General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 127-135 Great Western Road, Glasgow, Lanarkshire, G4 9AH

Pharmacy reference: 9010360

Type of pharmacy: Community

Date of inspection: 22/03/2023

Pharmacy context

This is a community pharmacy in Glasgow. It dispenses NHS and private prescriptions and provides a substance misuse service. 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

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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

The pharmacy identifies and manages the risks associated with its services appropriately. It suitably protects people's private information and keeps the records it needs to by law. Team members recognise and appropriately respond to safeguarding concerns about vulnerable people. And they engage in some learning following the mistakes they make during the dispensing process to help reduce the risk of similar mistakes occurring.

Inspector's evidence

The pharmacy had control measures to manage the risks and help prevent the spread of infection. This included a plastic screen at the medicines counter and hand sanitizer for visitors and team members to use. The pharmacy used 'standard operating procedures' (SOPs) which defined the pharmacy's working practices. The company issued new and updated SOPs via an online operating system. And the team members had been printing new SOPs and removing superseded versions from a folder which they could easily access. This included SOPs for 'responsible pharmacist' and 'controlled drug' procedures. Some of the SOPs had recently passed their review date and needed to be updated. And signatures on the SOPs showed that not all team members had signed to confirm they had read and understood them. This meant there was a risk that some team members may not always be following the defined working practices. Dispensers signed medicine labels to show who had 'dispensed' and who had 'checked' prescriptions. And this enabled the pharmacist to help individuals learn from their dispensing mistakes. But the pharmacist did not always provide them with feedback. And this created a barrier to learning and implementing safety improvements. The pharmacy's near-miss records showed team members had recorded a few errors since the beginning of 2023. And they provided a few examples of safety improvements. This included leaving part packs and skillets open for the pharmacist to check the contents. This included checking the correct quantity due to an increase in the number of errors. Team members had also separated naproxen tablets and naproxen gastro-resistant tablets due to look-alike packs. The company expected team members to follow its weekly audit schedule. But they had not been doing so since May 2022 due to time constraints. The pharmacist had recently re-introduced the schedule in February 2023. And the findings had highlighted areas for improvement. This included updating the SOP folder and improving near-miss procedures. The pharmacy provided contact information to encourage people to provide feedback about the services they received. It also provided contact information to help people complain. Team members knew to report mistakes that people identified after receiving their medicine. And an incident report template was available for team members to document their findings and any improvements they had made.

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 June 2023. The pharmacist displayed a responsible pharmacist (RP) notice which was visible from the waiting area. And they kept an electronic RP record to show when their duties began and when they ended. Team members maintained 'controlled drug'(CD) registers and kept them up to date. And records showed they carried out regular balance checks. People returned CDs they no longer needed for safe disposal. And team members used a CD destruction register to document items. The pharmacist signed the register to confirm that items had been safely disposed of. Team members filed prescriptions so they could easily retrieve them if needed. The pharmacy kept records of private prescription supplies. And records

complied with legal requirements. They were clear and legible and the associated paper prescriptions were kept in a folder in date order. Team members kept certificates of conformity for unlicensed medicines, and these complied with Medicines & Healthcare Regulatory Agency (MHRA) requirements.

The pharmacy provided training so that team members understood data protection requirements and how to protect people's privacy. They used a designated container to dispose of confidential waste. And an approved provider collected the waste for off-site destruction. Pharmacy team members understood their obligations to manage safeguarding concerns. And they discussed their concerns with the pharmacist. Following a serious concern, the pharmacist contacted the superintendent's office for advice. And they took the decision to share the concern locally with the relevant authority. The pharmacy kept a list of contact details for local agencies. This included the local 'community addictions team' (CAT) to report missed doses of some medications. This information helped prescribers consider if they needed to pay particular attention to some people's prescription requirements depending on the number of days missed.

Principle 2 - Staffing ✔ Standards met

Summary findings

Pharmacy team members mostly have the necessary qualifications and skills for their roles and the services they provide. And they work together to suitably manage the workload. The company supports team members to develop in their roles. And they continue to learn to keep their knowledge and skills up to date.

Inspector's evidence

The pharmacy's prescription workload had fallen over the past year and a non-pharmacist manager had been recently appointed when the previous pharmacist manager had left. The pharmacy was currently operating with a permanent regular pharmacist two days per week. It also employed a regular locum pharmacist two days per week with different locum pharmacists providing cover at the end of the week. Most of the pharmacy team members worked on weekdays with different staff working at weekends. The non-pharmacist manger ensured they left communications for the weekend staff if there were outstanding actions or tasks. They also provided their contact details in the event of emergencies. The pharmacy team comprised of one full-time equivalent pharmacist, one full-time dispenser (non-pharmacist manager), one full-time dispenser, one part-time dispenser and two medicines counter assistants that worked every Saturday. A part-time driver provided the pharmacy's delivery service. Team members covered each other's leave. They planned ahead and dispensed some prescriptions in advance to manage the workload.

A full-time team member had worked at the pharmacy for around eight months. But they had not been enrolled on the necessary qualification training. Also, they had not signed to show they had read and understood the SOPs that were relevant to their role. The pharmacist had highlighted the need to do so following a recent internal audit and this was being actioned. Pharmacy team members kept up to date with changes. This included reading new 'standard operating procedures' (SOPs) and how to operate the company's new online system. The company delivered mandatory training via its online system. And one of the team members recalled completing online training for CBD products in 2022. A recent internal audit had highlighted the need to check team members logon credentials to access to the company's training portal. Team members discussed safety improvements as and when the need arose. For example, they had recently agreed to slow down and take extra care over the lunch-time period to manage the risk of dispensing errors due to reduced staffing levels. Pharmacy team members communicated with each other and other branches via WhatsApp. They had recently posted about the withdrawal of pholcodine and a reminder to remove and quarantine any remaining stock. The pharmacy encouraged team members to suggest improvements to the pharmacy's working arrangements. And they had recently highlighted the need to carry out date checking activities due to an increase in items with short-dated stickers. This helped to manage the risk of supplying items that had expired. Team members were aware of whistleblowing procedures. And they felt empowered to speak up if they had a concern.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises support the safe delivery of services. But team members do not always use the pharmacy's storage facilities to safely keep some of the items it uses. The pharmacy suitably manages the space for the storage of its medicines. The pharmacy has appropriate arrangements for people to have private conversations with the team.

Inspector's evidence

The pharmacy was in a large, modern purpose-built premises. A sound-proofed consultation room with a sink was available for use. And it provided a clinical environment for the administration of vaccinations and to carry out various checks such as blood pressure monitoring. The consultation room also provided a confidential environment. And people could speak freely with the pharmacist and the other team members during private consultations. A sink in the dispensary was available for hand washing and the preparation of medicines. And a dedicated area for comfort breaks was available for team members to use. Lighting provided good visibility throughout, and the ambient temperature provided a suitable environment from which to provide services. Team members had organised the benches in the dispensary for different tasks. And separate workstations were available for certain tasks such as multi-compartment compliance pack dispensing and final accuracy checks. The pharmacist supervised the medicines counter from the dispensary and could intervene and provide advice when necessary.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides services which are easily accessible. And it manages its services well 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. And it removes medicines that are no longer fit for purpose.

Inspector's evidence

The pharmacy had a step-free entrance and an automatic door to provide unrestricted access for people with mobility difficulties. It advertised services and opening hours at the front of the pharmacy. And it had a range of health information leaflets on display for self-selection. The pharmacy was offering appointments for HPV vaccinations. And team members directed people to an online booking system for appointments on a Monday and Tuesday when the regular pharmacist was on duty. This helped the pharmacy team manage their workload and maintain service continuity. Team members kept stock neat and tidy on a series of shelves. And they used secure cabinets to store some items. The pharmacy purchased medicines and medical devices from recognised suppliers. And a date checking matrix was available to keep track of when checks were next due. They had last updated the matrix in November 2022 and sampling showed stock items were in date. A large glass-fronted fridge kept medicines at the manufacturers recommended temperature. And team members monitored and recorded the temperatures every day. This provided assurance that the fridges were operating within the accepted range. Team members checked the company's online system for drug alerts. And they updated the system once they had carried out the necessary checks. This provided an audit trail for future checks. Records showed that team members had recently checked for levothyroxine.

The pharmacy used medical waste bins and CD denaturing kits to dispose of items. And this supported the pharmacy team to manage pharmaceutical waste. The pharmacy had trained team members about valproate medication and the Pregnancy Prevention Programme for people at risk. And they knew to supply patient information leaflets and to provide cards with every supply and extra supplies were kept. Team members had organised the dispensary to keep their working environment safe. The pharmacist positioned themselves so they could supervise the medicines counter. And team members worked at various workstations depending on the tasks they were carrying out. Dispensing baskets kept medicines and prescriptions safely contained during dispensing. And this managed the risk of items becoming mixed-up and the risk of dispensing mistakes.

The pharmacy helped people to manage their prescriptions and re-ordered supplies on their behalf. They kept the different types of prescriptions well-segregated including serial prescriptions for a significant number of people that had registered with the 'medicines: care and review' service (MCR). Team members had a system in place for dispensing serial prescriptions. And they knew to refer people who arrived either too early or too late so the pharmacist could check compliance. Team members dispensed multi-compartment compliance packs to help people with their medicines. An online system helped team members with the re-ordering of new prescriptions for dispensing the packs. And they retained previous prescriptions and checked new prescriptions against them for accuracy. Team members attached sheets which listed the medications to the packs. These provided all the relevant information and met the necessary labelling regulations. Team members provided supplies of patient

information leaflets (PILs) with the first pack of the four-week cycle to help people with their medicines. They also provided a description of each medicine.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy uses its facilities to suitably protect people's private information. It has the equipment it needs to provide safe services. But it does not always have robust processes in place to show that equipment fit for purpose.

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 substance misuse treatments. They had highlighted the measures, so they were used exclusively for this purpose. The pharmacy offered various checks. This included checks for blood pressure, blood glucose and cholesterol. But there had been little demand for these services. A blood pressure monitor was available, but a label showed the monitor had last been calibrated in June 2021. Team members could not adequately describe the process to calibrate the blood glucose and cholesterol monitors before use to confirm readings were accurate.

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. The pharmacy used cleaning materials for hard surface and equipment cleaning. And the 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.