

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, South Lawn Terrace, EXETER,
Devon, EX1 2RX

Pharmacy reference: 1030749

Type of pharmacy: Community

Date of inspection: 18/07/2019

Pharmacy context

The pharmacy is located in a suburb of Exeter. It is adjacent to two busy GP practices. The pharmacy dispenses NHS and private prescriptions. It supplies medicines in multi-compartment devices for people to use in their own homes. The pharmacy offers advice on the management of minor illnesses and long-term conditions.

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	1.1	Good practice	The pharmacy identifies and manages its risks well. Pharmacy team members record all of their errors and learn from them to stop them from happening again.
		1.2	Good practice	The pharmacy regularly reviews how it works to reduce the risk of errors.
		1.8	Good practice	Pharmacy team members know how to protect the safety of vulnerable people. And they act quickly to help people in need.
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	4.2	Good practice	The pharmacy gives additional advice to people receiving high-risk medicines to ensure they take them safely.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy identifies and manages risk well. Team members record their errors and review them, generating clear actions to improve safety. They learn from their mistakes and make changes to stop them from happening again. The pharmacy has written procedures in place for the work it does. The pharmacy asks people for their views and acts well on the feedback. The pharmacy has adequate insurance to cover its services. The pharmacy keeps the records required by law. The pharmacy 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 and take quick action to provide support as needed.

Inspector's evidence

The pharmacy had processes in place to manage and reduce 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. Following near misses, all staff had been reminded to take extra care when dispensing prescriptions with unusual forms. This included when ramipril tablets were prescribed rather than capsules. The stock of each form was stored in separate locations. Look-alike, sound-alike (LASA) drugs such as amlodipine and amitriptyline were highlighted on shelf edges.

Dispensing incidents were recorded on the Pharmacy Incident Management system and were sent to the company's head office. They were reviewed by staff in the pharmacy and the pharmacy manager who was also the cluster manager for stores in the local area. Following an error where he had dispensed and checked the incorrect drug, he had reflected on his practice and now always sought a second check from a team member.

A 'Safer Care' review was completed monthly and included an analysis of the type of errors that had most commonly occurred, and the timings of the errors. The safer care review was shared with members of the team through a monthly team briefing 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 the patient record card held for all people supplied with multi-compartment medicines devices was updated promptly when the pharmacy was alerted to changes by the prescriber. A 'Safer Care' notice board was in use and was updated regularly with any current issues. Staff also reported that they prompted selection errors by alerting each other to similar packaging or different pack sizes of medicines.

The pharmacy received daily communication from head office through the 'Daily Dose' document. They also received a services and standards newsletter which identified companywide issues. The team reviewed case studies sent by head office as a team. The most recent had involved pregabalin and gabapentin.

Standard operating procedures (SOPs) were up to date and had been recently reviewed and adopted by the pharmacy manager. Competence and understating of the SOPs was assessed by a verbal quiz and a record kept. The SOPs were signed by the appropriate staff. A dispenser, who was also the supervisor, 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.

The responsible pharmacist (RP), who worked in the pharmacy three days a week, described that

before implementing a new service, she would ensure the pharmacy would be able to accommodate the work, and that it would be applicable to the local population. She would review staffing levels to ensure provision of the service could be maintained and would check that she and her staff had access to the appropriate tools and training to provide the service.

Feedback was obtained by a yearly community pharmacy patient questionnaire (CPPQ) survey. The pharmacy had responded to historical feedback that there was nowhere to have private consultations by organising a refit to install a consultation room. This was now used regularly throughout the day by the pharmacists and other staff to speak privately with people wanting advice. The pharmacy manager also described how he had resolved a complaint regarding the supply of a particular brand of medicine appropriately.

Public liability and professional indemnity insurance were provided by the NPA, with an expiry date of 30 June 2020. Controlled drug (CD) registers were maintained appropriately. Balance checks were completed weekly. A random balance check of Medikinet XL 10mg capsules tablets was accurate. Patient returned CDs were recorded in a separate register and were destroyed promptly. Team members highlighted CDs on electronic prescriptions to reduce the risk that they would be filed before an entry was made in the CD registers.

Records of the responsible pharmacist were maintained appropriately, and the correct RP certificate was displayed. Records of private prescriptions were made in a book and were in order. The pharmacy had not made any emergency supplies in recent years due to the opening hours and proximity to two GP practices. 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 pharmacy manager had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training, and the remaining staff had completed level 1. A safeguarding policy was in place and signed by staff and local contacts were available. Staff were aware of signs of concerns requiring escalation and gave examples of how they had previously escalated concerns. Local contacts for referrals were displayed prominently by the telephone.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff. Team members are well trained for their roles and they keep their skills and knowledge up to date. They receive protected time to learn and are supported in their development. Team members suggest and makes changes to improve their services. They communicate well with each other.

Inspector's evidence

Staffing was adequate on the day of the inspection consisted of the pharmacist manager, a second pharmacist who was the RP, a preregistration pharmacist, a pharmacy student, three NVQ2 level dispensers, one of whom was a summer student, and two medicine counter assistants. A dispenser had also called in sick that day.

The team clearly had a good rapport and felt they could usually comfortably manage the workload with no undue stress and pressure. The staff had clearly defined roles and accountabilities and tasks were allocated to individuals daily. Staff worked regular days and hours. Absences were usually covered rearranging shifts, or by part-time staff increasing their hours. In an emergency, the manager would call on support from another local branch.

Staff completed training packages on the company eLearning system, MyLearn. Training records were seen and were up to date. Copies of certificates of completion of relevant training courses were kept for each member of staff. The MCAs, one of whom was a trainee, were seen to provide appropriate advice when selling medicines over the counter. They referred to the RP for additional information as needed. The experienced MCA was seen to coach the trainee on his technique when selling medicines over the counter. He was receptive to her feedback.

The preregistration trainee received two and a half hours of protected learning time each week. He felt supported by his tutor and was able to ask for advice and support. He said that he attended regular off-job training days covering a variety of clinical and business topics provided by the company. He had also worked in other branches of the chain to gain experience of services not offered by the pharmacy, such as services for drug misusers and care home services. He had regular reviews with his tutor to discuss his development and to show evidence of meeting the required performance standards.

Staff 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. A communications diary was used to allow team members working different shifts to communicate any issues in the pharmacy to each other.

The staff felt empowered to raise concerns and give feedback to the manager, who they found to be receptive to ideas and suggestions. Staff reported that they were able to make suggestions for change to improve efficiency and safety. Staff were aware of the escalation process for concerns and a whistleblowing policy was in place. The RP said the targets set were manageable and that they did not impede her professional judgement. She 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.

Inspector's evidence

The pharmacy was located in a GP practice in Exeter. A healthcare counter led to a spacious dispensary. A large consultation room was available which presented a professional image and had health-related posters and information displayed. The room was locked when not in use. No confidential information was stored in the room. There was also a small staff room and an office area at the rear of the pharmacy. Automatic doors were installed but were currently out of order. This had been reported to the maintenance department. In the meantime, doors were propped open to allow ease of access.

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. No stock or prescriptions were stored on the floor, and there were dedicated areas for dispensing and checking. Prescriptions awaiting collection were stored in a retrieval system.

Cleaning was undertaken each day by dispensary staff and by a cleaner from the GP practice once a week. Cleaning products were available, as was hot and cold running water. The lighting and temperature of the pharmacy were appropriate for the storage and preparation of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible and advertises its services well. Medicines are supplied safely and the pharmacy gives additional advice to people receiving high-risk medicines. It makes a record of this advice to show that it has been given. The pharmacy obtains its medicines from reputable suppliers. They are stored securely and regularly checked that they are still suitable for supply. The pharmacy has made the appropriate changes to allow it to identify falsified medicines. The pharmacy deals with medicines returned by people appropriately. But it does not always remove people names from returned medicines which may lead to breaches of confidentiality.

Inspector's evidence

The pharmacy was wheelchair accessible, as was the consultation room. Services provided by the pharmacy were clearly advertised in the pharmacy. The pharmacy made adjustments for those with disabilities including printing large print labels. A hearing loop was available.

The dispenser explained that if a person requested a service not available at the pharmacy, she would refer them to a nearby pharmacy, phoning ahead to ensure it could be provided there. A range of leaflets advertising company and local services were available, as was a folder containing details of local organisations offering health-related services. The pharmacy was accredited as a Healthy Living Pharmacy and had a dedicated health promotion zone. The topic was changed monthly and was visually eye-catching. Relevant leaflets were stored nearby.

Baskets were used to store prescriptions and medicines to prevent transfer between patients as well as organise the workload. There were designated areas to dispense walk-in prescriptions and owings. The labels of dispensed items were initialled when dispensed and checked.

Coloured labels were used to highlight fridge items and CDs including those in schedule 3 and 4. Prescriptions were also labelled if they contained items that may require additional advice from the RP, such as high-risk medicines. Each high-risk medicine, such as warfarin, lithium and methotrexate, had an SOP to cover the handout process. Blood levels and dosages were checked and additional counselling and support materials were offered to the patient. Records of these conversations were made on the PMR.

The RP had completed the audit of people at risk of becoming pregnant whilst taking sodium valproate as part of the Valproate Pregnancy Prevention Programme. Stickers were available for staff to highlight the risks of pregnancy to women receiving prescriptions for valproate. Information booklets and cards were available to be given to eligible women.

Stock was obtained from reputable sources including Alliance, and AAH. Specials were obtained from both Alliance Specials and AAH Specials. The pharmacy was one of the pilot stores in the company for scanning medicines as part of the Falsified Medicines Directive (FMD). All stock was subject to a visual check and was scanned when dispensed. Two baskets of items had been identified as requiring quarantine within the previous three weeks and the pharmacy was awaiting instruction on the process for returning these to the wholesaler.

The pharmacy had been using the company off-site dispensing process for the previous six months.

Regular prescriptions were clinically checked and labelled in the pharmacy and were then dispensed in another location. The turnaround time was a maximum of two days. The dispenser described that if people arrived to collect their medication before it had arrived back in the pharmacy, the prescription could still be dispensed for them there and then.

Prescriptions containing omissions were appropriately managed, and the prescription was kept with the balance until it was collected. The process for the dispensing of multi-compartment medicines devices provided for 101 patients in the community was acceptable. Each pack had an identifier on the front, and dispensed and checked signatures were available, along with a description of tablets. Patient information leaflets were supplied at each dispensing, or with the first pack of four in the case of weekly supply. When required medicines were dispensed in boxes and the dispenser was aware of 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 checking process.

The fridge in the dispensary was clean, tidy and well organised. Records of temperatures were maintained. The maximum and minimum temperatures were within the required range of two to eight degrees Celsius. Staff were aware of the steps taken if the fridge temperature was found to be out of range, which was to monitor every 30 minutes until back in range.

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 a witness with two signatures were recorded. Patient returned medication was dealt with appropriately, but no hazardous waste bin was available. Patient details were not always removed from returned medicines to protect people's confidentiality. Drug recalls were dealt with promptly and were annotated with details of the person actioning and the outcome.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy uses a range of appropriate equipment and facilities to provide its services. It keeps these clean and well maintained.

Inspector's evidence

Validated crown-stamped measures were available for liquids. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked for cytotoxics. Reference sources were available and the pharmacy had online access to online materials for the most up to date information. But a dispenser noted that the internet was particularly slow, especially when it was used to send prescriptions for dispensing off-site.

The dispensary sink was clean and in good working order. All equipment including the dispensary fridge was in good working order and PAT test stickers were visible and were in date. The blood pressure and blood glucose meters were replaced or calibrated regularly.

Dispensed prescriptions were stored in a retrieval system with the corresponding bagged items stored in numbered boxes in the dispensary, out of sight of customers. Computers were positioned so that no information could be seen by customers, and phone calls were taken away from public areas.

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.