

Registered pharmacy inspection report

Pharmacy Name: Lloyds pharmacy, 663-667 Garscube Road, Glasgow, G20 7JX

Pharmacy reference: 9011336

Type of pharmacy: Community

Date of inspection: 18/08/2021

Pharmacy context

This is a community pharmacy in north Glasgow close to the city centre. It dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. And it offers a medicines' delivery service to vulnerable people. The pharmacy provides substance misuse services and dispenses private prescriptions. The pharmacy team members advise on minor ailments and medicines' use. And they supply a range of over-the-counter medicines and prescription only medicines via 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

The pharmacy acts to keep members of the public and team members safe during the Covid-19 pandemic. It has policies and procedures in place and team members show they follow them. Regular audit and monitoring activities provides assurance that services are safe and effective. And team members discuss dispensing mistakes and make improvements to avoid the same errors happening again. The pharmacy keeps the records it needs to by law, and it keeps confidential information safe. Team members securely dispose of personal information when it is no longer required.

Inspector's evidence

The pharmacy had introduced new processes to manage the risks and help prevent the spread of coronavirus. Notices on the entrance door reminded people visiting the pharmacy to wear a face covering as required by law. And informed them the waiting area could only accommodate a maximum of three people to allow them to maintain a safe two-metre distance from each other.

People were seen to be following the guidelines without any instruction from the pharmacy team members. Hand sanitizer at the entrance was available for people visiting the pharmacy. It was also available throughout the dispensary and used by team members. A plastic screen was in at the medicines counter. This acted as a protective barrier between team members and members of the public. A rest room was used by one team member at a time so they could remove their face mask. Two team members had been exempted from wearing a mask.

The pharmacy defined its working instructions in a range of documented procedures. The pharmacy team was well-established and team members had recorded their signatures to show they understood and followed them. The pharmacist had counter-signed the procedures to verify that each team member was competent to carry out the various tasks.

The responsible pharmacist had started working in the pharmacy in November 2020. They had completed their pre-registration pharmacist training year in another Lloyds branch and was knowledgeable and experienced in the company's operational arrangements.

The pharmacy had systems and procedures in place to identify and manage risks. Team members signed medicine labels to show who had 'dispensed' and who had 'checked' each prescription. The pharmacist carried out the final accuracy check and discussed near-miss errors with individuals to help them improve. This also helped them to avoid the same mistakes happening again in the future. Team members reflected on their errors and what might have been the cause. They documented this on a near-miss record form. The records provided information for the pharmacy team to identify patterns and trends. It also helped them to identify when they needed extra measures to manage risks. For example, team members had separated gabapentin and pregabalin to manage the risk of selection errors. They maintained a section of 'fast-moving' products and moved stock depending on its usage. This helped them to manage stock levels and to minimise the risk of shortages. Team members followed the company's audit schedule.

The pharmacist carried out a 13-week self-audit of the pharmacy's processes and procedures and an area manager carried out a regular external audit. Recent minor actions had included date-checking and the re-reading of a few new procedures. A 13-week data entry audit focussed team members on labelling accuracy. The pharmacist discussed the audit findings at a monthly briefing alongside the results from the near-miss review so that extra measures and improvements could be made.

The company used incident reporting templates for dispensing errors. Team members knew to document information about the root cause and details of any improvements to prevent a similar incident happening in the future. The pharmacy trained its team members to effectively handle complaints. It provided people with contact information in its 'Customer Charter Standards of Service' leaflet to support them to make complaints and to provide general feedback about the services they used. Feedback mostly related to the level of service throughout the pandemic which had been positive.

The pharmacy maintained the records it needed to by law. The pharmacist in charge displayed a responsible pharmacist notice and kept the responsible pharmacist record up to date. Private prescription forms were filed in date order and records were up to date. Valid public liability and professional indemnity insurance were in place.

The pharmacy maintained its controlled drug registers and team members kept them up to date. They checked and verified controlled drug stock once a week. Team members had segregated stock awaiting destruction. They placed expired stock in labelled baskets and kept it well away from other stock. Controlled drugs that people had returned for destruction were also quarantined and kept at the bottom of the cabinet. Team members documented the returns in the controlled drug destructions register to show the stock that was being kept.

The pharmacy provided a prescription delivery service. This helped vulnerable people and those that were shielding to stay at home. Drivers left items on people's doorstep and waited until they were taken safely inside. They recorded the deliveries they made in the event of queries. The company provided training so that team members understood how to protect people's privacy. A notice in the waiting area informed people about the pharmacy's data protection arrangements and how it safely processed personal information. Designated labelled bags were used to securely dispose of confidential waste and spent records.

The pharmacy had a safeguarding policy in place to help team members manage concerns about vulnerable adults and children. Team members knew to refer concerns to the responsible pharmacist who contacted the superintendent's office to discuss serious concerns. A report template was used to document concerns. This included information about the concern, the action taken and details about referrals to other agencies. Team members knew their vulnerable patient groups and described their various safeguarding activities. For example, they confirmed supplies had been made to people who received medicines in multi-compartment compliance packs. The pharmacist was registered with the protecting vulnerable groups (PVG) scheme. This also 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. Regular performance reviews identify areas for improvement. And team members complete regular training to keep their knowledge and skills up to date. Pharmacy team members speak-up and make suggestions to help improve pharmacy services.

Inspector's evidence

A well-established, experienced team worked at the pharmacy. This included two part-time dispensers, two part-time trainee dispensers and one full-time trainee dispenser. The pharmacist had taken up their position in November 2020. A rota was in operation to maintain minimum staffing levels and to ensure trainees worked alongside experienced qualified dispensers at all times. A student pharmacist worked every Saturday and had been providing holiday cover over the summer months. Another student had been employed in November 2020 and had also been providing cover. The company had recently recruited provisionally registered pharmacists who were working as reliefs. This had increased the total number of relief pharmacists to three for the North Glasgow region where the pharmacy was located.

A non-pharmacist manager had been responsible for carrying out individual performance reviews up until April 2021. The area manager had been in discussion with the pharmacist who would be responsible for the reviews for the coming year. The company provided structured training and team members were up to date with pharmacovigilance training. This included how to safeguard confidential information, the Pregnancy Protection Programme/valproate and the flu vaccination service.

The pharmacist kept the pharmacy team up to date with changes and new requirements. This included information and procedures to keep people safe during the pandemic. The trainee dispensers had not made progress with their training courses. This was due to the extra service demands during the coronavirus pandemic. Now that the summer holiday period was coming to an end the pharmacist had set new expectations so that progress would be made. Team members were encouraged to suggest areas for improvement to keep the pharmacy systems safe and effective. Someone had suggested replacing the clip board and the loose record sheets that they were using to reconcile prescriptions collected from the surgery. A new record book had been introduced which provided a more reliable system. 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 is clean, tidy, secure and is well maintained. It has a sound-proofed room where people can have private conversations with the pharmacy's team members. It has made suitable changes to its premises to help reduce the risk of spreading coronavirus.

Inspector's evidence

This was a large, modern purpose-built pharmacy that had relocated in March 2020 at the start of the Covid-19 pandemic. The pharmacy had dedicated areas for the team members to carry out different tasks. This allowed them to maintain a safe distance from each other for most of the day.

A purpose-built side room was available for the assembly and storage of multi-compartment compliance packs. Team members had not been using the room as it was remote from the main dispensary. They had to base themselves in the dispensary to be able to respond to people at the medicine counter and telephone queries. The RP observed and supervised the medicines counter from the checking bench in the main dispensary. They could intervene and provide advice when necessary. Team members restricted access to the pharmacy to three people at a time. A

Perspex screen had been installed at the medicines counter to manage the risk of coronavirus infections. A sound-proofed consultation room was in use and provided a confidential environment for private consultations. It was well-equipped with a sink with running water. Cupboards were locked at the time of the inspection.

The pharmacy was clean and well maintained. A sink in the dispensary was available for hand washing and the preparation of medicines. Team members cleaned and sanitised the pharmacy at least twice a day to reduce the risk of spreading infection. Lighting provided good visibility throughout and the ambient temperature provided a suitable environment from which to provide services.

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 properly. The team carries out checks to make sure medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy promoted its services and opening hours in the window at the front of the pharmacy. It had a step-free entrance and there was unrestricted access for people with mobility difficulties. Several leaflets at the medicines counter described the pharmacy's services such as the flu vaccination service. There had been a significant increased demand for the NHS Pharmacy First Service. For example, the pharmacist had been able to treat people presenting at the pharmacy late on Friday afternoons or Saturdays without having to send them to 'out of hours' (OOH) services. This included using a 'patient group direction' (PGD) to treat skin infection. The PGD was seen to be valid until April 2022 at the time of the inspection.

The pharmacy used dispensing baskets to keep items contained throughout the dispensing process. This managed the risk of prescriptions items becoming mixed-up and the cause of dispensing errors. Dispensing benches were organised and clutter-free. Team members kept the pharmacy shelves neat and tidy and four controlled drugs cabinets were kept tidy to manage the risk of selection errors. Separate cabinets were used for methadone doses and for multi-compartment compliance packs. The pharmacy purchased medicines and medical devices from recognised suppliers. Team members carried out regular expiry date checks and used a date-checking matrix to keep track.

A random check of around 12 products showed that the pharmacy's procedures were effective at managing stock. A sticker had been applied to an item that was due to expire in October 2021. Two medical fridges were used to keep stock at the manufacturer's recommended temperature. One fridge was used for dispensed items awaiting collection or delivery. The other was used mostly for insulin. Team members monitored and recorded the temperatures once a day. Records showed that the temperature had remained stable between two and eight degrees Celsius.

The pharmacy kept a record of the deliveries it made to people at home. And the driver's used an electronic hand-held device to record the deliveries they made. Due to the pandemic, the delivery driver didn't ask people to sign for medicines. They left packages at the person's door before standing back a safe distance and waiting until they took them inside. The pharmacy had trained the driver to clean the van more frequently to reduce the risk of infection. Team members were aware of the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. The RP knew to contact prescribers on receipt of new prescriptions for people in the at-risk group. And they kept supplies of Patient Information Leaflets to be issued with supplies.

The pharmacy supplied medicines in multi-compartment compliance packs for people in their own homes. It had defined the assembly and dispensing process in a documented procedure. This supported team members to follow safe processes. The storage area for the packs was kept well-organised. Team

members checked the area regularly to ensure packs were being collected on time and raised concerns when they weren't. Supplementary records which contained a list of the person's current medication and dose times were kept up to date. Team members checked prescriptions against people's medication records before they started dispensing. They discussed changes to medication with prescribers to confirm the accuracy of prescriptions. And they kept an audit trail of changes that the surgery informed them about. Team members annotated descriptions of medicines on the packs and they provided patient information leaflets with the first pack of the 4-pack cycle. The pharmacy supervised the consumption of methadone doses for people. Team members dispensed the required dose using a methameasure machine. This made the best use of their time and kept dispensing processes safe and effective. The pharmacist checked new prescriptions at the time dispensers entered them onto the methameasure system. They confirmed that the correct information had been entered onto the system so the correct prescribed dose was supplied. The pharmacist carried out another final accuracy check against each prescription at the time of supply. The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste. Team members processed drug alerts straight away. They knew to check for affected stock so that it could be removed and quarantined. A recent drug alert for irbesartan showed it had been checked with no affected stock found.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy's equipment is clean and well-maintained. It uses equipment appropriately to protect people's confidentiality. It takes precautions so that people can safely use its facilities when accessing its services during a pandemic.

Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the British National Formulary (BNF). It used crown-stamped measuring equipment. A separate measure was used for methadone. A methameasure machine was used for measuring methadone doses. It was calibrated each morning to confirm it was measuring accurately. The pharmacy stored prescriptions for collection out of view of the waiting area. It arranged computer screens so they could only be seen by the pharmacy team members. The pharmacy had a cordless phone, so that team members could have conversations with people in private. The pharmacy used cleaning materials for hard surface and equipment cleaning. The sink was clean and suitable for dispensing purposes. Team members had access to personal protective equipment including face masks and gloves.

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.