

Registered pharmacy inspection report

Pharmacy Name: Lyoncross Pharmacy, 54 Lyoncross Road, Pollok,
GLASGOW, G53 5UW

Pharmacy reference: 1123845

Type of pharmacy: Community

Date of inspection: 09/06/2022

Pharmacy context

This is a community pharmacy in Glasgow. It dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. The pharmacy also dispenses private prescriptions. And pharmacy team members advise on minor ailments and medicines' use. They supply over-the-counter medicines and prescription only medicines via 'patient group directions' (PGDs). The inspection was completed 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 not all met	1.1	Standard not met	The pharmacy has inadequate governance arrangements and working practices in place to comply with legislation. And it doesn't identify and reduce all the safety risks when managing its high-risk medicines.
		1.6	Standard not met	The pharmacy does not keep its legal records up to date as it needs to by law. So, it cannot provide the necessary assurances that its services are safe.
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 of its medicines appropriately. This includes how it labels some of its stock medicines when it removes them from original containers. And it does not store all its high-risk medicines in accordance with safe custody requirements.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy has inadequate governance arrangements and working practices to comply with legislation and to identify and reduce the safety risks associated with high-risk medicines. It does not keep all the records it needs to by law. And it cannot show it always safely manages the risk with these medicines. Team members discuss mistakes they make in the dispensing process. But they don't routinely record them and make changes to prevent mistakes happening again. This means they could miss opportunities to learn and make services safer. Team members know about data protection procedures. And they protect people's confidential information.

Inspector's evidence

The pharmacy had introduced new processes to manage the risks and help prevent the spread of coronavirus. It had restricted the number of people it allowed in the waiting area at the one time. And it provided hand sanitizer at the pharmacy entrance for people to use. Team members had access to hand sanitizer and face masks. But they had recently stopped wearing face masks during the working day. This was due to them not keeping up-to-date with the Scottish Government's guidance for healthcare workers. Team members donned a face mask at the request of the inspector to help with infection control. The pharmacy had a set of written standard operating procedures (SOPs). And it had records to show that team members had read them and agreed to follow them. The pharmacist, who owned and worked at the pharmacy, had last reviewed and updated the SOPs in February 2019. The procedures covered tasks such as the dispensing process, dealing with controlled drugs, responsible pharmacist requirements and complaints procedures. Team members had signed these individually at various dates between February 2017 and August 2021. But there was no evidence of staff members reviewing these after their induction. Pharmacy team members signed medicine labels to show who had 'dispensed' each prescription. But they didn't sign to show who had dispensed multi-compartment compliance packs. And explained this was due to the same person dispensing the packs on a day-to-day basis. But this meant there was an incomplete audit trail. The dispensing signature allowed the pharmacist to identify dispensers and to help them learn from their dispensing mistakes. A near miss log was available for team members to record their mistakes. But the record was not in use and the last entry was from 2020. This meant the pharmacy team were not always able to learn from their mistakes and prevent similar mistakes in the future. One of the dispensers provided an example of managing selection risks during the dispensing process. And they had separated gabapentin and pregabalin as it was a common error. The pharmacy had a template record for dispensing incidents where a patient had received the wrong medication. And a sample of a previously completed report was seen. But the report did not include all the relevant information such as the response from the patient or if the GP had been informed of the incident. The pharmacy trained its team members to handle complaints. And it had defined the complaints process in a procedure for team members to follow. The pharmacy did not display a notice in the waiting area or provide information to help people submit complaints. This also meant they could miss opportunities to make improvements in the pharmacy.

The pharmacy had public liability and professional indemnity insurances in place which were valid until February 2023. And the pharmacist displayed a responsible pharmacist notice which was visible from the waiting area and named the pharmacist on duty at the time. The responsible pharmacist kept the RP record mostly up to date. But there were a few gaps where they had not recorded the time that

showed they had completed their duties at the end of the day. The pharmacy kept controlled drug (CD) records in paper registers. Each controlled drug had its own individual register with running balances. But records were not up to date or completed as required legally. The pharmacy kept a separate register for methadone. And the running balance was kept up to date and there was evidence of regular balance checks. The pharmacy used a destruction register to record CDs that people had returned to the pharmacy but it was not up to date. The pharmacy kept records of medication supplied under Patient Group Directions (PGDs) including the morning after pill and antibiotics for urinary tract infections. The records of supply had been completed and signed by both the pharmacist and patient. The pharmacy kept certificates of conformity for unlicensed medicines. But team members did not keep records to show the supplies they had made. A private prescription register was available and completed to comply with legal requirements.

The pharmacy provided training so that team members understood data protection requirements and how to protect people's privacy. The pharmacy used a separate container to dispose of confidential waste. And this was collected by an approved provider that securely destroyed the waste at an off-site facility. The pharmacy did not display a notice to inform people about how it used and processed their information. And it did not provide assurances their information was managed and kept securely. The pharmacy trained its team members to manage safeguarding concerns. But it had not introduced a policy for them to refer to. Team members knew to speak to the pharmacist whenever they had cause for concern. This included concerns about failed deliveries or collections of multi-compartment compliance packs. Team members monitored packs that were due for collection. This helped them identify potential concerns which they followed up on. The dispenser on duty provided a few examples of when she had needed to contact other agencies such as the community addictions team about concerns. The pharmacist was in the process of updating their 'protecting vulnerable group' (PVG) scheme registration. The scheme helped to protect children and vulnerable adults.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members have the necessary qualifications and skills for their roles and the services they provide. They complete training as and when required. And they learn from the pharmacist to keep their knowledge and skills up to date.

Inspector's evidence

The pharmacy's workload had increased over the course of the pandemic. And the pharmacist was in the process of appointing a new team member. Team members were experienced in their roles and responsibilities. For example, one of the dispensers knew to follow the WWHAM mnemonic so they safely provided 'over-the-counter medicines'. This included sales of codeine-containing products. They also knew to provide advice so that people were informed of their short-term use to manage the risk of addiction. The pharmacy team included one full-time pharmacist owner who worked at the pharmacy, one full-time dispenser and one part-time dispenser. A part-time driver was also employed to provide the pharmacy's delivery service. The pharmacy mostly used the same pharmacist locum to provide cover. But it sometimes needed to employ other locums when extra cover was required. The dispensers covered for each other when they were on leave. And they made sure they managed the workload to minimise the impact of reduced staffing levels. This included dispensing multi-compartment compliance packs in advance when it was possible. Pharmacy team members kept up to date with new services and changes to established services. This included updates to the NHS Pharmacy First formulary and the list of treatments that were available via the scheme. They also knew the questions to ask people before referral to the pharmacist for treatments. For example, medications to treat urinary tract infections via 'patient group directions' (PGDs). Team members made suggestions for improvement, for example one of the new dispensers who had left another pharmacy had suggested changes to the multi-compartment compliance packs dispensing process. And the pharmacy had introduced an additional step for team members to obtain a pre-check of packs before they started de-blistering doses into the packs. This helped to identify selection errors and the risk of dispensing incidents. Team members understood the need for whistleblowing and felt empowered to raise concerns when they needed to.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises adequately support the safe delivery of services. And pharmacy team members effectively manage the space for the storage of its medicines. The pharmacy has suitable arrangements for people to have private conversations with the team.

Inspector's evidence

The pharmacy had well-segregated areas for the different dispensing activities. Team members had organised the dispensing benches which they kept mostly clutter free. The workstations were at least two metres apart. This meant team members kept a safe distance from each other throughout the day. The pharmacist supervised the medicines counter from the checking bench. And they were able to intervene and provide advice when necessary. A separate rear area of the premises was used to assemble and label multi-compartment compliance packs. And team members kept the storage shelves for the packs well-organised. The pharmacy had two sound-proofed consultation rooms. They used one of the rooms for consultations and the other one for extra storage. The rooms provided a confidential environment for private consultations. And a hatch that opened out into the dispensary provided access for people to receive supervised consumptions. A sink in the dispensary was available for hand washing and the preparation of medicines. And team members cleaned and sanitised the pharmacy at least once a day to reduce the risk of spreading infection. Lighting provided good visibility throughout. And the ambient temperature provided a suitable environment to store medicines and to provide services. A separate kitchen area at the rear of the dispensary was used for comfort breaks.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy gets its medicines from reputable sources. But it doesn't store all medicines as it is legally required to. And it doesn't always show it carries out the necessary checks to ensure medicines are safe to use. The pharmacy provides services which are easily accessible. And it manages its services to help people receive appropriate care.

Inspector's evidence

The pharmacy provided service information and details of its opening hours in its window. A small step at the entrance had not caused any access difficulties. And team members could easily see the entrance and provide support to people with mobility difficulties. For example, a person using a wheelchair knocked on the window for attention and team members responded. The pharmacist was able to provide access to 'prescription only medicines' (POMs) using the urgent supply PGD. This helped to ensure that people did not go without their medication. For example, providing a patient with a different formulation when capsules were out of stock. The pharmacist informed the patient's GP when these supplies were made. Team members knew about the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They also knew to supply patient information leaflets and to provide warning cards with every supply. The pharmacy purchased medicines and medical devices from recognised suppliers. But team members did not always check to ensure they were fit for purpose. They could not show they carried out expiry date checks. And several items on the shelves had exceeded their expiry dates. The pharmacy fridge temperature showed it was within the accepted range at the time of the inspection. But team members could not show they checked the temperature at least once day to evidence the fridge was operating within the accepted range between 2 and 8 degrees Celsius.

Team members used dispensing baskets to manage the risk of items becoming mixed-up. They also kept stock organised to help them manage the risk of selection errors. But they transferred some higher risk medicines from their original containers to use in a pump without correct labelling and checks. And they didn't store all higher risk medicines requiring safe storage as they should. The pharmacy supplied medicines in multi-compartment compliance packs to people that needed extra support. The number of people registered to receive the service had mostly remained at the same level since the last inspection. Team members used supplementary records to help them manage the dispensing tasks. And they checked new prescriptions against individual patient records for accuracy. Team members obtained checks before they started de-blistering doses and placing them in the packs. This helped them to identify and correct selection mistakes. The driver delivered a significant number of the packs. They had supplies of face masks, gloves, and hand sanitizer for personal protection and to protect others. Team members accepted unwanted medicines from people for disposal. The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste. The pharmacist received medicine alerts through email. But they did not record the outcome of the recalls. And there was no audit to show what medication had been affected and removed from stock or returned to the supplier.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its 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 highlighted measures for methadone, so they were used exclusively for this purpose. The pharmacy also used a manual pump to dispense methadone doses. And team members calibrated the pump to ensure accuracy of doses. The pharmacy stored prescriptions for collection out of view of the waiting area. And it positioned the dispensary computers in a way to prevent disclosure of confidential information. The pharmacy used a cordless phone. This meant that team members could carry out conversations in private if needed. The pharmacy used cleaning materials for hard surface and equipment cleaning. The sink was clean and suitable for dispensing purposes. And 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.