

# Registered pharmacy inspection report

**Pharmacy Name:** Lloyds pharmacy, 316-318 Main Street, Camelon,  
FALKIRK, FK1 4EG

**Pharmacy reference:** 1112766

**Type of pharmacy:** Community

**Date of inspection:** 04/07/2019

## Pharmacy context

The pharmacy is in the village of Camelon and lies 1.8 miles west of Falkirk town. The pharmacy dispenses NHS prescriptions and provides a range of extra services. It collects prescriptions from the local surgery. And supplies medicines in multi-compartmental compliance packs when people need extra help. 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 internal and external audits are carried out 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	2.4	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 had displayed the responsible pharmacist notice. And people could identify who was in charge. The pharmacy team signed dispensing labels to show they had completed a dispensing task. The pharmacist checked prescriptions. And gave feedback to dispensers who failed to identify their own errors. The dispensers recorded their own near-misses and identified the contributing factors. The pharmacy team discussed the near-misses at regular intervals. And improvement action was identified and implemented. The pharmacy carried out weekly internal audits to confirm compliance with safety measures. And external auditors were due to carry out an audit in the next few months.

The pharmacy produced near-miss reports for the last few months. And the team members had been reminded to take care when putting stock away due to mix-ups. The pharmacist had also reminded them to record every near-miss. And to tick the label to confirm the necessary checks had been carried out whilst dispensing. The pharmacy's audit records showed that team members had been instructed to complete Valproate refresher training, tidy-up a dispensing bench at the back of the dispensary and to complete a patient safety case study on new oral anticoagulants.

The pharmacist managed the incident reporting process. And the pharmacy team knew when incidents happened and what the cause had been. For example, they knew about a mix-up with sildenafil/sumatriptan due to sumatriptan being put away in the wrong stock drawer. The pharmacy had taken remedial action with stock areas tidied and a discussion about waiting times to reduce pressure on the pharmacist at the time of checking prescriptions. The pharmacy used a complaints policy to ensure that staff handled complaints in a consistent manner. And a leaflet was used to inform people about the complaints process and provided contact details. The pharmacy kept the leaflet behind the medicines counter and access to it was restricted.

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 recorded controlled drugs that people returned for destruction. And team members destroyed the controlled drugs on a regular basis. The pharmacist and the team member recorded

their names and signatures against each record following a destruction. A sample of private prescriptions were up to date and met legal requirements. A sample of specials records were up to date. And the pharmacy team recorded the name of the person who had received the medication. The pharmacists used patient group directions to improve access to medicines and advice. Samples of amoxicillin, doxycycline and prednisolone patient group directions were seen to be valid until March 2021.

The pharmacy team read and signed the confidentiality SOP. And knew how to safeguard personal information. The pharmacy provided information about its data protection arrangements. But this was in a leaflet behind the medicines counter and access to it was restricted. 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 out of view. The pharmacy team took calls in private using a portable phone when necessary. And used individual password which were regularly updated to restrict access to patient medication records.

The protecting vulnerable group scheme was used to help protect children and vulnerable adults. And the company had registered pharmacists with the scheme. The pharmacist had completed child protection training. And NHS Education for Scotland had accredited the training. 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. The pharmacy displayed a chaperone notice beside the consultation room. And was understood by the pharmacy team. 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. They 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. 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 per month had decreased slightly over the past year. But, the pharmacy was still meeting the company target. The pharmacy team did not feel undue pressure to meet the target. For example, they were aware of the need to identify people for the chronic medication service. But only if people were suitable.

The team members were experienced and had worked at the pharmacy for a significant length of time. The company provided career progression. For example, one of the medicines counter assistants had been recently trained and accredited to work in the dispensary. And had recently replaced a dispenser who had left. The pharmacy had carried out a review to ensure there were enough team members throughout the week. And a new medicines counter had been appointed to replace the dispenser who had been moved to the dispensary. The new member of staff had been working at the pharmacy for around 3 weeks and was being supported during the induction period. The new team member had been trained to hand-out prescriptions and knew to ask for addresses which were checked against each prescription. The following team members were in post; 1 full-time pharmacist, 1 part-time trainee pharmacy technician, 1 full-time dispenser, 2 part-time dispensers, 1 new assistant, 2 Saturday trainee medicines counter assistants and a delivery driver.

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. A member of staff was being supported to manage multi-compartmental compliance pack dispensing due to an experienced dispenser leaving. And another dispenser was being supported to process the prescriptions and to produce all the necessary backing sheets and leaflets. The company provided e-learning and team members had been issued with log-on credentials. The company specified which modules were mandatory. And the pharmacy team was up-to-date and meeting the company target. For example, they had recently completed Valproate 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 pharmacist and a dispenser had completed training and provided the smoking cessation service.

The pharmacy team members felt empowered to raise concerns and provide suggestions for improvement. For example, the new dispenser suggested alphabetising the prescription retrieval box so

that prescriptions could be found more easily. And had also suggested creating another box for prescription balances so they were regularly checked.

## 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. But access to the leaflets was restricted. The pharmacy had allocated 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 this was 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. But there is limited access to patient information leaflets inside the pharmacy. And this means that people may not always be aware of the services available to them. The pharmacy has working instructions in place for its services. And this ensures the pharmacy team are supported to work in a safe and effective way. The pharmacy dispenses multi-compartmental compliance packs. And supplies additional 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 entrance had a small lip. But the pharmacy team confirmed this did not restrict access for people with mobility difficulties. The pharmacy displayed opening hours in the pharmacy window. And displayed leaflets behind the medicines counter and in the consultation room.

The dispensing benches were organised, and a separate side room was used for dispensing multi-compartmental compliance packs. The pharmacy team used dispensing baskets. And kept prescriptions and medicines contained throughout the dispensing process.

The pharmacy dispensed multi-compartment compliance packs for people who needed extra support. And the pharmacy team had read and signed a valid SOP. A trainee pharmacy technician managed the service and mostly dispensed the packs. The team members 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 notified about prescription changes. And a record was made in the communications diary and the patient's medication record was updated at the same time. The pharmacy supplied patient information leaflets and provided descriptions of medicines. The pharmacy provided a delivery service to housebound and vulnerable people. And made sure that people signed for controlled drug prescriptions to confirm receipt.

The pharmacy used a 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 pharmacist had been authorised by the Health Board to provide treatment for COPD. And provided this on presentation of a card that had been issued by the patient's consultant. The pharmacist endorsed the card to show when a supply had been provided.

The team members kept the pharmacy shelves neat and tidy. And purchased medicines and medical devices from recognised suppliers. The team members kept the pharmacy shelves neat and tidy. And kept controlled drugs in a large well-organised cabinet. The pharmacy kept sugar-containing methadone on the bottom shelf of the cabinet. And kept a small stock of sugar-free methadone on a separate shelf to avoid selection errors.

The pharmacy team carried out regular stock management activities. And highlighted short dated stock



and part-packs during regular expiry date checks. 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. The company had provided refresher training so that team members were up-to-date with Valproate risks. And the dispenser knew about the pregnancy protection scheme and where to find safety cards and leaflets.

The pharmacist counselled people who were having difficulties with their medicines. For example, referring someone to their GP when they stopped taking ramipril due to a cough.

The pharmacy had not implemented the Falsified Medicines Directive (FMD). And the pharmacy team had not been trained about its use.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide safe services. And it regularly maintains the equipment it uses and keeps records of the maintenance up to date.

### 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 a separate range of measures for measuring methadone. The measures were marked black for methadone and others were available for measuring other liquids such as antibiotics.

The pharmacy used a Methameasure to measure methadone doses. The pharmacist calibrated the machine each morning to ensure it measured the correct dose. And signed a record to confirm calibration had been completed. The pharmacy team cleaned the machine at the end of the day to avoid cross-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.