

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 24 Ashcroft Gardens,
CIRENCESTER, Gloucestershire, GL7 1RB

Pharmacy reference: 1031524

Type of pharmacy: Community

Date of inspection: 26/06/2019

Pharmacy context

This is a community pharmacy located within a residential area and close to the centre of Cirencester, in Gloucestershire. The pharmacy dispenses NHS and private prescriptions. It provides Medicines Use Reviews (MURs) and the New Medicines Service (NMS). And it supplies some people with their medicines inside multi-compartment compliance aids, if they find it difficult to manage their medicines.

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

Overall, most of the pharmacy's practices are safe and effective. Members of the pharmacy team monitor the safety of their services by recording mistakes and learning from these. They understand how they can protect the welfare of vulnerable people. And in general, the pharmacy maintains its records in accordance with the law.

Inspector's evidence

The pharmacy team used a range of documented standard operating procedures (SOPs) to support the services. These were reviewed in 2017. Staff had read and signed the SOPs and their roles were defined within them. Team members, including the new starter, knew their responsibilities and the tasks that were permissible, in the absence of the responsible pharmacist (RP). The correct RP notice was on display and this provided details of the pharmacist in charge, at the time.

Staff explained that 90% of the prescriptions from the pharmacy were sent to be dispensed off-site, to the company's hub in Bristol (see Principle 4), there was an SOP seen to cover this. The team was unsure about how consent from people was obtained to inform them that this process was occurring, and staff mentioned an opt-out process.

The workflow involved prescriptions being processed in the main dispensary, from the smaller of the two spaces (see Principle 3) before they were passed to the RP. The latter checked prescriptions for accuracy in a designated area and this space was kept clear of clutter.

The company's Safer Care processes were in place, workbooks were complete, and the board was up-to-date. Staff routinely recorded their near misses and reviewed them every four weeks to identify trends or patterns. Details of this were then shared through monthly briefings. Trends seen included errors with quantities where packs of 30 were supplied instead of 28 and interchanging forms (tablets and capsules). Caution labels were placed in front of stock as a visual alert and the team's awareness was raised.

People were provided with information about the pharmacy's complaints procedure, as this was on display. Incidents were handled by pharmacists or by the supervisor. Their process was in line with the company's policy. Documented details of previous incidents were seen.

Staff could identify signs of concern to safeguard vulnerable people, this included the newest member of the team, they referred to the RP in the first instance and could refer to relevant local contact details as well as policy information that was readily available. The RP was trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE), the team had read information provided by the company and some were trained through previous employment.

Staff had signed confidentiality statements, they were trained on the EU General Data Protection Regulation (GDPR) and had read the company's Information Governance policy. They separated confidential waste which was disposed of through an authorised carrier. Sensitive details on dispensed prescriptions could not be seen from the front counter and the pharmacy informed people about how it maintained their privacy (see Principle 3 and 4).

The regular pharmacist's NHS Smart card to access electronic prescriptions was seen left in the computer terminal in the consultation room when they were not on the premises. Ensuring Smart cards were stored securely overnight was discussed at the time.

The pharmacy's records were in general, maintained in line with statutory requirements. This included a sample of Controlled Drug (CD) registers seen, the RP record, private prescriptions, emergency supplies and records of unlicensed medicines. For CDs, balances were checked and documented every week. On randomly selecting CDs held in the cabinet (MST, Longtec), the quantities held, matched balances within corresponding registers. Several private prescriptions from the Ministry of Defence (MoD) were seen that had not been entered in line with legal requirements (on the day of the supply or the following day).

The team kept records of the minimum and maximum temperature for the fridge every day and this demonstrated that appropriate storage of medicines occurred. Staff also maintained a full record of the receipt and destruction of Controlled Drugs that were brought back by the public for disposal. Professional indemnity insurance was arranged through the National Pharmacy Association (NPA).

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has adequate numbers of staff to manage its workload safely. Members of the pharmacy team understand their roles and responsibilities. They can speak out about concerns if they need to. And, they complete ongoing training to help keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy dispensed 11,000 prescription items every month, with 20-30 people receiving their medicines inside Monitored Dosage Systems (MDS).

Staff present included a locum pharmacist, a pharmacy technician, a dual counter/dispensing assistant who was the supervisor and a new starter who was enrolled onto the accredited training for both the counter and the dispensary. There was also a trained medicines counter assistant (MCA) and the regular pharmacist. All staff worked full-time hours, they were currently advertising to recruit another member of staff for 20 hours. In comparison to the volume of workload, the numbers of staff for the branch were low, however, staff explained that they managed the workload between them and they were observed to be up-to-date at the inspection.

The new member of staff used an established sales of medicines protocol to sell over-the-counter (OTC) medicines, she knew when to refer to the pharmacist and held a suitable amount of knowledge for some medicines, when questioned.

Staff wore name badges and their certificates of qualifications obtained were seen. The team was confident to raise concerns if required and completed online modules every month through a company provided resource. All staff were provided with allocated protected training time. They received formal appraisals annually, communicated verbally and regularly discussed details. Team meetings were held every month. The locum pharmacist stated that he had not been set any formal targets to complete services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises provide an adequate space to deliver pharmacy services.

Inspector's evidence

The premises consisted of a small sized retail space and dispensary that extended into back areas. The main dispensary behind the front counter, was small, it was made up of two areas, one area was where the RP accuracy-checked prescriptions and where assembled prescriptions were stored, the second space was smaller and used by the team to process prescriptions. The space in the second section was somewhat taken up with several totes of stock, this further limited the space here although staff were observed working their way towards putting this away. The dispensary at the very rear was more spacious and was solely used to assemble and store MDS trays. There was also an office, staff WC and stock room located upstairs, one of the staff toilets did not have a sink for hand-washing purposes. Staff explained that they normally used the other WC.

The pharmacy appeared to have been re-fitted since the last GPhC inspection. The front retail space was professional in appearance, it was bright and well ventilated. The fixtures and fittings in back sections were dated but adequate and all areas seen were clean. Pharmacy (P) medicines were stored within unlocked Perspex units in the retail space, staff explained that they always intervened if people tried to help themselves to these medicines.

There was a signposted consultation room available to provide services and private conversations. At the outset of the inspection, this was unlocked and open, staff had left a basket with prescriptions here. This was discussed during the time and the team was instructed to ensure no confidential information was left here in future.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy obtains its medicines from reputable sources and stores them appropriately. In general, its services are provided safely and effectively. But, team members don't always record relevant information for medicines when extra advice or checks are required. This makes it difficult for them to show that appropriate advice has been provided when these medicines are supplied. And, they don't always provide descriptions of medicines that are supplied inside compliance packs. This means that people may not have all the information they need to take their medicines safely. The pharmacy delivers prescription medicines safely to people's homes and keeps records of this. But, people might see other people's sensitive information when they sign to receive their medicines.

Inspector's evidence

People could access the pharmacy's services from a wide, automatic front door but there were steps at the front. Staff explained that they assisted people with restricted mobility at the door, as soon as they saw them. There were two seats available for people waiting for prescriptions and a lowered counter. Staff could use the hearing aid loop for people who were partially deaf, or they used the consultation room.

The pharmacy was healthy living accredited, a notice board and healthy living zone was on display in the retail area. Staff explained that they ran regular health campaigns to raise awareness, this included providing information about ovarian cancer, men's health and children's oral health. Team members could signpost people to other local services from their own knowledge of the area and from documented information that was present.

During the dispensing process, the team used baskets to hold prescriptions and medicines and this helped to prevent the inadvertent transfer of items. Baskets were colour co-ordinated to highlight priority and a dispensing audit trail was used to identify staff involved. This was through a facility on generated labels.

The off-site dispensing service involved details on prescriptions being processed through the pharmacy system, a clinical as well as a final accuracy-check occurred by the RP before details were transmitted. Physical prescriptions were held at the pharmacy and prescriptions for CDs, fridge lines, or bulky medicines were described as not sent. Once dispensed, prescriptions were sent back from the hub, and staff matched bags to prescriptions at this point. The team dispensed owed items or if people came back in sooner for their prescriptions, at the pharmacy.

The initial setup for MDS trays involved the person's GP initiating and assessing suitability. Prescriptions were ordered by the pharmacy and cross-checked against people's individual records. If changes were identified, staff confirmed them with the prescriber and documented details on records. Trays were not left unsealed overnight and all medicines were de-blistered into trays with none left within their outer packaging. Patient Information Leaflets (PILs) were supplied routinely. Mid-cycle changes involved retrieving the old trays, amending, re-checking and re-supplying. Descriptions of medicines within trays were not routinely provided.

The pharmacy provided a delivery service and audit trails to demonstrate this service were maintained. CDs and fridge items were highlighted and checked prior to delivery. The company driver

obtained people's signatures when they were in receipt of their medicines with a handheld device, but agency drivers were currently being used and staff explained that people's signatures were obtained on a paper record. There was a risk of access to confidential information from the way people's details were laid out for the latter method. Failed deliveries were brought back to the branch, notes were left to inform people about the attempt made and medicines were not left unattended.

The pharmacy operated a repeat express/management system where they ordered prescriptions for people on their behalf, staff described checking the medicines that were required for the following month, when they handed out dispensed medicines, however, some repeat slips were seen where there were no details marked when people had not ordered some of their regular medicines. This meant that it was not possible to verify whether appropriate checks had been made by the team.

Staff were aware of risks associated with valproate and there was literature available to provide to people at risk. An audit was completed in the past and no females at risk were identified as supplied this medicine. People prescribed higher-risk medicines were identified, counselled and relevant parameters were routinely checked. This included checking the International Normalised Ratio (INR) levels for people prescribed warfarin. There were no details documented to demonstrate this.

Licensed wholesalers such as Alliance Healthcare and AAH were used to obtain medicines and medical devices. The latter was used to obtain unlicensed medicines. Staff were aware of the process involved for the European Falsified Medicines Directive (FMD), they described seeing emails about this, taking instruction from their regular pharmacist and relevant equipment was present. However, this was not functioning at the point of inspection and the pharmacy was not yet complying with the process.

Medicines were stored in an organised manner. The team used a date-checking schedule to demonstrate when this process occurred, medicines were date-checked for expiry every week normally, but staff explained that they were slightly behind with this (last date-checks occurred at the beginning of June 2019). Short-dated medicines were identified using stickers and liquid medicines were marked with the date they were opened. Medicines were stored appropriately in the fridge and CDs were stored under safe custody. Keys to the cabinet were maintained in a manner that prevented unauthorised access during the day as well as overnight. Drug alerts were received via email, staff checked stock, acted as necessary and maintained an audit trail to verify this.

There were no date-expired medicines or mixed batches seen although odd, poorly labelled containers were present. This included temazepam tablets and tramadol. Ensuring staff routinely annotated medicines that were stored outside of their original containers, was stressed at the time.

Staff used appropriate containers to hold medicines returned by the public that required disposal, but there was no list seen to assist the team in identifying cytotoxic and hazardous medicines. People bringing back sharps to be disposed of, were accepted, provided they were in sealed bins. Returned CDs were brought to the attention of the RP, details were entered into the CD returns register, the CDs were segregated and stored in the cabinet prior to destruction.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

There were current reference sources present, the dispensary sink used to reconstitute medicines was clean, there was hot as well as cold running water available here as well as a range of clean, crown stamped conical measures for liquid medicines. Staff had access to counting triangles and a separate one for cytotoxic medicines.

The CD cabinets were secured in line with statutory requirements and the medical fridges appeared to be operating appropriately. Staff could use lockers to store their personal belongings and the pharmacy's electrical equipment was tested (PAT tested) annually.

Computer terminals were positioned in a manner that prevented unauthorised access and there were cordless phones available to help telephone conversations to occur away from the retail space.

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.