people that had registered with the 'medicines: care and review' service (MCR). The pharmacy had a system in place for managing dispensing. And they

retrieved prescriptions before they were due so they could check and order items in advance. Most people collected their medication on time. And team members knew to refer people who arrived either too early or too late so the pharmacist could check compliance. The pharmacy supervised the consumption of some medicines. And team members dispensed doses in advance, so they were ready for consumption when required. Once dispensed and checked by the pharmacist the doses were stored securely.



## 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 substance misuse medicines. They had highlighted the measures, so they were used exclusively for this purpose. The pharmacy provided blood pressure monitoring. And team members had attached an expiry date of July 2023 to the monitor. The pharmacy offered a diabetes monitoring service. And the pharmacist manager had instructed team members to calibrate the equipment immediately before use and not every 13 weeks as per the company's policy due to a lack of demand. 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, using a portable telephone handset. The pharmacy used cleaning materials for hard surface and equipment cleaning. And 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.