General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 84 Wiltshire Way, HARTLEPOOL, Cleveland, TS26 0TB

Pharmacy reference: 1029924

Type of pharmacy: Community

Date of inspection: 01/08/2019

Pharmacy context

The pharmacy is an area on the outskirts of Hartlepool. The pharmacy is next door to a doctor's surgery. 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 emergency hormonal contraception (EHC).

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 has processes and up-to-date procedures to help the team manage the risks to services. The pharmacy's team members record and report any errors made when dispensing, and they show that they learn from them. The pharmacy keeps the records it must by law. It advertises how people can provide feedback and raise concerns, and listens and acts on their feedback to make improvements for people accessing its services. The pharmacy keeps people's private information safe. It has processes available to its team members, to help them protect the welfare of vulnerable people.

Inspector's evidence

A process was in place to report and record near miss errors that were made while dispensing. The pharmacist typically spotted the error and then made the team member aware of it. And then asked them to rectify it. The team member who made the error then recorded the details of the error on a log. The regular pharmacist and one of the dispensing assistants analysed the near misses each month. And the findings were documented and discussed with the team during a monthly team meeting. The pharmacy team members made changes to try to reduce the risk of a similar error occurring. For example, look alike sound alike drugs has been marked with a warning sign. And the different strengths of citalopram had also been separated. The pharmacy had a process in place to record, report and analyse dispensing errors that had been given out to people. It recorded the details of the errors on to an electronic reporting form called PIMS and the form was sent to the superintendent pharmacist's team to be analysed. The form was printed and filed for future reference. The details recorded included the reason why the error had happened and what the team had done to prevent similar errors happening in the future. There had been an error when 10mg propranolol was supplied when 40mg was required. A root cause analysis had identified that at the time of the incident there had been a Parkinson's awareness event. There were a lot of people in the pharmacy and members of the pharmacy team were distracted. The similarity of the 10mg and 40mg packs was also identified as a contributory factor. So, the strengths had been separated into different baskets.

The pharmacy had a leaflet of how people who used the pharmacy could make a complaint. The leaflet was on display in the retail area for self-selection. The pharmacy obtained feedback from people who used the pharmacy, through a community pharmacy questionnaire. The team members said the feedback they received was generally positive. Some people had expressed dissatisfaction that sometimes their prescriptions were not ready when they called to collect them. The pharmacy team had introduced a system to separate green prescriptions that had been collected from surgeries and stock was ordered for these in advance.

The pharmacy had up to date professional indemnity insurance. The responsible pharmacist notice displayed the correct details of the responsible pharmacist on duty. For the sample checked, the responsible pharmacist register was correctly completed each day. A sample of controlled drug (CD) registers were looked at and were found to be in order including completed headers, and entries made in chronological order. Running balances were maintained and audited every week. The pharmacy recorded the destruction of patient returned CDs. The pharmacy kept complete records of private prescription supplies and supplies of unlicensed medicines. The pharmacy kept complete records of medicines that were supplied to people in an emergency.

Pharmacy staff had completed information governance training. A statement that the pharmacy complied with the Data Protection Act and the NHS Code of Confidentiality was found in the pharmacy's practice leaflet. Confidential waste was segregated. The team said that the waste was collected and destroyed off site.

The pharmacy's team members had completed training about safeguarding vulnerable adults and children. The contact details for local safeguarding organisations were displayed on the notice board. And there was a flow chart for dealing with a safeguarding concern. The team explained that they would always bring any potential concerns to the attention of the pharmacist. The team said that they had not had any concerns to deal with to date.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy team are knowledgeable and skilled. The pharmacy team members keep their skills up to date through regular training. And they work well together in an open and honest environment. The pharmacy provides regular feedback to team members about their performance and helps to identify any training needs.

Inspector's evidence

The pharmacy team, on the day consisted of the RP who was a company employed relief. And three dispensing assistants. The pharmacy team members thought that they usually managed with the current staffing levels. But holiday cover is not usually provided. There wasn't the option of borrowing staff from company pharmacies in the area because everyone was in the same boat. The pharmacy team try to plan ahead when people are on holiday. And tasks such as preparing multicompartmental compliance aids were done in advance. Training was provided through the My Learn system. Staff members said that last month they completed training on hay fever nasal sprays. There was also mandatory training. The manager monitored compliance. The pharmacy teams' performance was reviewed, and each member had received a performance review. Personal development was discussed, and a member of the pharmacy team had expressed an interest in completing healthy living training. So that they could be equipped to provide helpful information to people. The pharmacy team offered evidence during the inspection and spoke in a confident open manner. The pharmacy team thought that the manager was approachable and reported that they worked together as a team. They felt able to make suggestions at the twice weekly team huddles. Dispensing incidents were discussed at these huddles. And targets were also discussed. The team did feel under some pressure by the manager to achieve these.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is secure and adequately maintained. It has a sound-proof room where people can have private conversations with the pharmacy's team members.

Inspector's evidence

The pharmacy was professional in its appearance. And was generally clean, hygienic and well maintained. Floor spaces were clear with no trip hazards evident. There was a clean, well-maintained sink in the dispensary for medicines preparation and staff use. The working benches area were free of clutter. The pharmacy had a sound-proofed consultation room which contained adequate seating facilities. The room was professional in appearance. The pharmacy was hot and uncomfortable. The pharmacy team members said that it was too hot in the summer and cold in the winter. There was a large portable air-conditioning unit which was taking up a lot of space. The unit was not efficient enough to adequately cool the pharmacy.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides an appropriate range of services to help people meet their health needs. The services are generally well managed. It generally stores, sources and manages its medicines safely. And it identifies and manages its risks adequately. The pharmacy gets its medicines from reputable suppliers. It responds appropriately to drug alerts and product recalls. And it makes sure that its medicines and devices are safe to use. The pharmacy may not always record advice given to people who get higher-risk medicines. So, it may not be able to refer to this information in the future if it needs to.

Inspector's evidence

There was direct access from the street into the pharmacy. The pharmacy advertised its services and opening hours in the window. Seating was provided for people waiting for prescriptions. A range of healthcare related leaflets were available for people to select and take away.

An audit trail was in place for dispensed medication using dispensed by and checked by signatures on labels. The dispensary was small. But the pharmacy team members made the best use of the space. And they had a manageable workflow with separate areas for the team members to undertake the dispensing and checking parts of the dispensing process. Baskets were available to hold prescriptions and medicines. This helped the team to stop people's prescriptions from getting mixed up. The team sometimes identified people who were prescribed high-risk medication such as warfarin. And they were given additional verbal counselling by the pharmacist if there was time. But details of these conversations were not recorded on people's medication records. So, the pharmacy could not demonstrate how often these checks took place. The team were aware of the pregnancy prevention programme for people who were prescribed valproate. There were patient information leaflets and advise cards positioned near both labellers. So that they could be supplied to people receiving a valproate prescription.

People could request multi-compartmental compliance packs. And these were supplied to people to help them take their medicines at the right time. The team supplied the packs with backing sheets which contained dispensing labels. And information which would help people visually identify the medicines. People received a patient information leaflets with their packs each month.

The pharmacy kept records of the delivery of medicines from the pharmacy to people. The records included a signature of receipt. A separate delivery sheet was used for controlled drugs. Owing slips were given to people on occasions when the pharmacy could not supply the full quantity prescribed.

Stock was arranged on shelving. The shelves were overcrowded. And medicines were falling into each other and becoming mixed and increasing the possibility of a picking error. For example, glimepiride 2mg, 3mg and 4mg were mixed together, as were the different isosorbide strengths. The team checked the expiry dates of the stock every three months. And the team kept records of the activity. The team used stickers to highlight medicines that were expiring in the next six months. The team recorded the date the pack was opened on liquid medicines. This allowed them to identify medicines that had a short-shelf life once they had been opened. And check that they were fit for purpose and safe to supply

to people.

The team were not currently scanning products or undertaking manual checks of tamper evident seals on packs, as required under the Falsified Medicines Directive (FMD). No software, scanners or an SOP were available to assist the team to comply with the directive. The team had not received any training on how to follow the directive. Fridge temperatures were recorded daily using a digital thermometer. A sample of the records were looked at found that they were within the accepted range. The pharmacy obtained medicines from several reputable sources. Drug alerts were received electronically. The pharmacy kept a record of the action the team had taken.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy's equipment is clean and safe, and the pharmacy uses it appropriately to protect people's confidentiality.

Inspector's evidence

References sources were in place. And the team had access to the internet as an additional resource. The resources included hard copies of the current issues of the British National Formulary (BNF) and the BNF for Children. The pharmacy used a range of CE quality marked measuring cylinders. Tweezers and gloves were available to assist in the dispensing of multi-compartmental compliance packs. The fridge used to store medicines was of an appropriate size. Prescription medication waiting to be collected were stored in a way that prevented people's confidential information being seen by members of the public. And computer screens were positioned to ensure confidential information wasn't on view to the public. The computers were password protected. Cordless phones assisted in undertaking confidential conversations. Members of the pharmacy team had their own NHS smart cards.

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.