General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 5 Cavendish Road, Caversham Park Village, READING, Berkshire, RG4 8XW

Pharmacy reference: 1028964

Type of pharmacy: Community

Date of inspection: 29/05/2019

Pharmacy context

This is a community pharmacy located amongst a parade of shops in Caversham, a suburb of Reading in Berkshire. A range of people use the pharmacy's services. The pharmacy dispenses NHS and private prescriptions. It provides services such as Medicines Use Reviews (MURs) and the New Medicines Service (NMS). And, it supplies some people with their medicines inside multi-compartment compliance aids, if they find it difficult to take their medicines on time.

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	2.4	Good practice	The pharmacy team has adopted a culture of openness, honesty and learning occurring. The team has access to a range of resources to keep their knowledge current and actively seek further information to assist with this.
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 most risks effectively. Pharmacy team members record their mistakes, they learn from these and act to prevent future mistakes occurring. Members of the pharmacy team understand how they can protect the welfare of vulnerable people. And, they generally keep most records in accordance with the law.

Inspector's evidence

A range of documented Standard Operating Procedures (SOPs) were available to support the services. Staff had read and signed the SOPs. Roles and responsibilities for the team were defined within these and staff were aware of their responsibilities and limitations. In the absence of the Responsible Pharmacist (RP), staff knew which activities were permissible and the procedure to take, if the pharmacist failed to arrive. The correct RP notice was also on display and this provided details of the pharmacist in charge of operational activities.

The pharmacy's workload was manageable, it was organised, and the team kept the work benches clear of clutter. The company's Safer Care processes were in place. Workbooks and checklists were complete and staff routinely recorded details of their near misses. These were reviewed collectively, and details were shared with the team through briefings. These meetings were held every four weeks.

The store manager explained that mistakes occurred due to the team rushing and some medicines were commonly interchanged. The team's awareness was subsequently raised, medicines involved in mistakes were segregated and if staff saw medicines with similar packaging, they made everyone aware at the time. Look-alike and sound-alike (LASA) medicines were marked and highlighted and caution notes were placed in front of medicines as an additional visual alert. There were also photographs of medicines with similar packaging on display on the Safer Care board. The pharmacy informed people of its complaint's procedure. Incidents were handled by pharmacists. The process was in line with the company's policy and documented details of previous incidents were present.

Staff could identify signs of concern to safeguard vulnerable people and they referred to the RP in the first instance. The RP was trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE). Staff were trained through reading company information, there was also relevant local contact details and policy information available as guidance.

There was information on display to inform people about how their privacy was maintained. The team segregated confidential waste before it was disposed of through the company and staff described using the consultation room to provide private conversations. However, there was access to confidential information from the consultation room as sensitive information from an MUR, was still visible on the computer screen. This information was therefore readily accessible to anyone entering the room. This situation was discussed with the team at the time, details were removed and from a follow up conversation with the pharmacy manager, she explained that the team are very vigilant on this now, they periodically check the room and at the end of every night they ensure the room and screen is clear of confidential information. The inspector discussed placing a screen saver on the computer and for this to automatically time out after a short period, but according to the manager, this was not possible.

Bagged prescriptions awaiting collection were stored in an area where sensitive details were not visible

from the retail area. The company's Information Governance policy was present to provide guidance and the team were aware of the EU General Data Protection Regulation (GDPR). They described completing online training on this. Records of the maximum and minimum temperature were maintained to verify that medicines requiring cold storage, were appropriately stored.

A sample of registers checked for Controlled Drugs (CDs), the RP record, unlicensed medicines and records of emergency supplies, in the main, were documented in line with statutory requirements. Some records for the latter were made using generated labels but these had not faded or become detached. For CDs, balances were checked and documented every week. On randomly selecting CDs held in the cabinet (MST, Longtec), quantities held, matched the balances recorded within the corresponding registers.

Records of private prescriptions were also, in the main, recorded in line with legal requirements. However, for several records, there was only one date recorded and some prescriptions were seen dated and supplied from the week before the inspection. Their details had not been entered into the register at the point of inspection, when the pharmacy was required, by law, to enter these details on the day of the supply, or if this was not reasonably practical, then on the following day.

There were also two private prescriptions for CDs (FP10PCD's) present, they were dated and supplied in March 2019 and had not been sent to the NHS Business Services Authority (NHSBSA) for analysis at the end of the month. Professional indemnity insurance arrangements were in place through the National Pharmacy Association (NPA).

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Members of the pharmacy team understand their roles and responsibilities. And, they are encouraged to complete ongoing training to help keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy dispensed approximately 6,000 prescription items every month with 30 people receiving their medicines inside Monitored Dosage Systems (MDS) and three people with instalment prescriptions. The staffing profile included four medicines counter assistants (MCA's), two of whom were enrolled in accredited training and one who was dual trained for the dispensary and two further trained dispensing assistants, one of whom was the pharmacy manager. There was also a regular, part-time pharmacist. At the inspection, a relief pharmacist was present.

Name badges were worn by staff and some of the team's certificates of qualifications obtained were seen. Team members were observed to ask some relevant questions before selling medicines over the counter (OTC). They referred to the RP when unsure or when required and held a suitable amount of knowledge of OTC medicines. Staff knew which medicines held potential for abuse, excess requests for these were monitored and if seen, subsequent sales were referred to the RP.

Staff in training completed their course material at work, as and when it was possible, as well as at home. To assist with training needs, the team completed online modules every month through a company provided resource. They also described reading available literature, conducting their own research, completing modules from CPPE and using resources from the company such as newsletters/emails and updates. A diary was in use to assist with communicating between members of the team, they used a group chat to help raise awareness of issues and often held team meetings. The team's progress was checked regularly and formal appraisals for staff were held annually as well as twice yearly reviews occurring.

The pharmacist described an expectation to achieve 400 MURs annually and explained that she achieved what she could. There was no pressure described to provide services.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises provide an appropriate environment for the safe delivery of services.

Inspector's evidence

The premises consisted of a medium sized retail space and dispensary, there was a small kitchenette area at the very rear and the staff WC was also located here. The pharmacy was suitably lit and well ventilated. Areas that faced the public were professional in appearance. Except for the sink in the staff WC, the pharmacy was clean.

Pharmacy only (P) medicines were stored within enclosed Perspex units in the retail space. These were unlocked. The inspector was told that people did try to help themselves, but counter staff intervened when they noticed. The consultation room was signposted and of a suitable size to provide services and confidential conversations. The door was unlocked and left open (see Principle 1).

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy sources, stores and manages its medicines appropriately. In general, pharmacy services are provided safely and effectively. But, the team don't always highlight prescriptions that require extra advice or record information when people receive some medicines. This makes it difficult for them to show that appropriate advice has been provided when these medicines are supplied. The pharmacy delivers prescription medicines to people's homes and keeps records of this. But, people can see other people's private information when they sign to receive their medicines.

Inspector's evidence

Entry into the pharmacy was at street level from an automatic front door, there was some clear, open space inside and lowered counters available. This meant that people requiring wheelchair access could easily use the pharmacy's services. There were two seats available for anyone wanting to wait for their prescription and ample car parking spaces outside the premises. Staff described using the consultation room to help communicate with people who were partially deaf and physically assisted people who were partially sighted.

The team used baskets to hold prescriptions and medicines to prevent any inadvertent transfer. Colour co-ordinated baskets identified priority. Staff involvement in processes was apparent through a dispensing audit trail that was used. This was through a facility on generated labels. Interventions were routine and seen documented.

Staff were aware of risks associated with valproate and there was literature available to provide to females at risk, upon supply of this medicine. However, a prescription for a female of child bearing potential, who was prescribed valproic acid was seen, assembled and awaiting collection. This was stored within the retrieval system without any information that would enable pharmacists to intervene and there was no information recorded to determine whether any relevant checks had been made in the past.Furthermore, at the inspection, prescriptions for people prescribed high risk medicines were not marked in any way that would enable pharmacist intervention or relevant checks to be made. There were no details recorded to verify whether any checks had been made and this included information about the International Normalised Ratio (INR) level for people prescribed warfarin. The RP stated that the team had started to highlight these prescriptions using stickers.

Prescriptions awaiting collection were stored within an alphabetical retrieval system. The team could identify fridge items and CDs (Schedules 2-4) as stickers were used. Clear bags held assembled medicines that were stored in the fridge as well as CDs, this assisted as an additional check to ensure that the right medicine was being supplied, when they were handed out to people by the team. Uncollected items were removed every month.

The initial setup for MDS trays involved the person's GP initiating and assessing suitability for these. Prescriptions were ordered by the pharmacy and cross-checked against people's individual records. If changes were identified, staff confirmed them with the prescriber and documented details on records. Descriptions of medicines within trays were provided. Trays were not left unsealed overnight. All medicines were de-blistered into trays with none left within their outer packaging. Patient Information Leaflets (PILs) were supplied routinely. Mid-cycle changes involved retrieving the old trays, amending, re-checking and re-supplying. Warfarin was provided separately for people receiving trays. There were

no checks made about the INR level when this was supplied.

The pharmacy delivered medicines to people's homes and maintained records to verify this. CDs and fridge items were highlighted and checked prior to delivery. Failed deliveries were brought back to the branch with notes left to inform people about the attempt made and medicines were not left unattended. The driver used a hand-held device according to staff, to capture people's signatures once they were in receipt of their medicines, however, there were also signatures from people obtained on a paper copy. There was a risk of access to confidential information from the way sensitive details were laid out when obtaining these.

The pharmacy used licensed wholesalers such as Alliance Healthcare and AAH to obtain medicines and medical devices. The latter was used to obtain unlicensed medicines. Staff were aware of the process involved with the European Falsified Medicines Directive (FMD). There was relevant equipment present but this was not functioning at the point of inspection. The inspector was told that the team were aware of FMD through hearsay, the company had not provided them with guidance information on the process involved or information on how to use the equipment.

Medicines were stored in an organised manner. There were no date-expired medicines present and short-dated medicines were identified using stickers. A date checking schedule was in place, medicines were date-checked for expiry every week and the team were ahead with this process. Liquid medicines with short stability, were marked with the date that they were opened. CDs were stored under safe custody. Keys to the cabinet were maintained during the day and overnight in a manner that prevented unauthorised access. Medicines were stored evenly and appropriately within the medical fridge.

The pharmacy used appropriate containers to hold medicines brought back by people for disposal. These were collected in line with its contractual arrangements. People bringing back sharps to be disposed of, were referred to the GP surgery. Returned CDs were brought to the attention of the RP, details were entered into the CD returns register, they were segregated and stored in the CD cabinet prior to destruction. A full audit trail was maintained to confirm this. Drug alerts were received through the company, stock was checked, and action taken as necessary. An audit trail was available to verify this process.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely.

Inspector's evidence

The pharmacy was equipped with a range of current reference sources. The team had access to a range of equipment to provide pharmacy services. This included counting triangles and a range of clean, crown stamped, conical measures for liquid medicines. There was also a designated measure for methadone. The dispensary sink used to reconstitute medicines was clean but stained. Hot and cold running water was available with antibacterial hand wash present.

There was no information on the blood pressure machine to verify when it was last replaced or calibrated, however, staff explained that this was new and replaced last year.The CD cabinet conformed to statutory requirements. Medicines requiring cold storage were stored at appropriate temperatures within a medical fridge.

Computer terminals in the dispensary were positioned in a manner that prevented unauthorised access. There were cordless phones to enable the team to provide private conversations away from the retail space if needed. Team members used their own individual NHS smart cards to access electronic prescriptions. These were taken home overnight.Staff could store their personal belongings in lockers that were provided on the premises.

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.