

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, 770-772 Dumbarton Road,  
CLYDEBANK, Dunbartonshire, G81 4BY

**Pharmacy reference:** 1103865

**Type of pharmacy:** Community

**Date of inspection:** 16/07/2019

## Pharmacy context

The pharmacy is set on a parade of shops in Dalmuir. It provides an NHS prescription collection service. And it offers a range of extra health services. The pharmacy supplies medicines in multi-compartmental compliance packs to help people take their medicines. And it provides a prescription delivery service when needed. Consultation facilities are available, and people can be seen in private.

## 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	1.2	Good practice	The pharmacy team records near misses and dispensing incidents. And pharmacy team members carry out internal and external audits on a regular basis. The pharmacy uses the information to identify areas for improvement. And this ensures that services continually improve and develop. The pharmacy team meet regularly to discuss the findings. And this ensures that team members are aware of the risks in the pharmacy. And take responsibility for implementing safety measures.
<b>2. Staff</b>	Standards met	2.1	Good practice	The pharmacy team members take ownership of tasks. And take the opportunity to provide feedback so that services develop and patient safety improves. The team members support each other. And ensure that trainees are confident in their roles. There is a culture of openness, honesty and learning.
<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

The pharmacy team members complete training and work to professional standards. They provide safe services and look after people. The pharmacy keeps records of mistakes when they happen. And senior pharmacy members carry out checks to make sure the pharmacy is running safely. The pharmacy team members discuss the need for new safety measures. And there is ongoing service improvement. The pharmacy keeps the records it needs to by law. And it provides regular training to keep confidential information safe. It understands its role in protecting vulnerable people. And team members complete regular training to ensure they are up-to-date with the safeguarding policy. People using the pharmacy can raise concerns. And staff know to follow the company's complaints handling procedure. This means that staff listen to people and put things right when they can.

### Inspector's evidence

The pharmacy used standard operating procedures (SOPs) to define the pharmacy processes and procedures. The team members had signed to confirm they followed the procedures. And to show they understood their roles and responsibilities. The pharmacist on duty had not updated the responsible pharmacist notice. And it showed the name and registration number of the regular pharmacist. The pharmacy team signed dispensing labels to show they had completed a dispensing task. And the pharmacist checked prescriptions and gave feedback to dispensers who failed to identify their own errors. The dispensers recorded their own near-misses including details of the contributing factors. And discussed ways of managing any significant risks that they found at a monthly near-miss review. The pharmacy team carried out weekly safety audits to confirm compliance with safety measures. And external auditors carried out checks once or twice a year.

The pharmacy produced their near-miss reports and safety audits for the last few months. And improvement action had been regularly identified and implemented. For example;

1. Reminding team members to document expiry date checks to provide assurance.
2. Separating carbomer/chloramphenicol eye ointment due to similar packaging.
3. Storing Humalog kwikpen devices in a red basket and separating them from Humalog pens.

The pharmacy team made good use of a patient safety notice board. And updated the board to share information. For example, reminding medicines counter assistants to ask people to sign their prescriptions. And informing the pharmacy team that melatonin was no longer a 'special' and was available from their main supplier. The pharmacist managed the incident reporting process. And an aide memoire was displayed on the notice board to remind team members about the reporting process. The pharmacy team knew when incidents happened and what the cause had been. For example, they knew about an error involving an over-supply of methadone. The pharmacy had taken remedial action with complex dosage regimes highlighted on prescriptions.

The pharmacy used a complaints policy to ensure that staff handled complaints in a consistent manner. The company provided a leaflet to inform people about the complaints process including contact details. But this was not available at the time of the inspection.

The pharmacy maintained the legal pharmacy records it needed to by law. And the pharmacist in charge kept the responsible pharmacist record up to date. The pharmacy team kept the controlled drug registers up to date. And checked and verified the balance of controlled drugs on a weekly basis. The pharmacy team recorded controlled drugs that people returned for destruction. And the pharmacist and a team member recorded their name and signature against each destruction. The pharmacy provided a delivery service to housebound and vulnerable people. And made sure that people signed for controlled drugs to confirm receipt. A sample of private prescriptions were up to date and met legal requirements. And specials records were kept up to date with details of who had received each supply. The pharmacists used patient group directions to improve access to medicines and advice. And a sample trimethoprim patient group direction was valid until August 2020.

The pharmacy team read and signed the confidentiality SOP. And knew how to safeguard personal information. The pharmacy did not provide people with information about its data protection arrangements. And this was due to the company leaflet being out of stock. The pharmacy disposed of confidential information in designated bags. And a collection service uplifted the bags for off-site shredding. The pharmacy stored prescriptions for collection out of view of the waiting area. And kept computer screens facing away from the waiting area. The pharmacy team took calls in private using a portable phone when necessary. And used individual passwords which were regularly updated to restrict access to patient medication records.

The pharmacy displayed a chaperone notice beside the consultation room. And the protecting vulnerable group (PVG) scheme was used to help protect children and vulnerable adults. The pharmacy kept a safeguarding policy in the SOPs folder. And team members had signed to confirm they had read it. The pharmacy team knew to refer concerns to the pharmacist when they recognised the signs and symptoms of abuse and neglect. Public liability and professional indemnity insurance were in place.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy monitors its staffing levels and ensures it has the right number of pharmacy team members throughout the week. The pharmacy team members reflect on their performance. And identify and discuss their learning needs at regular review meetings. This ensures they keep up to date in their roles. The pharmacy encourages and supports the pharmacy team to learn and develop. And it provides access to ongoing training. The pharmacy team members support each other in their day-to-day work. And they can speak up at regular meetings and make suggestions for improvement to keep services safe and effective.

### Inspector's evidence

The number of items dispensed had risen in the past two years. But the capacity and capability of the pharmacy team was sufficient to meet the work-load demands. The pharmacy was meeting the performance targets it had been set. And the pharmacy team did not feel undue pressure to meet them. The team members were experienced and had worked at the pharmacy for a significant length of time. And the pharmacy kept their qualifications on-site. The following team members were in post; one full-time pharmacist, one part-time pharmacist, one full-time pharmacy technician, one full-time dispenser, one full-time trainee dispenser, four part-time trainee dispensers, one zero-hours medicines counter assistant (MCA), three Saturday assistants and one shared delivery driver.

The pharmacy managed annual leave requests. And team members were expected to provide cover for each other. The pharmacy had enrolled a significant number of team members onto dispenser training. And they were provided with time in the workplace to complete training modules. The pharmacy used a rota to ensure that team members completed tasks. And the pharmacy team expected a new rota to be introduced once the trainees were more experienced. For example, more involved in dispensing multi-compartmental compliance packs.

The pharmacy used an annual appraisal to identify areas for development. For example, a dispenser had been encouraged to enrol on the NVQ pharmacy services level 3 course so that she was eligible to register as a pharmacy technician. And another team member had asked to be trained to use the pharmacy care record (PCR). The team members were expected to complete mandatory e-learning. And the company specified which modules were due to be completed each month. For example, they had recently completed Flexiseq training. The pharmacy trained team members to carry out blood glucose and blood pressure checks. And the company provided a policy and work instructions to support them. The pharmacy team used training records to document their learning. For example a record showed that asthma and female contraceptive modules had been completed.

The pharmacy team members felt empowered to raise concerns and provide suggestions for improvement. For example, a dispenser had identified the need to contact people about controlled drug (CD) prescriptions. And this was due to supplies building-up in the CD cabinet and prescriptions being invalid after 28 days. Another dispenser had suggested using magazine boxes to store multi-compartmental compliance packs. And this had been implemented with positive feedback on their use from the rest of the team.



## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are clean. And provide a safe, secure and professional environment for patients to receive healthcare.

### Inspector's evidence

A large well-kept waiting area presented a professional image to the public. The pharmacy provided seating and a range of patient information leaflets for self-selection. The pharmacy had allocated areas and benches for the different dispensing tasks. And the pharmacy team dispensed walk-in prescriptions near to the waiting area. The pharmacist supervised the medicines counter from the checking bench. And could make interventions when needed. A security alarm and shutters protected the pharmacy after hours. And CCTV and panic buttons were available. The pharmacy had effective lighting. And the ambient temperature provided a comfortable environment from which to provide services. The pharmacy provided a consultation room, and a separate booth. And both were professional in appearance.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy is accessible to people with mobility difficulties. It displays its opening times and service information in the window. And there is access to patient information leaflets inside the pharmacy. The pharmacy has working instructions in place for its services. And these support the pharmacy team to work in a safe and effective way. The pharmacy dispenses multi-compartmental compliance packs. And it supplies extra information to support people to take their medicines. The pharmacy sources, stores and manages its medicines. It updates the pharmacy team about high-risk medicines. And this means that team members know when to provide people with extra information.

### Inspector's evidence

The pharmacy had a stepped entrance. But, a portable ramp and pressure activated door provided support to people with mobility difficulties. The pharmacy displayed its opening hours in the pharmacy window. And displayed leaflets at the medicines counter and in the consultation room. The dispensing benches were organised. And designated areas were used for dispensing multi-compartmental compliance packs and methadone doses. The pharmacy team used dispensing baskets. And kept prescriptions and medicines contained throughout the dispensing process.

The pharmacy sent a significant number of prescriptions to an off-site hub for dispensing. The dispensers had been trained and authorised to process prescriptions. And the pharmacist carried out clinical and accuracy checks before sending them to the hub. The dispensed medication was returned in orange totes. And the pharmacy team reconciled the medication with the original prescriptions. This ensured they carried out the necessary checks. And added extra medication if required.

The pharmacy dispensed multi-compartmental compliance packs for people who needed extra support. And the pharmacy team had read and signed a valid SOP to ensure that dispensing risks were managed. Experienced dispensers used trackers to manage the work-load. And this prevented people from going without their medication. The team members removed and isolated packs when they were told about medication changes and people being admitted to hospital. And a record was made on the patient's notes. The pharmacy team supplied patient information leaflets and provided descriptions of medicines. And this ensured they supported people to take their medicines.

The pharmacy had recently introduced a new Methameasure machine to dispense methadone doses. And the pharmacy team obtained an accuracy check when new prescriptions were entered onto the system and after dispensing each dose.

The team members kept the pharmacy drawers and shelves neat and tidy. And kept controlled drugs in four large well-organised cabinets. The pharmacy purchased medicines and medical devices from recognised suppliers. And carried out regular stock management activities highlighting short dated stock and part-packs. The team members monitored and recorded the fridge temperatures. And demonstrated that the temperature had remained between two and eight degrees Celsius. The pharmacy accepted returned medicines from the public. And disposed of them in yellow containers that the health board collected.

The pharmacy team acted on drug alerts and recalls. And recorded the outcome, and the date they



checked for affected stock. For example, they had checked for products that had been distributed by B&S Healthcare in June 2019 with none found. The pharmacist had checked to identify who had been issued with prescriptions for Valproate. And team members were up-to-date with Valproate training so they knew about the risks. For example, the dispenser knew about the pregnancy protection scheme and where to find safety cards and leaflets. The team members knew about the Falsified Medicines Directive (FMD). And the company had installed a scanner to prepare for implementation of the directive. But the scanner was not being used to verify medicines. And a team member explained it was due to be implemented in the near future.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide safe services.

### Inspector's evidence

The pharmacy had access to a range of up to date reference sources, including the British National Formulary (BNF). The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. And it had separate marked measures for measuring methadone. The pharmacy used a Methameasure to measure methadone doses. And the pharmacist calibrated the machine each morning to ensure it measured the correct dose. The pharmacy team cleaned the machine at the end of the day to avoid contamination. The pharmacy used a blood pressure monitor. And attached a dated label to show when a calibration was next due. The pharmacy used a blood glucose monitor. And kept records to confirm it was being calibrated at least every 13 weeks. The pharmacy provided cleaning materials for hard surface and equipment cleaning. And the pharmacy sink was clean and suitable for dispensing purposes.

### 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.