General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 235-237 Church Road, Redfield, BRISTOL, Avon, BS5 9HL

Pharmacy reference: 1028604

Type of pharmacy: Community

Date of inspection: 19/08/2019

Pharmacy context

This is a community pharmacy in a residential shopping area in the east of the city of Bristol. A wide variety of people use the pharmacy. It dispenses NHS and private prescriptions and sells over-the-counter medicines. The pharmacy also supplies many medicines in multi-compartment compliance aids to help vulnerable people in their own homes to take their medicines.

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 team do not identify and manage all risks. In particular, there is little reflection and learning following adverse incidents to prevent them from happening again.
		1.2	Standard not met	The team do not follow written company procedures and best practice procedures to ensure the quality of pharmacy services.
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards not all met	3.1	Standard not met	Not all areas in the pharmacy look professional. The dispensing areas, internal metal shutter and a fabric-covered chair need cleaning.
		3.4	Standard not met	Steps should be taken to improve the security of some of the areas of the pharmacy.
4. Services, including medicines management	Standards not all met	4.3	Standard not met	Medicines are not stored tidily and this increases the risk of mistakes.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance **Standards not all met**

Summary findings

The pharmacy team do not identify and manage all risks. In particular, there is little reflection and learning following adverse incidents to prevent them from happening again. And, the team do not follow written company and best practice procedures. In addition, the dispensary is untidy and this increases the risk of errors. The pharmacy is appropriately insured to protect people if things go wrong. It generally keeps the up-to-date records that it must by law. The pharmacy team keep people's private information safe and they know how to protect vulnerable people.

Inspector's evidence

The pharmacy team identified and managed some risks. But, they had been without a manager for the last six months and had no regular full-time employed pharmacist. There had been several errors in this time, including controlled drug (CD) errors. The last recorded error was on 7 August 2019. An incident report had been completed but the details of the error were not documented. The near miss log was not being adequately filled in and the company's Safer Care procedures were not being followed. There had also been several CD register discrepancies. The pharmacist seen said that he believed that these had now been resolved. CD delivery sheets had not been completed in the recent past and there had been an incident regarding a delivery of a CD to a patient. This had since been resolved. A new manager had been appointed two weeks before the visit. He was aware of all the issues.

The main dispensary was cluttered at the time of the inspection because of stock from a branch that had recently closed. This was being stored in totes on the floor. The dispensary drawers were untidy and this increased the risk of errors. Coloured baskets were used and distinguished patients who were waiting, those calling back, prescriptions for collection and those for delivery. There was generally a good audit trail of the dispensing process. But, methadone that had been assembled on the Saturday before the visit only had one initial on the label. The pharmacy had more than 20 supervised substance misuse patients. There was a separate room for the assembly of multi-compartment compliance aids. But, the pharmacy had recently taken on an extra 100 trays from a nearby branch that had closed. The room was small for this increased workload.

Up-to-date, signed and relevant standard operating procedures (SOPs), including SOPs for services provided under patient group directions were in place and these were continually reviewed by the Superintendent Pharmacist. The roles and responsibilities were clearly set out in the SOPs and the staff were clear about their roles. The company's sales protocol was displayed and included questions to be asked of customers requesting to buy medicines and when customers should be referred to the pharmacist, such as specific patient groups and those requesting multiple sales. This was signed and dated and included local additions such as Viagra Connect.
A medicine counter assistant (MCA) reported that she would refer all medicine sale requests for patients who were also taking prescribed medicines, to the pharmacist. She was aware of 'prescription only' (POM) to 'pharmacy medicines' (P) switches, such as chloramphenicol eye drops and Ella One and also referred requests for these to the pharmacist.

The staff knew about the complaints procedure and said that feedback on concerns was encouraged. The pharmacy did an annual customer satisfaction survey. In the 2019 survey, 88% of customers who completed the questionnaire rated the pharmacy as excellent or very good overall. There had been

some feedback about the time it took to be served. The manager said that the pharmacy was now better staffed, with 70 extra hours and so this should not be an issue in the future.

Current public liability and indemnity insurance was in place. The Responsible Pharmacist log, controlled drug (CD) records, including patient-returns, private prescription records, emergency supply records, specials records and date checking records were in order. The temperature of the fridge had not been recorded on 15 and 16 August 2019.

There was an information governance procedure and the staff had also recently completed training on the new data protection regulations. The computers, which were not visible to the customers, were password protected. Confidential information was stored securely. Confidential waste paper information was collected for appropriate disposal. No conversations could be overheard in the consultation room.

The staff understood safeguarding issues and had read the SOP and completed the company's e-learning module on the safeguarding of both children and vulnerable adults. The pharmacist had also completed the Centre for Pharmacy Postgraduate Education (CPPE) module on safeguarding. Local telephone numbers were available to escalate any concerns relating to both children and adults. All the staff had completed 'Dementia Friends' training.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy now has enough staff to manage its workload safely, but it has struggled in the recent past. There is a very newly appointed manager who is keen to get the pharmacy back on track. He has had some one-to-one meetings with team members to identify any training needs and knowledge gaps. He will soon start formal performance reviews. The team are encouraged to keep their skills up to date. The current, better staffing levels should allow better support for those team members who are in training.

Inspector's evidence

The pharmacy was in a residential shopping area on the eastern outskirts of the city of Bristol. They dispensed approximately 10,000 NHS prescription items each month with the majority of these being repeats. 300 domiciliary patients (100 recently acquired from a closed nearby branch) received their medicines in compliance aids. Few private prescriptions were dispensed.

The current staffing profile was one pharmacist, one part-time accuracy checking technician (two days a week), three full-time NVQ2 qualified dispensers, one of whom was the manager, two part-time NVQ2 trainee dispensers (but one only worked on Saturdays), one full-time medicine counter assistant and one part-time medicine counter assistant. The pharmacy had been short-staffed in the recent past but extra staff had been recruited (70 hours) and the manager said that the pharmacy as now fully staffed.

The part-time staff were flexible and generally covered any unplanned absences. Planned leave was booked well in advance and only one member of the dispensary staff could be off at one time. The pharmacy could also call on the help of relief dispensers in the area. The manager was newly appointed, just two weeks. The pharmacy had been without a manager for six months and had no regular full-time employed pharmacist. These were contributing factors to the issues highlighted in principle 1. The new manager had had some one-to-one meetings with the staff to identify any learning needs or training gaps. There seemed to be an issue between the staff working in the compliance aid room and those in the main dispensary. The manager was aware of this and planned to make sure that all of his staff were multi-skilled and worked well together as a team. The issue highlighted in principle 1, about CD delivery forms, showed that some staff did not act professionally and in the interests of both the patients and the pharmacy. The manager planned to start formal appraisals soon but was currently focusing on getting the workload on track. When this had been achieved, he planned to introduce a training rota with allocated learning time. Additional time would be allocated to those staff enrolled on accredited training courses. The pharmacist seen said that all learning was documented on his continuing professional development (CPD) records.

All the staff said that they were able to raise any issues with the new manager and that thing were much better since he had been appointed. The manager planned to implement weekly staff meeting and said that he would encourage the staff to raise any issues.

The pharmacist seen worked at the pharmacy two days each week. He was clearly dedicated and professional. But, he said that he did feel some pressure to do Medicine Use Reviews because few locums, who currently covered the remaining days, performed these. He did say that he only did clinically appropriate reviews.

Principle 3 - Premises **Standards not all met**

Summary findings

Not all areas in the pharmacy look professional. The dispensing areas, internal metal shutter and a fabric-covered chair need cleaning. Steps should be taken to improve the security of some of the areas of the pharmacy. The consultation room was well signposted so it was clear to people that there was somewhere private to talk. But, there was a clear glass panel which meant that people's confidentiality could not be guaranteed.

Inspector's evidence

The pharmacy was well laid out, but, as mentioned under principle 1, cluttered at the time of the visit due to the acquisition of stock from a nearby closed branch. The manager gave assurances that this would be addressed. There was recent damage to the front window of the pharmacy. Because of this, the internal metal shutter had been closed to afford some protection. However, this was very dirty and did not present a professional image. Whilst the retail area of the pharmacy was clean, the dispensing areas were dusty and in need of cleaning. There was some damage to the back door and it was difficult to open.

The consultation room was spacious and well signposted. It contained a contained a computer and a sink. But it contained a clear glass panel which meant that patient confidentiality could not be maintained. In addition, a fabric seat in here needed cleaning. Conversations in the consultation room could not be overheard. The computer screens were not visible to customers. The telephone was cordless and all sensitive calls were taken in the consultation room or out of earshot. Not all areas of the pharmacy were secure from unauthorised access.

There was air conditioning and the temperature in the pharmacy was below 25 degrees centigrade. There was good lighting throughout. Most items for sale were healthcare related.

Principle 4 - Services **Standards not all met**

Summary findings

Most people can access the services offered by the pharmacy. But, some people with specific mobility needs may have difficulty entering the pharmacy. The services are largely effectively managed to make sure that they are delivered safely. But, the team could be better at identifying any concerns that people may not be taking their medicines as prescribed by their doctors. The medicines are obtained from appropriate sources. But, they are not stored tidily and this increases the risk of mistakes. The pharmacy team make sure that people only get medicines or devices that are safe.

Inspector's evidence

There was wheelchair access to the pharmacy and the consultation room. There was a bell on the front door for such patients but it was not working and it was not signposted. There was access to Google translate on the pharmacy computers for use by non-English speakers. The pharmacy could print large labels for sight-impaired patients. A portable hearing loop was available.

Advanced and enhanced NHS services offered by the pharmacy were Medicine Use Reviews (MURs), New Medicine Service (NMS), supervised consumption of methadone and buprenorphine (more than 20 patients), smoking cessation (3 advisors), emergency supply of medicines (recorded on PharmOutcomes) and seasonal flu vaccinations. The latter was also provided under a private agreement as was blood pressure, diabetes and cholesterol monitoring. The services were well displayed and the staff were aware of the services offered.

The pharmacist had completed suitable training for the provision of seasonal flu vaccinations including face to face training on injection technique. At least 20 substance misuse patients had their medicines supervised. The telephone numbers of key workers were not available. The patients were not routinely offered water but were engaged in conversation to reduce the likelihood of diversion. The pharmacist was not aware of the local shared care guidelines, The Recovery Orientated Alcohol and Drugs Service (ROADS) guidance. The inspector sent this. Not all assembled methadone had been double checked (see under principle 1).

300 domiciliary patients received their medicines in compliance aids. An extra 100 patients had been transferred following the closure of a nearby branch. An extra full-time dispenser had been secured to accommodate this increased workload. The dosettes were assembled in a separate dedicated room on a four-week rolling basis and evenly distributed throughout the week to manage the workload. The room was small for this workload and some assembled dosettes were stored on the floor. There were dedicated folders for these patients where all the relevant information such as hospital discharge sheets and changes in dose were kept. The local surgeries sent written confirmation of any drug changes. But, there was no concise audit trail of any changes or issues. This made it difficult for the checking pharmacist or the accuracy checking technician (ACT) to have a clear clinical history of the patients. Those dosettes that were checked by the ACT had been previously clinically checked by the pharmacist. There was an audit trail demonstrating this. Procedures were in place to ensure that all compliance aid patients, receiving high-risk drugs, were having the required blood tests.

There was a good audit trail for all items ordered on behalf of patients by the pharmacy and generally for all items dispensed by the pharmacy. The pharmacist seen routinely counselled patients prescribed

high-risk drugs such as warfarin and lithium. INR levels were asked about but no recorded. The staff were aware of the new sodium valproate guidance. They had identified one female patient and cards were sent with each prescription for her.

The pharmacist also counselled patients prescribed amongst others, antibiotics, new drugs and any changes. CDs and insulin were packed in clear bags and these were checked by the pharmacist seen with the patient on hand-out. He said that he was not sure if the locum pharmacists did this. And, as reported under principle 1, there had been several CD errors in the last few months.

All prescriptions containing potential drug interactions, changes in dose or new drugs were highlighted to the pharmacist. Signatures were obtained indicating the safe delivery of all medicines and owing slips were used for any items owed to patients. Suitable patients were encouraged to use the company's managed repeat prescription service to reduce wastage, to optimise the use of medicines and to identify any non-adherence concerns. However, whilst patients were asked to check what they had ordered the previous month, was correct, it they did not want a particular item that were not routinely referred to the pharmacist. This meant that potential non-adherence or other issues may not be identified. In addition, these were not highlighted at the labelling and ordering stage. The pharmacist reported that he frequently identified non-adherence issues during MURs.

Medicines and medical devices were obtained from AAH and Alliance Healthcare. Specials were obtained from AAH Specials. Invoices for all these suppliers were available. CDs were stored tidily in accordance with the regulations and access to the cabinet was appropriate. There were no patient-returned CDs. Appropriate destruction kits were on the premises. The dispensary drawers were untidy and this increased the risk of errors. Fridge temperatures were not always recorded. There was a scanner to check for falsified medicines but this was not being used. Date checking procedures were in place with signatures recording who had undertaken the task. Bins were available for waste and used.

There was a procedure for dealing with concerns about medicines and medical devices. Drug alerts were received electronically, printed off and the stock checked. They were signed and dated by the person checking the alert. Any required actions were recorded. The pharmacy had received an alert on 5 June 2019 about paracetamol tablets. The pharmacy had none in stock and this was recorded.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities for the services it provides.

Inspector's evidence

The pharmacy used British Standard crown-stamped conical measures and ISO stamped straight measures (ml). There were tablet-counting triangles, one of which was kept specifically for cytotoxic substances. These were cleaned with each use. There were up-to-date reference books, including the British National Formulary (BNF) 77 and the 2018/2018 Children's BNF. There was access to the internet.

The fridge was in good working order and maximum/minimum temperatures were recorded daily. The blood pressure monitor was replaced every two years and the blood glucose machine was calibrated very 13 weeks.

The pharmacy computers were password protected and not visible to the public. There was a cordless telephone and any sensitive calls were taken in the consultation room or out of earshot. Confidential was information was collected for appropriate disposal. The door was always closed when the consultation room was in use and no conversations could be overheard.

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.