

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, 28 New Street, STEVENSTON,  
Ayrshire, KA20 3HF

**Pharmacy reference:** 1119065

**Type of pharmacy:** Community

**Date of inspection:** 11/04/2019

## Pharmacy context

This is a pharmacy opposite the Health Centre in Stevenston . It offers the usual range of Pharmacy First services as well as needle exchange, a travel clinic and flu vaccination. Vaccination is also provided for Hepatitis B. It dispenses a large volume of prescription items per month, including for a care home and people on multi-compartment compliance packs as well as people receiving supervised Methadone doses.

## 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

The pharmacy team members make use of an internal audit system to identify and manage risk. But their use of it is inconsistent. They do not record all near misses, and those that are, lack detail. And there is a lack of action taken on non-compliances. Staff do not always fully follow their Standard Operating Procedures (SOPs). The pharmacy informs people how to provide feedback about its services. But it does not actively seek feedback so may miss opportunities to drive improvement. Generally, the pharmacy protects people's privacy and confidentiality. But the pharmacy does not always make sure that it holds all sensitive information securely. Staff are aware of how to protect children and vulnerable adults from harm.

### 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. Staff had last signed them in 2017 to show they had read and understood the SOPs. The pharmacy team members were mostly following the SOPs but there were instances where they were not. Examples included infrequent use of the intervention and referral pad (last used January 2019), and not always asking for the patient's address when handing out prescriptions.

The Pharmacy team members regularly completed the SaferCare audit but there was a lack of review, learning and correction when there was a noncompliance. Examples included the entry on 1 April 2019 which showed the benches were clear and free from clutter or inappropriate items. This was clearly not the case on the 11 April 2019 when the inspector undertook this inspection. The quarter four SaferCare booklet was at odds with the instructions that changed the Professional Standards Audit requirement of weekly calibration checks on blood glucose meters to quarterly.

There was a regular record of near miss recording and review, with most daily entries saying 'No near misses'. The pharmacist admitted that staff seemed to struggle to record their near misses. For the month of December 2018 four near misses were recorded in this very busy pharmacy. The last record of monthly review of near misses was 24 January 2019, despite the SaferCare records audit trail saying the near miss log was reviewed on the 18 March 2019. There was some evidence of SaferCare briefings in an A4 notebook. The SaferCare notice board showed that Ramipril and Lisinopril packs were now identical and it alerted pharmacy team members to this.

People were informed via a Lloydspharmacy pamphlet to speak to their pharmacist if they had a complaint about NHS services. There were no other means of promoting feedback. However, there was little evidence of improvement from near misses, and error and complaints records lacked any detail of improvements.

Professional indemnity insurance was provided under the Lloydspharmacy national scheme.

CD records were generally acceptable, although there were numerous number of alterations could be reduced with more care.

Items were being recorded with gaps between some entries across several pages. A check of actual versus theoretical stock highlighted an error in Zomorph 10mg reconciliation, which was corrected prior to the inspector leaving. Not all records of patient-returned Controlled Drugs (CDs) had both a pharmacist and a witness signature.

The private prescription records were complete. Emergency supplies were made under the Community Pharmacy Urgent Supply (CPUS) scheme and were complete. Records of specially ordered items were also complete, with copies of labels used on the special items. Fridge temperatures were not always recorded every day, with several missing each month. However, the temperatures recorded were within the required range. The Responsible pharmacist log was complete.

A patient identifiable methadone label was found in the general waste. And in the unlocked consultation room, there were details of re-orders of people's medications, including people's names and addresses. There were also vaccination records in an unlocked cupboard. The consultation room also included out of date and no longer used measuring equipment for cholesterol testing.

The pharmacy had written guidance for staff on safeguarding and the pharmacist was Protection of Vulnerable Groups (PVG) registered and had completed the NHS Education Scotland (NES) training on child and adult protection. Staff had read the guidance. They had an elderly patient who was confused about taking her medication. The pharmacy team members were concerned for her welfare and referred her to her GP and then onto social services, who eventually found a nursing home place for the lady.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

On the day of the inspection there were suitable numbers of qualified staff. These staff can provide a range of services. But, there are signs that staffing is under pressure. These include incomplete records and a lack of tidiness in the dispensary. Staff have access to training and have time in store to use these resources to develop their skills. There is a lack of a culture of learning.

### Inspector's evidence

On the day of inspection there was one pharmacist (full time), one trainee pharmacy technician, just under one and a half whole time equivalent (WTE) dispensers (two part-time), and just under two WTE Medicine Counter Assistants (three part-time). Some additional pharmacist cover was available for some vaccination clinics. Also, some repeat prescriptions were dispensed at the Warrington Hub, although staff reported processing their return was still time consuming.

There were enough suitably qualified staff on the day of the inspection, however the clutter in the dispensary, issues with CD records and with patient confidentiality suggested that staffing was under pressure over the longer term. The pharmacy had lost staff hours since the last inspection. The pharmacist felt there was a lack of resilience to cover absence and annual leave.

Staff regularly completed MyKnowledge training each month, and had protected time in store to complete it. Recent training was on Syndol tablets. Staff were uncertain when their last performance review had been but reported it was over one year ago.

Although staff reported having regular training they found it hard to give specific examples. A lack of action on non-compliances in internal audits (incomplete fridge temperature records, lack of use of the intervention and referral pad) and the lack of full recording and review of near misses showed a lack of a learning culture in the pharmacy. Staff were unable to give examples of ideas for improvement that they had come up with, or of feedback that they had provided on concerns or issues.

The pharmacist felt under pressure with targets for the Chronic Medication Service (CMS). She felt time was diverted from the core dispensing business to attend conference calls on signing up 100 CMS patients per month until the shortfall versus target was achieved.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is generally clean and tidy. But the dispensary seems cluttered and needs swept. The premises are well protected from break-ins and controlled drug security is good. There are arrangements for patients to have private talks with the pharmacist but the consultation room is also cluttered.

### 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 benches were cluttered with trays of medicines and items waiting to be put into stock. The front shop was clean and tidy but the dispensary needed attention and the floor was littered. The drawer system had recently been re-stocked but this meant the labels on the front did not always match the stock in the drawer.

The premises were well lit and were air conditioned. Controlled drug security was generally good but some aspects of security needed improvement. The controlled drug cabinets were secured as required. The pharmacy had CCTV and there were shutters for the doors and windows. The consultation room, which could not be locked, was cluttered and contained patient confidential information. The consultation room also included out of date and no longer used measuring equipment for cholesterol testing. The room was of a good sized and was well equipped. There was also a screened area at the end of the counter which was used to supply supervised methadone, and which could also be used for private consultations.

## 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 together. And audit trails to track dispensing. But the pharmacy needs to make improvements to the system for the supply of multi-compartment compliance packs. The pharmacy has good arrangements for dealing with medicine recalls. But it does not yet follow the requirements of the Falsified Medicines Directive. This increase the risk that the pharmacy may issue medicines that are not genuine.

### Inspector's evidence

Entry to the premises was through a power-assisted door, and the counters were low in height for those in wheelchairs. There were hearing loops on the counter for those hard of hearing 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 had diabetes, were on warfarin or were receiving valproate.

There were issues with the system for dispensing multi-compartment compliance packs. Of two packs checked, both had incorrect descriptions of the medicines contained in them. These involved errors in colour and errors in shape. There were four different methods of recording requests for changes to compliance pack medications – a pre-printed sheet by the phone, a communications diary, the electronic patient medication record (PMR) and adhesive notes. Most did not record who had made the change request.

The pharmacy offered a delivery service and electronic records were kept of people’s signatures, obtained on receipt of delivery. There was often a delay in the pharmacy receiving information about failed deliveries from the delivery firm so they couldn’t always contact people proactively to resolve issues. No deliveries were left unattended at people’s homes and no items were left in vans overnight. Where a person was not at home a card would be left 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 that records of the actions taken were kept. People on Valproate who may become pregnant had been identified and risk assessed. One had required counselling on the need for contraceptive precautions. There were sufficient materials available to provide guidance to any female patient presenting with valproate.

The hardware needed to support the Falsified Medicines Directive (FMD) had been installed but no staff training or SOPs about its use had been provided. Therefore, none of the features of FMD were yet

being used.



## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy has sufficient equipment for the services it offers and such equipment is well maintained 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. There was a Methameasure machine which was primed and calibrated each day prior to use.

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
<span style="color: green;">✔</span> <b>Excellent practice</b>	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.
<span style="color: green;">✔</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✔</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.