General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 2 Summerfields Village Cnt, Dean Row Road, WILMSLOW, Cheshire, SK9 2TA

Pharmacy reference: 1029878

Type of pharmacy: Community

Date of inspection: 16/05/2019

Pharmacy context

The pharmacy is on a row of shops in a small retail development on the outskirts of town. It dispenses NHS and private prescriptions and sells over-the-counter medicines. The pharmacy offers a prescription collection service from local GP surgeries. And it delivers medicines to people's homes. It supplies medicines in multi-compartmental compliance packs, to help people remember to take their medicines. And it provides NHS services such as flu vaccinations and a substance misuse service.

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 risks to its services well. And it protects people's private information. But, it doesn't keep all the records it must by law. The pharmacy has up-to-date procedures for team members to follow. And it has systems for people using its services to feedback their views. The pharmacy team members discuss and record mistakes that happen. And they share learning to try and reduce the risks of error in the future. The pharmacist and team members complete training so they know what to do to protect the welfare of children and vulnerable adults.

Inspector's evidence

The main dispensing area was on open view to people in the shop and situated at the back of the retail area behind the pharmacy counter. The area designated for pharmacist checking allowed supervision of over-the-counter sales and advice. There was a separate area for dispensing multi-compartmental compliance packs off to one side of the main dispensary. This allowed the team member to work uninterrupted and helped reduce the risk of errors. The pharmacy didn't have a lot of bench space for the services it provided, but the team members utilised the space effectively. There was a small area at the back of the dispensary for stock storage and the team also completed administration and paperwork there.

The pharmacy had a set of up-to-date standard operating procedures (SOPs) for the team to follow. These included SOPs for dispensing, controlled drugs (CDs), Responsible Pharmacist (RP) and services provided from the pharmacy. Each team member had a completed record of competence as evidence they had read and understood the SOPs. The manager had added details of further staff training to this record e.g. off-site dispensing and EPS process for CDs. For the SOPs checked, the issue date was Sept 2017 and a review date of August 2019. The superintendent pharmacist had authorised the SOPs.

The pharmacy had a paper log to record near miss incidents. The pharmacy team members completed this when the error occurred. And the manager annotated the log if no entries were recorded on a particular day. The manager then reviewed the entries monthly to look for patterns and trends. And he produced a Safer Care briefing with the information he had found and shared it with the team. The last briefing was from April 2019, and due to a reduced number or errors logged there was a reminder to the team members to log all near miss incidents. Most of the entries had some detail about contributory factors, learning and some actions taken, but not all entries. The head office team shared learnings from other pharmacies and this was included in the briefing for the team to read and reflect on. Recently the pharmacy had made changes to the storage of medicines in the dispensary as part of a company safety initiative. The staff had moved 'Look alike, sound alike' (LASA) medicines into baskets on the shelves. And they had put alert stickers on the front of the baskets. This provided a clear indication to take care when selecting these medicines from the shelves.
Dispensing errors were logged separately and reported to the superintendent's team vis an electronic system, the pharmacy incident management system (PIMS). Error reports were printed out and available for reference. The manager explained what had been done to investigate a recent error involving the delivery of a multi-compartmental compliance pack. This included completing a review of the process in the pharmacy, so to prevent a similar incident happening to another person. This incident had been shared with the rest of the team.

The pharmacy team members completed a Safer Care checklist. This included checking environment, people and processes over a three-week period. On the fourth week the Safer Care briefing was produced and read by the team members. They signed and dated to confirm they had read it.

The pharmacist had displayed his Responsible Pharmacist notice, so people in the shop could see it. And the team members were clear about their roles within the pharmacy. They were seen referring queries to the manager and pharmacist appropriately. The dispenser was aware of what could and couldn't be done when the pharmacist was absent. But, was a little unsure about dispensing tasks when a responsible pharmacist wasn't signed in. This was discussed within the team during the inspection to make sure other team members were aware.

The pharmacy had a customer careline for people using its services to raise concerns. And they could provide feedback on-line. The manager explained who would handle complaints and how these would be escalated if needed. The pharmacy had a SOP relating to complaint handling. But the pharmacy didn't have a poster or leaflet in the shop detailing how to provide feedback. So, some people may not know how to raise concerns. The pharmacy formally asked for feedback through the community pharmacy patient questionnaire (CPPQ) and it displayed the results from 2019. The results were positive, particularly in relation to the people working in the pharmacy and the advice they gave. A customer stopped the inspector on the way out of the pharmacy to say how good the service was in the pharmacy.

The pharmacy had appropriate professional indemnity insurance.

A sample of the CD register entries checked met legal requirements. The pharmacy maintained the register with running balances. There was evidence the team members checked balances on receipt and supply. And they mostly completed a weekly balance. A physical balance check of Pethidine 50mg tablets and Oxycontin 20mg tablets complied with the balance in the register. A CD destruction register for patient returned medicines was maintained. And the pharmacy team entered the returns in the register on the date of receipt. Private prescription records were complete. But the only record of emergency supplies was on the patient medication records (PMR) on the computer which didn't meet the legal requirements. Entries were not being made in the prescription only medicines (POM) register as detailed in the SOP.

The pharmacy didn't maintain a full audit trail on certificates of conformity for unlicensed medicines as per MHRA record keeping requirements. Patient, prescriber and pharmacy medicine labels details were missing.

The pharmacy had a laminated privacy notice on the back of the pharmacy counter they could show to people on request. It was not available for public viewing from the shop. The pharmacy team members had completed data security training in February 2019. An individual record of training was seen on the on-line system. People's private information was kept secure. No private information could be seen by people in the shop or those using the consultation room. The pharmacy had separate bins for general and confidential waste. Confidential waste was stored in sealed sacks awaiting collection by a third party company. One was seen stored in the toilet and this was discussed during the inspection.

The pharmacist had completed Centre for Postgraduate Education (CPPE) safeguarding training Level 2. The pharmacy had a safeguarding policy and procedures document, and this included local contact details for safeguarding leads. And the pharmacy team members had read the document and signed to confirm completion. The pharmacy team had completed dementia friend training. The dispenser recognised many of the people receiving medicines in multi-compartmental compliance packs were potentially vulnerable, but she could not recall intervening to protect their welfare through

safeguarding. The pharmacy had a chaperone policy on view in the consultation room.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has good systems in place to make sure it has enough staff with the right skills to provide its services. The team members understand their roles and responsibilities in providing services. And they complete regular training to help keep their knowledge up-to-date. The pharmacy team members openly discuss their ideas to improve ways of working. And they feel comfortable raising any concerns they have. They sometimes see improvements following their feedback.

Inspector's evidence

The pharmacy team members were seen to be managing the workload with the number and skill mix of the team. Working during the inspection was the full-time manager, who was also an NVQ level 2 dispenser, an employed pharmacist and a part-time supervisor, who was also an NVQ Level 2 dispenser. There was a driver making deliveries. There was a further full-time NVQ Level dispenser and part-time trainee dispenser not working on the day. Two pharmacy undergraduates worked part-time on a Saturday and a dispenser based at another branch worked regular hours in the pharmacy. The manager organised the staff rotas and authorised staff holidays. This was done in advance to ensure appropriate cover was in place. The pharmacy team generally arranged cover between themselves. But they did have the opportunity to get additional cover from neighbouring Lloyds branches if needed. Pharmacist cover was organised by head office.

The pharmacy team members had individual responsibilities and skills such as management, organising the multi-compartmental compliance packs workload, safer care champion and healthy living champion. And they were also seen covering each other with day to day tasks. The pharmacist had completed the required training for the services provided e.g. minor ailments. The team members were seen appropriately responding to people's queries and giving advice when handing out people's prescription medicines e.g. about storage of medicines. They asked appropriate questions when selling over-the-counter medicines.

The pharmacy provided access to regular and ongoing training in addition to the SOPs as e-Learning. There was a regular monthly focus. The team members had mandatory training to complete, but they also had the opportunity to complete modules if they had an individual interest or learning need. The dispenser was completing training relating to healthy living pharmacies and the completion of the training book was seen during the inspection. The pharmacy had a good health promotion display relating to oral health. The team members had approximately 40minutes per week set aside within the working day for training. And they also sometimes decided to complete training at home.

The manager completed appraisals every three months with individual team members. This allowed time to see how they were feeling, check on any training they were doing and listen to any ideas they had. The pharmacy had a whistleblowing policy. The dispenser said she felt comfortable discussing any concerns with the manager or pharmacist. The manager described the operational structure of the company and the options he had to raise concerns or ideas to improve. He said he had raised the issue of making sure that cover was provided with pharmacists who were accredited to provide services. He felt listened to and had seen some improvement. The pharmacy had asked on several occasions for the out-of-date controlled drugs to be destroyed but this hadn't happened.

The team members were seen to use their professional judgement in making decisions to help people. And they explained that although they had some people who requested to buy what was considered a large amount of or Pharmacy (P) medicines they monitored the sales to protect people's welfare. The team worked together well, sharing the workload and discussing matters openly.

The pharmacy set targets for some services. The pharmacist didn't feel under any pressure to meet these targets and completed services when he felt there was a professional need.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises are of a suitable size for the services it provides. The pharmacy is clean and well maintained. And people can have private conversations with the team in the consultation room.

Inspector's evidence

The pharmacy premises were clean, well maintained and of a suitable size for its services. There was ample space in the shop with seats for people. Dispensing bench space was tight but effective workflow meant the dispensing areas were mostly tidy and organised. The pharmacy had a storage area to the back of the dispensary. And this area was full of stock, files and shop accessories. There were no trip hazards and items were put away as best as possible. But as the toilet area was large there was some storage of patient returned medicines in this area. This was discussed during the inspection in relation to hygiene and security of medicines.

The pharmacy had appropriate sinks in the dispensary, consultation room and toilet, with hot and cold running water. The consultation room door was open during the inspection. But due to the location of the room next to the pharmacy counter this didn’t present an issue to security. People’s private information wasn’t on show in the consultation room and private information could be stored in the two locked cupboards.

The prescription retrieval area was off the dispensary and so people’s private information couldn’t be seen from the shop. The temperature in the pharmacy was controlled with an air conditioning unit and the lighting was sufficient.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are accessible to people, including people using wheelchairs. And they deliver medicines to peoples' homes. The pharmacy manages its services well and it has good processes to help deliver them safely. It supplies medicines in devices when it will help people to take their medicines appropriately. And it makes sure people receive their devices when they need them. The pharmacy obtains its medicines from reputable suppliers and it mostly stores its medicines appropriately. It has the equipment to dispose of medicines as required. But the pharmacy doesn't promptly destroy all its out-of-date medicines. So, this puts extra pressure on storage space.

Inspector's evidence

There were disabled parking spaces outside the row of shops. And the pharmacy had automatic power-assisted doors for easy access, including for people using wheelchairs and prams. It sold mobility aids and scooters. The pharmacy advertised its opening times and the services it offered in the shop window. It further advertised its services on posters throughout the shop area e.g. the local minor ailments scheme. But it didn't have a practice leaflet available to give to people. The pharmacy had a hearing loop at the pharmacy counter and a sticker on the consultation room door advertising its use. The manager said that there hadn't been a need to use the hearing loop.

The pharmacy team members used baskets during the dispensing process to keep people's medicines together with the prescription and to reduce the risks error. And they signed the dispensed by and checked by boxes on the medicine labels to provide an audit trail of those involved. Compliance was seen of this during the inspection. The pharmacy used clear bags for fridge and CD lines. And the team used a variety of stickers e.g. for fridge and controlled drug lines and for pharmacist advice.

The team members took extra care when dispensing high-risk medicines. The pharmacist attached a 'pharmacist advice' sticker to the bag when checking to highlight to the member of the team extra advice was required on hand out. But he was unsure whether other pharmacists followed this process, so there could be occasions when additional advice and checks weren't carried out. The pharmacist asked to see the information in the person's yellow anticoagulant book and gave advice as needed. The pharmacy had SOPs relating to the supply of anticoagulants, lithium and methotrexate. The pharmacy team were aware of the valproate Pregnancy Prevention Programme. They had completed two audits to identify any people in the at risk group. But they no longer had a supply of the stickers to use or information cards to hand to people. The pharmacist ordered a new supply during the inspection.

The pharmacy had robust processes for the supply of multi-compartmental compliance packs. The dispenser explained how she had overall responsibility for the service. She documented in two places when prescriptions were ordered, received and dispensed. There was an overall documented audit trail and a further checklist on the wall for her and other team members to use in case of queries. The dispenser completed these at each stage of the process, so it was easy to keep a check on the outstanding workload. The dispenser ordered prescriptions one week in advance so there was time to resolve any queries. Signatures were obtained from the surgery staff to confirm they had received people's prescription orders. Some people received their medicines weekly and some monthly dependent on their need. Each person receiving their medicines in a pack had a record sheet. The dispenser completed this with contact details, current medication taken and times of administration.

One of the surgeries sent written confirmation of any changes to people's medication, signed and dated by the prescriber. This was kept with the person's record sheet as reference. The pharmacy updated the person's current record sheet and faxed confirmation back to the surgery. The pharmacy used printed backing sheets, which included descriptions of the medicines in the pack, so people could identify them. And the pharmacy supplied patient information leaflets monthly. An assessment of the suitability of the person for this service was completed by the doctor and the pharmacy received an initiation form from them, with a start date, usually for approximately three weeks' time.

The pharmacy had an audit trail for the medicines it delivered to people. An electronic signature was captured from the person on receipt. There were alternative paper records when an agency driver covered the regular driver. There was a separate CD delivery sheet used.

The pharmacy supplied methadone to people, some had their dose supervised in the pharmacy. People's doses were made up in advance and stored appropriately. Prescriptions were banded to the dispensed medicine container and the prescription highlighted. This helped to reduce the risks or an error.

The pharmacy received prescriptions from an on-line doctor associated with the pharmacy company. There were security arrangements using passwords. It didn't receive prescriptions from the hub pharmacy as the team were going under a validation process.

The pharmacy had received equipment including scanners to enable scanning and decommissioning, as required in the Falsified Medicines Directive (FMD). The team were awaiting installation and training, so it could comply with the law.

The pharmacy obtained its medicines from reputable sources. It stored its medicines and devices appropriately on dispensary shelves. And it stored some Pharmacy (P) medicines behind Perspex on the shop floor. The container wasn't locked but there was a clear message on the container to ask for assistance. A team member said that mostly people did ask for help and didn't self-select. And she said the team were aware of the P medicines and would always ask the appropriate questions before making a sale.

The fridge was of an appropriate size for the volume of cold chain medicines stocked. The fridge temperature was in range during the inspection. And the team checked it daily. The records indicated it was maintained within the temperature range. The CD cabinets would have been of an appropriate size if the out of date CDs had been denatured and disposed of regularly, by an authorised witness. One product checked expired in 2016. The out-of-date medicines were kept separately in a large bag which took up half of one of the CD cabinets.

The pharmacy had a complete date checking matrix, which evidenced regular date checking every three months. The most recent one started in April 2019 and the latest check had been 13 May 2019. The pharmacy team members removed all medicines expiring in the following three months. And they used short dated stickers to highlight medicines with short expiry dates. These stickers were seen on medicines on the dispensary shelves, in the fridge and CD cabinet. No out of date medicines were found following a sample check during the inspection. Liquid medicines were annotated with the date opened.

The pharmacy had appropriate medicinal waste bins and CD denaturing kits to manage pharmaceutical waste. But the medicinal waste bins that were in use, were stored in the toilet area.

The pharmacy team members received notice of recalls and safety alerts by email. They completed a form to document the action they had taken. And the pharmacist signed and dated to confirm completion. These forms were stored to evidence compliance.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy team members have access to the equipment they need to provide the pharmacy's services safely. And they check to make sure it is working.

Inspector's evidence

The pharmacy team members had access to up-to-date reference books. These included the British National Formulary (BNF) and BNF for Children. They also used the internet as a reference source.

Computers were password protected and faced into the dispensary to prevent access to private information. The pharmacy team used NHS smart cards.

The pharmacy had a range of crown stamped measures, with separate ones for measuring methadone. The pharmacy equipment had stickers on to confirm safety tests had been carried out. But the one on the medical fridge was dated April 2018.

Conversations in the dispensary could potentially be overhead, but the pharmacy team had the use of a cordless telephone and so could move to the back of the dispensary or consultation room to have a private conversation. The consultation room was seen being used for services e.g. a medicine use review.

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.