

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Highbury House, The Litchdon Medical Centre, Landkey Road, BARNSTAPLE, Devon, EX32 9LL

Pharmacy reference: 1030668

Type of pharmacy: Community

Date of inspection: 29/01/2020

Pharmacy context

The pharmacy is located on the site of a GP practice and dermatology clinic on the outskirts of Barnstaple. It sells over-the-counter medicines and dispenses NHS and private prescriptions. It also supplies medicines in multi-compartment compliance aids to people living in their own homes. And it delivers medicines to people's homes. The pharmacy team offers advice to people about minor illnesses and long-term conditions. The pharmacy offers services including Medicines Use Reviews (MURs), the NHS New Medicine Service (NMS), NHS health checks, a minor ailments scheme and flu vaccinations. The pharmacy provides services for drug misusers.

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 its risks appropriately. Team members record their errors and review them to identify the cause of errors. The pharmacy team then makes the necessary changes to stop mistakes from happening again. The pharmacy has written procedures in place to help ensure that its team members work safely. The pharmacy asks people for their views and acts appropriately on the feedback. The pharmacy has adequate insurance to cover its services. And it keeps all of the records required by law. It keeps people's private information safe and explains how it will be used. Pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had good processes in place to identify and reduces its risk. Near misses were routinely recorded and entries in the near miss log contained a reflection on why the error occurred and actions taken to prevent a reoccurrence. Look-alike, sound-alike (LASA) drugs such as amitriptyline and amlodipine were stored in separate drawers. High risk medicines such as olanzapine were also stored separately. Pharmacy team members proactively identified medicines with similar packaging and unusual pack sizes. Dispensing incidents were recorded on the Pharmacy Incident Management system and were sent to the company's head office. They were reviewed by the pharmacy team and the cluster manager.

A 'Safer Care' review was completed each month and included an analysis of the type of errors that had most commonly occurred, and the timings of the errors. The review was shared with members of the team through individual briefings and through a written document which was signed by the team member when they had read it. The most recent 'Safer Care' review contained clear actions including to ensure all team members took responsibility for recording any errors they made. A noticeboard was also used to alert all team members to current issues and potential problems. For example, the pharmacy had recently received stock of a commonly dispensed medicine that had a shorter expiry date than usual. The need to check expiry dates for this medicine had been written on the notice board. The pharmacy received daily communication from head office through the 'Daily Dose' document. The team reviewed case studies sent by head office. The issues identified were discussed during team huddles.

Standard operating procedures (SOPs) were up to date and had been recently reviewed and adopted by the pharmacy team. Team member's understanding of the SOPs was assessed by a verbal quiz and a record kept. The SOPs were signed by the appropriate staff. A dispenser could describe the activities that could not be undertaken in the absence of the RP. Staff had clear lines of accountabilities, were clear on their job role and wore name badges.

Feedback was obtained by a yearly community pharmacy patient questionnaire (CPPQ) survey. 77% of respondents to the most recent CPPQ survey had rated the service provided by the pharmacy as very good or excellent. A complaints procedure was in place and was displayed in the customer charter leaflet. Public liability and professional indemnity insurance were provided by the NPA, with an expiry date of 30 June 2020.

Records of the responsible pharmacist were maintained appropriately, and the correct RP certificate was displayed. Controlled drug (CD) registers were maintained appropriately. Balance checks were

completed weekly. A random balance check was accurate. Patient returned CDs were recorded in a separate register and were destroyed promptly. Records of private prescriptions were made in a book and were in order. Emergency supplies were recorded in the private prescription book and contained the nature of the emergency. Specials records were maintained and certificates of conformity were stored with all required details completed.

All staff had completed training on information governance and general data protection regulations and had signed the associated policies. Patient data and confidential waste was dealt with in a secure manner to protect privacy and no confidential information was visible from customer areas. A privacy policy and a fair data use statement were displayed in the patient area. Smart cards were used appropriately. Verbal consent was obtained before summary care records were accessed, and a record of access was made on a written log.

All staff were trained to an appropriate level on safeguarding. The RP and the manager had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training. A safeguarding policy was in place and signed by staff and local contacts were available. Staff were aware of signs of concerns requiring escalation. Local contacts for referrals were available in the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. The pharmacy encourages and supports its team members to develop their skills and knowledge. Team members receive time in work to complete training for their roles. They are confident to suggest and make changes to the way they work to improve their services. They communicate well and give each other feedback on their performance.

Inspector's evidence

Staffing was adequate on the day of the inspection consisted of the RP, a pharmacy technician, who was the branch manager, three NVQ2 level dispensers and a medicines counter assistant (MCA). The team clearly had a good rapport and felt they could usually comfortably manage the workload with no undue stress and pressure. Pharmacy team members had clearly defined roles and accountabilities and tasks were allocated to individuals daily. They worked regular days and hours. Absences were usually covered by rearranging shifts or by part-time staff increasing their hours.

Team members completed training packages on the company eLearning system. Training records were seen and were up to date. Copies of certificates of completion of relevant training courses were kept for each member of the team. One dispenser described that she had been encouraged to complete additional training to allow her to carry out blood pressure and blood glucose tests. She had also completed additional training on the management of pain, which she said enabled her to give people tailored advice on their symptoms. Team members were seen to provide appropriate advice when selling medicines over the counter. They referred to the RP for additional information as needed.

Team members were set yearly development plans and had six-monthly performance reviews. The team gave each other regular ad hoc feedback and there was a clear culture of openness and honesty. The team felt able to raise concerns and give feedback to the manager, who they found to be receptive to ideas and suggestions. A dispenser reported that they were able to make suggestions for change to improve efficiency and safety. Team members were aware of the escalation process for concerns and a whistleblowing policy was in place.

The manager said the targets set were manageable. The RP felt able to use his professional judgement to make decisions and described that all services undertaken were clinically appropriate.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy has a soundproofed room where people can have private conversations with members of the pharmacy team. The pharmacy is adequately secured to prevent unauthorised access.

Inspector's evidence

The pharmacy was located on the outskirts of Barnstaple, adjacent to a GP practice and a dermatology outpatient's department. A small retail space with a waiting area led to the healthcare counter and dispensary. There was no staff room or lavatory dedicated for staff to use. Staff were able to access the facilities of the attached dermatology department. A large consultation room was available which presented a professional image and had health-related posters and information displayed. The room was not locked when not in use. No confidential information was stored in the consultation room. Staff reported that they frequently promoted the use of the soundproofed consultation room due to the size of the waiting area. The dispensary was large but had limited bench space. To address this, the manager had recently rearranged the storage of paperwork to create additional space on the shelves to store prescriptions awaiting an accuracy check, removing them from the benches. Team members took care to ensure that the area in which they were dispensing was clear of clutter. The dispensary stock was well organised and tidy. Most of stock was stored in pull-out drawers. Fast moving lines, larger items, creams and liquids were stored on shelves. Prescriptions awaiting collection were stored in a retrieval system. Cleaning was undertaken each day and a cleaning rota was displayed. Cleaning products were available, as was hot and cold running water. The pharmacy appeared to be well maintained. The lighting and temperature were appropriate for the storage and preparation of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible and advertises its services appropriately. Medicines are supplied safely. The pharmacy offers a range of additional services and the pharmacy team delivers these services safely. Team members providing the services ensure that their training is up to date. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and makes regular checks to ensure that they are still suitable for supply. The pharmacy delivers medicines to people safely and keeps appropriate records of this. The pharmacy accepts unwanted medicines and disposes of them appropriately.

Inspector's evidence

The pharmacy had step-free access. The consultation room was wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels. Team members described that they communicated with people with hearing impairments in the consultation room, using pen and paper if needed. A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. Services provided by the pharmacy were advertised in the pharmacy. The regular RP, who worked three days a week, was accredited to provide all of the promoted services. The RP described how if a patient requested a service not offered by the pharmacy at the time, he would refer them to other nearby pharmacies, calling ahead to ensure the service could be provided there. Up-to-date signposting resources and details of local support agencies were accessed online. Records of signposting referrals were made on the patient medication record (PMR).

Dispensing baskets were used to store prescriptions and medicines to prevent transfer between patients as well as to organise the workload. There were designated areas to dispense walk-in prescriptions and those collected from the GP practice. The labels of dispensed items were initialled when dispensed and checked.

Stickers were used to highlight fridge items and CDs in schedules 2 and 3. Prescriptions for schedule 4 CDs were annotated to highlight the 28-day expiry. Prescriptions containing high-risk medicines or paediatric medicines were also highlighted with stickers. The RP ensured that he spoke to all people receiving high-risk medicines to ensure they were appropriate and used safely. He recorded details of any monitoring results on the patient medication record (PMR). Stickers were used to highlight prescriptions that had been identified by the RP as requiring additional counselling by a pharmacist. Details of any significant interventions and conversations were recorded on the PMR. Substance misuse services were provided for a small number of people. The RP described how he would liaise with the prescriber or the key worker to report erratic pick-ups and to discuss any other concerns about users of the service. The RP ensured he had a brief discussion with each person accessing the service to check on their wellbeing.

The pharmacy offered a range of additional services including flu vaccinations and a minor ailments scheme. The patient group directions covering these services were seen and had been signed by the pharmacists providing the service. The declaration of competence for all pharmacists administering flu vaccinations were seen. The RP had completed training on injection techniques, anaphylaxis and resuscitation within the last two years. The pharmacy was a Healthy Living Pharmacy and provided

additional advice to people on living healthy lifestyles. It had a health promotion zone displaying leaflets and information on both locally and nationally relevant topics.

The pharmacy had completed the audit of people at risk of becoming pregnant whilst taking sodium valproate as part of the Pregnancy Prevention Programme (PPP). Appropriate conversations had been had with affected people and records were made on the PMR. The pharmacy had stickers for staff to apply to valproate medicines dispensed out of original containers to highlight the risks of pregnancy to women receiving prescriptions for valproate. The pharmacy had the information booklets and cards to give to eligible women. Notes were placed on the PMR of women receiving valproate to confirm a discussion about PPP had taken place.

Multi-compartment compliance aids were prepared by the pharmacy for approximately 50 people based in the community. The workload was organised and well planned. The manager described that the RP assessed the suitability of a compliance aid for each person requesting the service. A sample of compliance aids was inspected. Each compliance aid had an identifier on the front, and dispensed and checked signatures were completed, along with a description of tablets. Patient information leaflets (PILs) were supplied each month. 'When required' medicines were dispensed in boxes and a dispenser was clear on what could and could not be placed in trays. A record of any changes made was kept on the patient information sheet, which was available for the pharmacist during the clinical checking process. The pharmacy also dispensed medicines for the residents of two care homes. The dispenser described that she had implemented a process whereby the staff of the care home emailed the pharmacy each day to confirm if there were any prescriptions due for acute medicines, which allowed the pharmacy to dispense and deliver them in a timely manner.

The dispensary shelves used to store stock were generally organised and tidy. The stock was arranged alphabetically. Date checking was usually undertaken regularly and records were kept. Spot checks revealed no date-expired medicines or mixed batches. The pharmacy had the hardware and software to be compliant with the Falsified Medicines Directive (FMD). Pharmacy team members were appropriate making visual checks on FMD compliant packs of medicines. Prescriptions containing omissions were appropriately managed, and the prescription was kept with the balance until it was collected. Stock was obtained from reputable sources including Alliance and AAH. Specials were obtained from IPS Specials. Invoices were seen to this effect. Records of recalls and alerts were received by email and were annotated with the outcome and the date actioned.

The fridges in the dispensary were clean, tidy and well organised. Records of temperatures were maintained. The maximum and minimum temperatures were within the required range of 2 to 8 degrees Celsius. CDs were stored in accordance with legal requirements. Denaturing kits were available for safe destruction of CDs. Patient returned CDs were recorded in a register and destroyed with in the presence of a witness with two signatures recorded.

Logs were kept of deliveries made to people in their own homes with appropriate signatures. Confidentiality was maintained when obtaining signatures. The pharmacy team described the process followed in the event of failed deliveries to ensure that patients received their delivery in a timely manner, particularly those considered to be vulnerable, and this was found to be adequate.

Patient returned medication was dealt with appropriately. A hazardous waste bin was available. Patient details were removed from returned medicines to protect people's confidentiality.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It ensures its equipment is well-maintained. The pharmacy uses its equipment in a way that protects people's private information.

Inspector's evidence

Crown-stamped measures were available for liquids, with a separate measure marked for the use of CDs only. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked for cytotoxics. All equipment, including the dispensary fridges, was in good working order and PAT test stickers were visible. The dispensary sink was clean and in good working order. The consultation room sink had been leaking and an engineer arrived during the inspection to fix it.

Reference sources were available and the pharmacy could also access up-to-date information on the internet. Computers were positioned so that no information could be seen by members of the public and phone calls were taken away from public areas. Dispensed prescriptions were stored in a retrieval system on shelves with no details visible to people waiting.

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.