General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 9 High Street, Ormesby, MIDDLESBROUGH, Cleveland, TS7 9PD

Pharmacy reference: 1029943

Type of pharmacy: Community

Date of inspection: 08/05/2019

Pharmacy context

The pharmacy is on a busy road in Ormesby, Middlesbrough. 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, emergency hormonal contraception and a substance misuse service.

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 identifies and manages risks to its services. And it protects people's private information. 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 keeps the records it needs to by law. But some patient details are missing from the unlicensed special records.

Inspector's evidence

The pharmacy was well laid out. The pharmacy had been refitted and redesigned since the last inspection. The area designated for pharmacist checking allowed supervision of over-the-counter sales and advice. There was a separate room to the rear for dispensing multi-compartmental compliance packs. This allowed the team member to work uninterrupted and helped reduce the risk of errors. The pharmacy had enough bench space for the services it provided. And the team members utilised the space effectively.

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 superintendent pharmacist had authorised the SOPs. Pharmacy team members only signed the SOPs relevant to the level of their expertise.

The pharmacy had a paper log to record near miss incidents. The pharmacist recorded the error. And handed the prescription back to the dispenser responsible to complete the details such as the contributory factors. And how the incident had occurred. The dispenser and a pharmacist reviewed the entries monthly to look for patterns and trends. And produced a Safer Care briefing with the information found. And this was shared with the team. The safer care briefing referred to dispensary staff not self-checking, or completing the near miss record with all details. The inspector looked at the near miss records for the current month with the store manager. And these were again lacking in detail. And some sections had not been completed.

Dispensing errors were logged separately and reported to the superintendent's team via an electronic system, the pharmacy incident management system (PIMS). The manager explained what had been done to investigate a recent error involving the handout of a controlled drug (CD), which was issued after the expiry date. Following the error review the manager had reviewed the system for handling CD owing's. The manager explained that now they have a separate box the CD owing's. And this is checked daily. This incident had been shared with the rest of the team.

The pharmacist had displayed his Responsible Pharmacist notice prominently, so people in the shop could see it. And the team members were clear about their roles within the pharmacy. The pharmacy team were aware of what could and couldn't be done when the pharmacist was absent.

The manager explained who would handle complaints and how these would be escalated if needed. The pharmacy had an SOP relating to complaint handling. And there was a leaflet in the shop detailing how to provide feedback. So, people would know how to raise concerns. Some people had expressed their concern about waiting times. Pharmacy team established a system where walk ins were prioritised

using a coloured basket system. Once dispensed they were prioritised at the checking stage.

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. The team members checked balances on receipt and supply. And they completed a weekly balance. The Private prescription records looked at were complete. Patient details were missing from some of the unlicensed special records.

The pharmacy had a laminated privacy notice on the back of the pharmacy counter. 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 3rd party company.

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.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough trained team members to provide its services safely. The pharmacy team members work within their skills and qualifications. The pharmacy team members reflect on their performance. And discuss their learning needs at regular review meetings. This ensures they keep up to date in their roles. The pharmacy encourages and supports the pharmacy team to learn and develop. And it provides access to ongoing training.

Inspector's evidence

The non-pharmacist manager ran the pharmacy. The manager advised that there were regular pharmacists who covered the hours. At the time of the inspection, there was the RP, the manager who was a dispenser, and a further four dispensers. The manager said that they generally managed when staff were on holiday. The manager was the cluster lead for the area and arranged staff to cover when a store was struggling. The manager could also call on three part time members of the team who were flexible. And members of the pharmacy team worked extra hours when necessary. There was also the option of booking the area relief pharmacy advisor. The pharmacy's team members generally managed the workload adequately and safely.

The pharmacy team had completed appropriate qualifications to work in the dispensary and on the medicines counter. The pharmacy had an e-learning platform to provide ongoing training. All members of the pharmacy team had their own log in. The manager confirmed that the pharmacy team were up-to-date with their training. The pharmacy team were given time to complete their mandatory training. There were 30-minute tutorials. The completion of these was optional. And training on these was not monitored. The manager provided examples of the training that the pharmacy team had completed. Such as children's oral health.

Team members worked well together. And would refer to each other with queries. The team members said that the Manager was very approachable. And felt able to make suggestions to improve the level of service offered to people. Team members had regular huddles.

The pharmacy used performance reviews to develop staff. The pharmacy had targets in place for several services. The RP thought that targets were helpful. The pharmacy team identified eligible people who would benefit from services such as Medicines Use Reviews.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy’s premises are suitable to provide its services safely and is secure when closed. The pharmacy’s team appropriately manages the available space and is clean and clutter free.

Inspector's evidence

The pharmacy was tidy and well organised. The pharmacy had been refitted and extended. And this had greatly improved the work flow of the pharmacy.

The consultation had chairs and a desk. No confidential information was stored there.

The pharmacy’s premises were safeguarded from unauthorised access. The store was alarmed. There was CCTV and a panic button.

There was adequate heating and lighting. Running hot and cold water was available. Maintenance issues were reported to Head Office. The pharmacy premises were clean and clutter free.

Principle 4 - Services ✔ Standards met

Summary findings

People with a range of needs can access the pharmacy's services. The services are generally well managed. 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 needed to. The pharmacy gets its medicines from reputable suppliers. It responds to drug alerts and product recalls. And it makes sure that its medicines and devices are safe to use. It sources and manages its medicines, so they are safe for people to use.

Inspector's evidence

Access to the pharmacy was via a concrete ramp which was suitable for wheelchairs. There was a handrail to assist patients with mobility issues to enter the pharmacy. Practice leaflets were available and listed the pharmacy's services. These were on display in the retail area and in the consultation room.

The pharmacy supplied medicines in multi-compartment compliance packs. The pharmacy-maintained records of medicines administration times, and changes to medicines. People could identify their individual medicines because the team used tablet descriptions when labelling. Patient information leaflets were supplied with the packs.

Medicines and medical devices were obtained via licensed wholesalers. The invoices were seen. Stock requiring refrigeration was stored at appropriate temperatures. And paper records were maintained to ensure temperatures were within the appropriate ranges. Controlled drugs cabinets were available for the safe custody of controlled drugs. The cabinets were secured. There were some out of date CDs and patient returned CDs which needed destruction. These were segregated. And were marked in the CD cabinets.

Dispensed controlled drug or fridge items such as insulin were stored in clear plastic bags which provided the opportunity for accuracy checks at hand out.

The pharmacy team date checked and rotated the stock to ensure medicines were still safe to use and fit for purpose. The pharmacy's procedures indicated that this should take place quarterly. The pharmacy team were up to date with the date checks. The pharmacy team members had placed stickers on short dated items. For example, perindopril was stickered and was out of date in December 2019. Opened bottles of liquid medications were marked with the date of opening to ensure they were still safe to use when used for dispensing again. Oramorph was marked as opened on 7/5/19.

The dispensers were observed using baskets to ensure prescriptions were prioritised. And items were kept together. Computer-generated labels included relevant warnings and were initialled by the pharmacist and dispenser which allowed an audit trail to be produced.

The pharmacy team used drawers to store medicines waiting to be collected. People collecting their medicines were routinely asked to confirm their name and address. And this helped to ensure that medication was supplied to the correct patient safely.

The pharmacy team were aware of the guidance that was provided to people who may become pregnant who received sodium valproate. The pharmacy had completed an audit and identified three people were provided with advice. The leaflets and sodium valproate cards were on the shelf with the stock.

Prescriptions for higher-risk medicines were highlighted using the pharmacist sticker. So that appropriate counselling could be provided. It was usual practice to counsel patients. But the pharmacy team did not usually make a note of these conversations on the patient's medication record.

Out of date stock and patient returned medication were disposed of in pharmaceutical waste bags for destruction. These were stored securely and away from other medication.

The pharmacy had not yet adjusted to meet the Falsified Medicines Directive. The manager had done some training. And company were running two pilot sites in the area. The pharmacy did not have working scanners to verify barcodes. SOPs had not been adjusted. This may have reduced the ability of the pharmacy to verify the authenticity of its medicines.

The head office had a system of sending messages to the pharmacy when drug alerts or recalls of medicines or medical devices were necessary. These were printed out. And the pharmacy had a folder of collated alerts which had been signed and dated to confirm they had been completed. There was also an audit sheet at the front of the file.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

Equipment required for the delivery of pharmacy services is readily available, stored appropriately and used in a way that protects the privacy and dignity of patients.

Inspector's evidence

The pharmacy's equipment appeared safe and fit for purpose. Maintenance issues were reported to the pharmacy's head office. There was a pharmacy grade fridge with a glass door. And there was another one on order.

The sinks provided hot and cold running water. There were a good range of Crown-marked measuring cylinders were available. These were clean and stored next to the sink. The team used a methameasure to pump methadone. The machine was cleaned and calibrated daily.

Computers and labelling printers were used in the delivery of services. Information produced by this equipment was not visible to the public due to their positioning within the premises. Computers were password-protected to prevent unauthorised access to confidential information. Other patient identifiable information was kept securely away from the visibility of the public.

Up-to-date reference sources were available in paper and online formats. Such as BNF and BNF for children.

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.