

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 2a Hamilton Square, Murieston,
Hamilton Square, Livingston, West Lothian, EH54 9JZ

Pharmacy reference: 9010237

Type of pharmacy: Community

Date of inspection: 02/08/2023

Pharmacy context

This is a community pharmacy in Livingston. It dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. The pharmacy provides substance misuse services and dispenses private prescriptions. Pharmacy team members advise on minor ailments and medicines use. And they supply over-the-counter medicines and prescription only medicines via patient group directions (PGDs).

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
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 met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

Team members recognise and appropriately respond to safeguarding concerns. They suitably protect people's private information and keep the records they need to by law. The pharmacy has written procedures for its activities to help make sure pharmacy team members manage work safely. But they do not always update them, and this means they may not be aware of recent safety improvements. Team members sometimes discuss mistakes they make in the dispensing process. But they do not record or analyse their mistakes, or routinely make changes to prevent mistakes happening again. So, they may miss opportunities to learn and make services safer.

Inspector's evidence

The company used standard operating procedures (SOPs) to define the pharmacy's working practices. And it kept hard copies in a designated folder for the pharmacy team to refer to. Team members signed the SOPs to confirm they had read and had undertaken to follow them. And the signature audit trail showed that two new trainee dispensers that had taken up their positions in January 2024 had read them. Records showed the pharmacy had reviewed and updated some, but not all of the SOPs. For example, the 'controlled drug (CD)' procedures were due to be reviewed in July 2023. But the 'prescription assembly' and 'accuracy checking' procedures were due to be reviewed in April 2022.

Team members signed medicine labels to show who had dispensed and who had checked prescriptions. This meant the pharmacist was able to help individuals learn from their dispensing mistakes. Team members had been recording their near miss errors. But over the past three months they had not been doing so due to prioritising the pharmacy's dispensing workload and tasks associated with the divestment of the company. The pharmacy did not have a permanent pharmacist in post. This meant it was operating with different locums. The responsible pharmacist (RP) on duty at the time of the inspection provided team members with feedback about their errors. This had resulted in a few changes to manage the risk of selection errors associated with 'look alike and sound alike' (LASA) medications. This included separating the different strengths of amlodipine tablets due to packaging changes. The pharmacy had not been complying with the company's weekly audit schedule due to workload demands and divestment procedures.

The pharmacy trained its team members to handle complaints. And they knew to provide the contact details of the company's head office when people wished to complain. The company had removed all its leaflets due to the forthcoming takeover. And a prominent notice at the medicines counter advised people about the ongoing changes. Team members knew to report dispensing mistakes that people reported after they left the pharmacy. And the pharmacist produced a report using an electronic template which they sent to the superintendent's (SI's) office. The template included a section to record information about the root cause and any mitigations they introduced to improve safety arrangements. Team members maintained the records they needed to by law. And the pharmacy had public liability and professional indemnity insurances in place which were valid until 30 September 2023. The pharmacist displayed an RP notice which was visible from the waiting area. And the RP record showed the name and registration details of the pharmacist in charge. The pharmacy maintained its controlled drug (CD) registers to keep them up to date. The regular team members had last conducted a

CD balance check on 29 March 2023. And the RP on duty at the time of the inspection had checked and verified some of the balances on 22 June 2023. They had been unable to complete the checks due to time constraints. People returned CDs they no longer needed for safe disposal. And team members confirmed they had previously documented returns in a CD destruction register which the pharmacist signed to confirm that destructions had taken place. They were unable to produce the CD destructions register at the time of the inspection. Team members filed prescriptions so they could easily retrieve them if needed. And they kept records of supplies against private prescriptions and supplies of specials that were up to date.

The pharmacy trained its team members to protect people's privacy. They used a designated container to dispose of confidential waste and an approved provider collected the waste to be destroyed at a central site. A notice at the medicines counter provided information about the pharmacy's compliance with data protection legislation. But this could not be seen from the waiting area. The pharmacy trained its team members to manage safeguarding concerns effectively. This included the Ask for ANI (Action Needed Immediately) initiative that enables victims of domestic abuse to discreetly ask for immediate help. Team members discussed their concerns when they had cause for concern and the pharmacy had contact details for local agencies for ease of access.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members are trained or enrolled on the necessary training courses. But the pharmacy does not adequately support the trainees to complete the courses, so they make progress and achieve accreditation. Team members work together well to manage the workload and they mostly keep up to date with service changes.

Inspector's evidence

The pharmacy was in the process of changing owners due to the company's divestment programme. The prescription workload had remained mostly the same over the past year. And there was a skill mix of established dispensers and new trainee dispensers that had taken up their posts in January 2023. The new team members had been appointed to replace people that had left. The pharmacy had been operating without a regular pharmacist and a non-pharmacist manager had left their post and had not been replaced. Different locum pharmacists had been providing cover and the RP on duty at the time of the inspection was familiar with the pharmacy's operations. Team members covered each other's leave and they prioritised and completed some tasks in advance to help manage the workload.

The following team members worked at the pharmacy; one full-time pharmacist, two part-time dispensers, one full-time trainee dispenser, two part-time trainee dispensers, one part-time medicines counter assistant (MCA) and one part-time delivery driver. The trainee dispensers had completed induction training. This included the reading of SOPs that were relevant to their roles and responsibilities. It also included mandatory training such as protecting people's confidential information and safeguarding vulnerable adults and children. But the trainees had not completed any of their course work and progress was not being monitored by the company. Team members knew to contact a designated regional manager (RM) whenever they needed support. And the RP had contact details should they need to escalate concerns to the pharmacy's head office.

Locum pharmacists had been supporting team members to keep up to date with relevant changes to pharmacy practice. For example, changes to the NHS pharmacy first formulary. Team members provided examples of when they had implemented improvements. Such as changing the way they processed and filed prescriptions for ease of retrieval. They laid prescriptions flat in the dispensing baskets until they scanned them into the pharmacy's patient medication record (PMR) system. They then filed them in alphabetical order ready for dispensing.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises support the safe delivery of its services. And it effectively manages 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 premises provided a modern, purpose-built environment from which to safely provide services. A lockable sound-proofed consultation room was available for use. It had hot and cold running water and provided a clinical environment to provide services. The consultation room provided a confidential environment. And people could speak freely with the pharmacist and the other team members during private consultations. Team members regularly cleaned and sanitised the consultation room and the pharmacy. This ensured they remained hygienic for its services. Lighting provided good visibility throughout, and the ambient temperature provided a suitable environment from which to provide services. A separate room provided adequate space for team members to take comfort breaks.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services which are easily accessible. And it manages its services to help people receive appropriate care. The pharmacy gets its medicines from reputable sources, and it stores them appropriately. The team carries out checks to make sure medicines are in good condition and suitable to supply. But it cannot always show it has arrangements to identify and remove medicines that are no longer fit for purpose.

Inspector's evidence

A step-free entrance provided access to the pharmacy, and this helped people with mobility difficulties. The pharmacy purchased medicines and medical devices from recognised suppliers. And team members confirmed they conducted regular checks to confirm that medicines were safe to supply. They checked expiry dates to identify short-dated stock. But the sheets that evidenced the checks had been archived due to the company's divestment programme. A large tote was seen to contain stock that had been recently removed from the pharmacy shelves. It showed stock that was due to expire in September 2023. The pharmacy used a large glass-fronted fridge to keep medicines at the manufacturers' recommended temperature. And team members checked the temperature every day and kept records to provide assurance it was operating within the accepted range of two and eight degrees Celsius.

The pharmacy used dispensing baskets for dispensed items awaiting collection and the other for insulin products. This helped them segregate stock and manage the risk of selection errors. Team members kept stock neat and tidy on a series of shelves. And they used a secure controlled drug (CD) cabinet for some of its items. Medicines were well-organised and items awaiting destruction were kept well-segregated from other stock. The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste. Team members confirmed they received notifications of drug alerts and recalls which they prioritised. But they were unable to provide evidence of the necessary checks due to the company's divestment programme. 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 knew about the warning labels on the valproate packs, and they knew to apply dispensing labels so as not to cover-up the warning messages.

The pharmacy used dispensing baskets to highlight the different types of prescriptions it received. For example, red coloured baskets indicated someone was waiting on their prescription. This meant team members knew to prioritise those prescriptions and process them in a timely manner. The dispensing baskets also kept medicines and prescriptions together during the dispensing process. This helped to manage the risk of items becoming mixed-up. The pharmacy supervised the consumption of some medicines. And team members obtained checks to confirm the accuracy of doses. The pharmacy supplied medicines in multi-compartment compliance packs to help people with their medication. It had capped the number of packs it dispensed due to the company's divestment programme. Team members used a designated area to safely assemble and store the packs. And they obtained an accuracy check before they started to de-blister the medicines. They re-ordered prescriptions after they supplied the second pack of the four-week cycle. This ensured people received their medications at the right time. Team members also used supplementary records that provided a list of each person's

current medication and dose times which they kept up to date. They checked new prescriptions against previous prescriptions for accuracy and they provided descriptions of medicines and patient information leaflets (PILs) for people to refer to. Some people collected the packs either themselves or by a representative. And team members kept records of collections to show when they had been collected. This helped them to identify when they needed to contact the relevant authorities to raise concerns.

The pharmacy dispensed serial prescriptions for people that had registered with the Medicines: Care and Review service (MCR). Team members advised people to contact the pharmacy in advance of them needing supplies. They retrieved their serial prescriptions which they kept well away from the other prescriptions. Most people collected their medication when it was due. And team members knew to refer people who arrived either too early or too late so the pharmacist could check compliance. The pharmacy regularly checked its retrieval area every four weeks. And they removed items and contacted people to remind them to collect their medication. This helped the team members to check compliance and contact the relevant services if they had any concerns.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe 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 used separate measures for methadone. They had highlighted the measures, so they were used exclusively for this purpose. The pharmacy kept a blood pressure monitor. But this had not been calibrated according to the date on the monitor that stated January 2023. Team members confirmed they had not been conducting blood pressure checks. The pharmacy stored prescriptions for collection out of view of the public waiting area. And it positioned the dispensary computers in a way to prevent disclosure of confidential information. Team members could carry out conversations in private if needed, using portable telephone handsets. Team members cleaned and sanitised the dispensing benches.

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.