General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Pharmacy Unit At The New, Gillbrae Medical Practice, Gillbrae Road, DUMFRIES, Dumfriesshire, DG1 4EJ

Pharmacy reference: 1100088

Type of pharmacy: Community

Date of inspection: 31/05/2022

Pharmacy context

This is a pharmacy situated beside a health centre in the Gilbrae area of Dumfries. It provides the usual services under the Scottish Pharmacy First scheme. These include the minor ailments service and provision of treatments using health board Patient Group Directions (PGDs). The pharmacy dispenses NHS prescriptions and medicines into multi-compartment compliance packs for some people to help them take their medicines safely. And the pharmacy also supports people on supervised medicines. This pharmacy was inspected during the COVID-19 pandemic.

Overall inspection outcome

Standards not all 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	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 not all met	4.3	Standard not met	The pharmacy doesn't store and manage all its medicines appropriately. The team doesn't have effective arrangements to identify and remove medicines approaching their expiry date. And it doesn't store all its medicines in the original packaging, increasing the risk of error
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

The pharmacy generally identifies and manages the risks to its provided services. It mostly protects the privacy and confidentiality of people's private information. And the pharmacy team members are aware of how to help protect vulnerable people. They record the errors they make whilst dispensing and learn from these. However they don't always fully follow their written procedures which means they could miss opportunities to remove risk from their processes.

Inspector's evidence

Due to the pandemic the pharmacy team members were all wearing masks. There were screens on the counter and alcohol gel was available for both members of the public and pharmacy team members. The space in the pharmacy was sufficient to make social distancing possible. Numbers of people allowed into the pharmacy were not restricted but there was sufficient space in the front shop to allow them to socially distance. There were posters available to provide team members and patients with information on virus infection control.

The pharmacy had a set of written standard operating procedures (SOPs), and it kept a folder showing evidence of team members having read and agreed to follow them. The SOPs covered tasks such as the dispensing process, responsible pharmacist (RP) requirements and record keeping in the pharmacy. Team members described their roles within the pharmacy and the processes they were involved in. SOPs had been reviewed by all team members since July 2021. However they don't always fully comply with their SOPs, particularly with regard to completion of date checking and completion of Safer Care audits.

The pharmacy had a "near miss log" to record dispensing mistakes that were identified in the pharmacy, known as near misses. This was a paper log kept beside the pharmacist's checking bench. There were documented learnings for individual entries. For example, one team member was not aware of different formulations of the same medication. The pharmacy had records of dispensing incidents in a folder for reference alongside any stock returned.

The team planned monthly "Safer Care review" meetings to discuss dispensing incidents and patient safety audits. It was last completed in January 2022 due to staff pressures but demonstrated a review of near misses and changes made following this. One example was highlighting the shelf edge for different inhalers. Team members team were able to describe the process for branch closure when there was no pharmacist available. A flowchart was available on the wall to show the process.

The pharmacy displayed a responsible pharmacist notice, and an electronic responsible pharmacist log was kept which was seen to be completed consistently every day to comply with legal requirements. There was a wide range of leaflets available for people to make use of. The pharmacy specific leaflet asked for feedback to be given to the pharmacist on duty but fell short of telling people how to complain. The team received patient feedback through Lloyds head office and logged these with any response required from the pharmacy team.

The pharmacy had professional indemnity insurance in place. The pharmacy kept controlled drug (CD)

records. Each preparation had its own register with running balances. During the inspection, the balances of three randomly selected controlled drugs were checked and were correct. Stock balances were observed to be checked on a weekly basis. The pharmacy had a CD destruction register to record CDs that people had returned to the pharmacy.

In date, out of date and patient returned CDs were all properly separated. The pharmacy had one fridge and it recorded fridge temperatures on a regular basis. The temperatures were in the required range of two to eight degrees Celsius for the sample checked. The Responsible Pharmacist register was complete and up to date with both sign in and sign out times. And there were proper records of private prescriptions dispensed. The pharmacy kept unlicensed medicines' certificates of conformity. But team members did not complete a record of who they had supplied the medicines to. So, it could be harder for the pharmacy to show who the medicine had been supplied to if there was a future query.

There were designated waste bins for confidential waste. Used labels with people's private information were blanked out with black marker pen and placed in the normal waste bin. However the redacting process for pharmacy labels was capable of being reversed and potentially people's details seen, so this process was not robust. Confidential waste was disposed of off-site by a waste disposal company. Pharmacy team members had had training on information governance and on safeguarding as part of their dispenser training. And this helped them to look after vulnerable people and keep people's private information secure. They were aware of Ask for ANI (action needed immediately) system to help people suffering domestic abuse, but had not yet had anyone request the service. The pharmacist was Protection of Vulnerable Groups (PVG) registered and had undertaken the NHS Education Scotland (NES) on safeguarding. And there was a list of local safeguarding contact numbers.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough suitably qualified and trained team members to safely provide the services it offers. The pharmacy team members feel comfortable raising concerns if they need to. And they complete regular ongoing training. The pharmacy supports team members in their ongoing development by providing some time during the working day for training.

Inspector's evidence

On the day of inspection there was one locum pharmacist working 9am to 6pm, and three qualified Healthcare Partners (HCP) two of whom were part-time. There were also two Health Care Assistants one of whom was a trainee, and a delivery driver. The branch manager was also a qualified dispenser. There were enough suitably qualified team members on the day of the inspection to complete the work. Team members undertook 20 minutes of regular training weekly using the company's MyLearn system. And were supported by time to study during working hours. The most recent training was about the forthcoming implementation of the new patient medication record system (PMR) and continued review of the SOPs. It was noted from the RP Log that there was not a permanent, dedicated pharmacist in store to aid continuity. The manager had also to work in a different branch to assist them and was thus working over 50 hours in some weeks.

The pharmacy had taken effective action, in the light of the pandemic and reported staff shortages, to change their dispensing process. Originally they stored the medicine stock in the tubs with the dispensing labels as soon as a prescription was received. However this resulted in a large number of stacked tubs, with the risk of people's medicines and labels being mixed up. They changed the process to sort all prescriptions into an alphabetical A- Z record box where the prescription could be easily located if a person came to collect their prescription. At quieter times they worked their way through the filed prescriptions, completing prescriptions without the need for stacking the tubs. Pharmacy team members were confident in their role and felt they could raise any concerns or ideas with the regular pharmacist. The pharmacy team members had no concerns about targets they were set for services. There was a culture of openness and honesty.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are adequate for the services provided. The pharmacy has suitable facilities for people to have private conversations with the pharmacist. And it appropriately protects the premises from unauthorised entry. But part of the dispensing area was untidy which may contribute to errors.

Inspector's evidence

The pharmacy had a good-sized retail area and a medium-sized dispensary. All dispensing took place in the one room. This included acute prescriptions, medicines in multi-compartment compliance packs and for the prison. The team worked hard to maximise the space.

The dispensary was clean and generally tidy but available bench and shelf space was short for the work being undertaken. An area of the dispensary dedicated to dispensing prescriptions for the prison service was particularly disordered, with items out of containers and a box of out-of-date colchicine found in this area. Temperatures were comfortable, and there was sufficient light. Medicines on the shelving were generally well ordered apart from where the medicines for prison dispensing were found. The premises were protected from unauthorised entry. Confidential facilities were used when appropriate and requested. Arrangements had been made for those people still receiving supervised medicines in the pandemic to have privacy, with a room available for this purpose. There was a consultation room with a table and two chairs that allowed for private and confidential conversations.

Principle 4 - Services **Standards not all met**

Summary findings

The pharmacy does not always suitably manage and store its medicines as it should. And team members do not always regularly check expiry dates of medicines to make sure they supply them safely. The pharmacy delivers its services using a range of safe working techniques. It has sufficient materials to help support people taking higher-risk medicines. And it makes its services easily accessible for people.

Inspector's evidence

Entry to the premises was through a front door with level access to the street. And the central pharmacy counters were low in height for those using wheelchairs. There was a hearing loop on the counter for those with a hearing impairment. The pharmacy promoted the services it offered via leaflets in-store and posters in the window and in the consultation room.

A pharmacist undertook clinical checks and provided appropriate advice and counselling to people receiving medicines. The pharmacist and team members were aware of the valproate Pregnancy Prevention Programme. Team members were able to demonstrate where these interventions had been recorded on the patients' record.

During the inspection, walk-in prescriptions were observed to be dispensed by a dispenser then passed to the pharmacist to check. The pharmacy received prescriptions from the GP practices then processed these, mostly to be dispensed by the off-site hub. Team members entered them on to the computer system then the pharmacist carried out clinical and accuracy checks before sending them electronically for dispensing. The pharmacy received the dispensed medicines two days later. Team members reconciled the dispensed medicines with the original prescriptions. The manager described how they had amended how they file prescriptions awaiting processing and return from the hub. They used an alphabetically labelled A-Z box rather than baskets to help with locating prescriptions. Team members initialled dispensing labels for items dispensed in the pharmacy. This provided an audit trail of who had dispensed and checked the medicines. Dispensed medicines to be checked by the pharmacist were placed in baskets. There was a designated bench for checking prescriptions.

The pharmacy dispensed multi-compartment compliance packs on a four-weekly cycle. It kept master backing sheets for each person in folders for each week of assembly. These master sheets documented the person's current medicines and administration times. Some folders had notes of previous changes to medication, creating an audit trail of these changes. Team members assembled four weeks' packs at a time.

The pharmacy followed the service specifications for NHS services. It had patient group directions (PGDs) for the standard Scottish NHS services, but these were not seen. The locum pharmacist confirmed he was signed up to them all.

The pharmacy stored medicines in their original packaging on shelves, in drawers and in cupboards. The pharmacy shelves were generally tidy, and it arranged medicines on them alphabetically. There was stock in a large section where it was not organised clearly and untidy creating a risk. A record of date

checking was kept to make sure all stock was checked every twelve weeks. This was observed to be completed for the stock in the front shop. But it was not present for dispensary stock, indicating the team were not following the written procedures for this task. There was date-expired stock found during the inspection and there were examples of split packs and medicines not stored in the original manufacturer's container. There is a risk to patient safety of this stock not being stored correctly.

Members of the pharmacy team were able to describe process for supplying medication using the Pharmacy First service. They gave examples where they would make a supply after following a medicines supply protocol and obtaining a pharmacist check to make sure the supply was suitable. The pharmacy used an automated pump to dispense some instalment medicines on busy days. The team dispensed doses for days when there were not many doses to measure using conical measures. This may have been confusing to have two separate processes. There was a medicines' delivery service, and the driver kept records of all deliveries using an online application. This included for controlled drugs. During the pandemic the driver signed the paperwork on the person’s behalf so as to maintain social distancing.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has sufficient equipment for the services it offers. And it keeps such equipment well maintained to provide accurate measurement.

Inspector's evidence

The pharmacy had a range of measuring equipment including glass conical measures. It had an automated methadone dispensing machine. This was clean, locked and regularly calibrated. The CD registers for this were held electronically on the system. It also had a carbon monoxide meter to support people on smoking cessation therapy. The local health board calibrated this meter, but the service had not been provided recently due to Covid-19. 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. People waiting at the pharmacy counter could not read confidential information on computer screens. Or read details of prescriptions awaiting collection in the dispensary.

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.