

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 208 New North Road, Hainault, ILFORD, Essex, IG6 3BS

Pharmacy reference: 1031288

Type of pharmacy: Community

Date of inspection: 19/06/2019

Pharmacy context

This pharmacy is located within a parade of shops in a residential area. It dispenses NHS prescriptions and it supplies medicines in multi-compartment compliance aids to a number of people to help them take their medicines safely. And it also supplies medicines as part of an online doctor's 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	1.2	Good practice	The pharmacy proactively reviews dispensing incidents and continuously learns from them.
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 generally identifies and manages the risks associated with its services. It keeps all the records it needs by law. And it asks people who use the pharmacy for their views. Team members know how to safeguard vulnerable people. They are good at recording and learning from any mistakes. This helps them make the pharmacy's services safer.

Inspector's evidence

Up-to-date standard operating procedures (SOPs) were available which had been read by all team members. Team members had individual records of competence. Team roles were defined within the SOPs.

Near misses were brought to the attention of the person who had made the mistake, rectified and recorded on the near miss log. Entries were made on the log by the person who had made the error. Each Friday the team held a group huddle to discuss near misses that had occurred as well as ways in which they could be avoided. Near misses were also reviewed at the end of each month as part of the 'Safer Care' audit. The dispensers said that recent near misses had been quantity errors with team members mixing up packs of 28 and 100s. These had been separated in the drawers with dividers.

As part of Safer Care, different audits were completed each week looking at different aspects ranging from environmental factors to training completed by the team. A briefing was completed in the third week. The Safer Care Champion was not present at the time of the inspection. The team helped the champion to update the Safer Care board with findings from the review and key actions. A Safer Care case study was also sent by head office monthly which was read by team members. The latest case study had discussed anticoagulants. The team members also described how head-office had raised awareness of look alike, sound alike medicines, so that people could exercise caution when dispensing these.

Dispensing incidents were reported on an internal system. Team members involved were required to complete a reflective account. And a root cause analysis was also completed which was sent to the superintendent's office, with a copy filed in the dispensary. The team or superintendent's office contacted all concerned pharmacists and team members. As a result of an incident where a prescription had been labelled using the incorrect title, the team now checked the title on the system against the prescription when dispensing.

The pharmacy had trialled sending some prescriptions to be dispensed at the Lloyds 'hub', which was a central dispensing facility. Before a team member was authorised to enter data to be transmitted to the hub, they were required to dispense 200 items without making any errors. The trial had come to an end at the time of the inspection.

The correct responsible pharmacist (RP) notice was displayed. The team members were aware of the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance.

The pharmacy had a complaints procedure and also completed an annual patient satisfaction survey. The team members said that they would try and resolve complaints in store where possible. Complaints

were reported on an internal system. As a result of feedback, the pharmacy had been provided with a portable ramp from head office.

Records for private prescriptions, emergency supply, unlicensed specials, RP records and controlled drug (CD) registers were well maintained. CD balance checks were carried out weekly. A random check of a CD medicine complied with the balance recorded in the register. CD patient returns were recorded in a register as they were received.

Assembled prescriptions were stored away from the view of people who used the pharmacy. The dispensary team had individual Smartcards and passwords to access the NHS electronic systems. The RP had access to summary care records and consent to access these was gained verbally. The pharmacy had an information governance policy in place and all team members were required to read the confidentiality agreement. The team had also completed a 'MyLearn' (the pharmacy's online training system) module on the General Data Protection Regulation (GDPR).

The pharmacists had completed level 2 safeguarding training and team members had completed training on the MyLearn and read through the Lloyds safeguarding policy. The dispenser said that in the event that she had any concerns she would refer to the RP or call the superintendent's office for help.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members for the services provided, and they work effectively together and are supportive of one another. They have the appropriate skills, qualifications and training to deliver services safely and effectively.

Inspector's evidence

At the time of the inspection the pharmacy team comprised of the RP (a locum pharmacist), and two trained dispensers. Team members said that the pharmacy was currently short staffed and team members were working overtime whilst more staff were recruited. This helped to ensure that the team were managing the workload and ensuring tasks were completed in a timely manner.

The dispenser described the questions she asked before recommending over-the-counter medication. She was aware of the maximum quantities of some medicines that could be sold over the counter such as pseudoephedrine.

Team members had annual appraisals; a review was held every quarter and details were uploaded on MyLearn. The pharmacist gave team members feedback and also looked at training needs and checked if the team member needed any support. Team members said they were able to provide feedback and give suggestions and ideas.

To keep up to date team members completed eLearning on My Learn; this had new modules to complete each month. Team members said that modules were completed at home. The latest training which had been completed had been on the change in guidance for dispensing sodium valproate. The dispenser was able to describe the Pregnancy Prevention Programme and what needed to be done at the point of supplying sodium valproate to someone who fell in the at-risk group.

Team members were also given the knowledge check book which they could take home. Team members who started working for Lloyds were required to complete the medicines counter assistant (MCA) course in nine months after their probation period.

The team received information from head office via emails and received notifications electronically which were printed, read and signed by all. Weekly bulletins were sent which contained information of changes and incidents which may have occurred. Safer Care case studies were also received which were discussed by the team as part of the huddle.

The RP was not set targets for the services provided. Team members said that the pharmacy had targets set for the services provided and the area manager called to check progress but the team didn't feel that there was any pressure.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, secure, and maintained to a level of hygiene appropriate for the pharmacy's services.

Inspector's evidence

The pharmacy was bright, modern and laid out in a professional manner. There was plenty of work bench and shelf space available in the dispensary. Benches were kept clean and clutter-free by the team. Pharmacy only medicines (P) were stored in perspex boxes on the shop floor. These had signs asking people to seek help. Cleaning was done by the team members who used a rota. Medicines were held in drawers in a tidy and organised manner. The sinks in the dispensary and the consultation room were clean.

A clearly signposted consultation room was available for confidential conversations when necessary. The room was spacious, clean and tidy. Locked cabinets were available to store confidential information. There were two folders in the room which contained people's private information. These were brought into the dispensary by a team member. The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of healthcare. Air conditioning was available to regulate the temperature.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner. It obtains its medicines from reputable sources. And it generally manages them appropriately so that they are safe for people to use. The pharmacy's team members are helpful and give advice to people about where they can get support. They also make sure people have all the information they need so that they can use their medication safely.

Inspector's evidence

Access to the pharmacy was via a small step, however, there was a bell at the door for people to use should they need any support entering the premises. A portable ramp was also available. There was also a hearing induction loop installed and team members described printing large print labels for people who were visually impaired. Some medicine boxes also had braille. The medicine counter had a low table for people in wheelchairs to use to sign their prescriptions. Services were advertised on the window, throughout the retail area, consultation room and on the medicines counter.

Team members were aware of the need to signpost people to other providers if a service was not available at the pharmacy and said that they would use the internet if they were not familiar with a particular service. The pharmacy team were multilingual and the RP said that some people came in with translation applications on their mobile phones if they did not speak English.

The dispensers said that the blood pressure and delivery services had the most impact on the local population. They said that the delivery service was particularly useful due to the large number of people who were supplied their medicines in multi-compartment compliance aids. All team members were trained to measure blood pressure and if the results obtained were outside of the specified range they referred to RP who would contact the persons GP.

The pharmacy had an established workflow in place for dispensing. Colour-coded baskets were used ensure that people's prescriptions were separated and reduce the risk of errors as well as to help manage the workflow. Prescriptions were dispensed by the dispensers and checked by the RP. It was rare that the RP had to self-check. Dispensed and checked by boxes were initialled to help maintain an audit trail.

Alert stickers were in use which highlighted the presence of a fridge item, a CD, a new medicine, or whether pharmacist intervention was required. These were attached to the prescription at the point of dispensing. CDs and fridge items were stored in clear plastic bags, which allowed for a third check at hand-out. CD stickers were used on bags which contained CDs, including schedule 3 and 4. The prescription's expiry date was annotated on these.

The dispenser said that methotrexate would not be placed in a compliance aid. People were requested to hand in their anticoagulant card when they presented with a prescription for warfarin which the dispensers handed to the RP.

The dispenser was aware of the change in guidance for supplying sodium valproate and the associated Pregnancy Prevention Programme. She said that she would check age group and sex of the person when taking in a prescription and highlight people in the at-risk group to the pharmacist who would

check if the person was using effective contraception. The dispensers were aware of the need to use the warning stickers and give the advice card to people.

Most of the pharmacy's prescriptions were dispensed as part of the multi-compartment compliance aid service. The team worked one to two weeks ahead to ensure compliance aids were ready for people when they were due. Prescriptions were ordered from the surgery and when received, each individual's prescriptions were placed in a separate basket. A backing sheet was prepared and each person on the service had an individual record which listed all the medicines that they were taking at the time. If any changes were picked up these were confirmed with the surgery, who then sent the pharmacy a letter and this was annotated on the person's individual records. Compliance aids were prepared by the dispenser and checked by the accuracy checking technician (ACT) or pharmacist. Prescriptions checked by the ACT were stamped once they had been clinically checked. In the event that a person was admitted into hospital their basket was segregated in an allocated section and the compliance aid was only prepared once the team had received notification from the hospital.

Assembled compliance aids observed were labelled with product descriptions and mandatory warnings. Patient information leaflets (PILs) were handed out monthly and there was an audit trail in place to show who had prepared and checked the compliance aids.

The pharmacy had two designated drivers employed by AAH. Signatures were obtained for medicines delivered by asking the recipient to sign an electronic device. In the event that a person was not in, medicines were returned to the pharmacy.

Prescriptions were also dispensed as part of the online doctor service. The RP had read the SOPs for the service. The pharmacy was sent an email to notify them that a prescription was waiting. The service emailed the patient asking them to check stock availability with the pharmacy before going. The portal could be accessed by dispensers. The team were required to carry out biometric tests before being able to dispense prescriptions for the contraceptive pill. A prescription was not generated if the levels did not fall within the required range. All prescriptions were physically collected from the pharmacy; with patients bringing in ID. The team were able to contact the prescriber if needed. The pharmacist said she had never needed to contact the prescriber in the past.

Medicines were obtained from licensed wholesalers and stored appropriately. This included medicines requiring special consideration such as CDs and those requiring cold storage. Fridge temperatures were monitored daily and were within the required range for the storage of medicines. CDs were kept securely.

The pharmacy was set up with all the equipment required for the Falsified Medicines Directive (FMD) and all members of the team were aware of what they had to do. However, there had been issues with the system which had been reported to the maintenance team.

A date-checking schedule was displayed on the dispensary wall which was up to date; date checking was carried out weekly. Short-dated stock observed was labelled with stickers. Two date-expired medicines were found in the drawers checked. This could increase the chance of people inadvertently being supplied medicines which were past their 'use-by' date.

Out-of-date and other waste medicines were disposed of in the appropriate containers which were segregated at the back of the pharmacy from stock and then collected quarterly by a licensed waste carrier. Drug recalls were received via email from head office. Emails could be accessed by all members of the team. The last actioned alert had been for paracetamol tablets.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services.

Inspector's evidence

A range of calibrated glass measures were available. Tablet counting triangles were also available including one segregated for use with cytotoxic medicines. This helped avoid cross-contamination. A range of up-to-date reference sources was available.

The blood pressure machine was replaced every two years. Control checks were carried out every 13 weeks for the blood glucose monitor. The pharmacy had a large medical fridge. Dispensed fridge medicines were stored in clear bags.

Confidential waste was collected in confidential waste bags; these were collected by head office for destruction. Computers were password protected and all team members had their own login details. Computer screens were not visible to people using the pharmacy.

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.