

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 19 Holmleigh Parade, Tuffley,
GLOUCESTER, Gloucestershire, GL4 0QU

Pharmacy reference: 1031560

Type of pharmacy: Community

Date of inspection: 11/11/2019

Pharmacy context

This is a community pharmacy in a residential shopping area in the southern suburbs of the city of Gloucester. Most people who use the pharmacy are elderly or mothers with young children. The pharmacy dispenses NHS and private prescriptions and sells over-the-counter medicines. It also supplies medicines in multi-compartment compliance aids to help vulnerable people in their own homes to take 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	2.4	Good practice	The team members are encouraged to keep their skills up to date and they do this in work time.
		2.5	Good practice	The pharmacy team are well supported by their manager. They are comfortable about providing feedback to her and she actively supports team members to further their learning.
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's working practices are generally safe and effective. The pharmacy is appropriately insured to protect people if things go wrong. The pharmacy team members keep people's private information safe and they know how to protect vulnerable people. But, they could learn more from mistakes to prevent them from happening again and they could be better at keeping the up-to-date records that they must by law.

Inspector's evidence

The pharmacy team identified and managed most risks. But, there had been a codeine quantity error on 9 September 2019 and whilst an incident report had been completed, no actions were documented to reduce a similar recurrence. Near misses were recorded but insufficient information was recorded to allow any useful analysis, such as, two recent quantity errors. The drugs involved were not identified. And, as with the error, no learning points or actions taken to reduce the likelihood of similar recurrences were recorded. General trends could be identified but none of the staff could report on the findings of the latest review.

The dispensary was mainly organised with labelling, assembly and checking areas. But, there was a large quantity of stock and this could be more tidily stored (see further under principle 4). Coloured baskets were used and distinguished prescriptions for patients who were waiting, those calling back, those for collection and those for delivery. There was a clear audit trail of the dispensing process and all the 'dispensed by and checked by' boxes on the labels examined had been initialled.

Up-to-date, signed and relevant standard operating procedures (SOPs), including SOPs for services provided under patient group directions were in place and these were continually reviewed by the superintendent pharmacist. The roles and responsibilities were set out in the SOPs and the staff were clear about their roles. The company's sales protocol was displayed and included questions to be asked of customers requesting to buy medicines and when customers should be referred to the pharmacist, such as specific patient groups and those requesting multiple sales. A NVQ2 trainee dispenser said that she would refer all medicine sale requests for patients who were also taking prescribed medicines, to the pharmacist. She was not aware that fluconazole capsules should not be sold to women over the age of 60 for the treatment of vaginal thrush. The staff were not aware of the NFA-VPS classification of veterinary medicines but said that they would refer all potential sales of these to the pharmacist.

The staff were clear about the complaints procedure and reported that feedback on all concerns was encouraged. The pharmacy did an annual customer satisfaction survey. In the 2019 survey, 84% of people who completed the questionnaire rated the pharmacy as excellent or very good overall. There had been some feedback about cleanliness at the pharmacy. Because of this, there was now a good cleaning regime and the pharmacy was clean at the time of the inspection.

Current public liability and indemnity insurance was in place. The responsible pharmacist log, controlled drug (CD) records, including patient-returns, fridge temperature records and date checking records were in order. Private prescriptions had not been entered into the records since June 2019, contrary to legal requirements. Several emergency supply records did not include the nature of the emergency and three special records seen did not include the patient details, both of which were contrary to legal

requirements. The pharmacy manager gave assurances that these issues would be urgently addressed.

There was an information governance procedure and the staff had also recently completed training on the new data protection regulations. The computers, which were not visible to the customers, were password protected. Confidential information was stored securely. Confidential waste paper information was collected for appropriate disposal. No conversations could be overheard in the consultation room.

The staff understood safeguarding issues and had read the company procedures on safeguarding of both children and vulnerable adults. The pharmacist had also completed the Centre for Pharmacy Postgraduate Education (CPPE) module on safeguarding. Local telephone numbers were available to escalate any concerns relating to both children and adults. All the staff had completed 'Dementia Friends' training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The team members are encouraged to keep their skills up to date and they do this in work time. The pharmacy team are well supported by their manager. They are comfortable about providing feedback to her and she actively supports team members to further their learning.

Inspector's evidence

The pharmacy was community pharmacy in a residential shopping area in the southern suburbs of the city of Gloucester. They mainly dispensed NHS prescriptions with the majority of these being repeats. About 80 % of the regular repeat medicines, excluding compliance aids, were dispensed off-site in Bristol. Several domiciliary patients received their medicines in compliance aids and these were all assembled at the pharmacy. Few private prescriptions were dispensed.

The current staffing profile was one pharmacist (the manager), three part-time NVQ2 trained dispensers and two part-time NVQ2 trainee dispensers. Although there were several part-time staff, they had limited flexibility to cover unplanned absences. Planned leave was booked well in advance and only one member of staff could be off at one time. The staffing rotas were adjusted to cover holidays and, if necessary, help was given from other branches.

The staff worked well together as a team. Staff performance was monitored, reviewed and discussed informally throughout the year. There was an annual performance appraisal with a six-monthly review where any learning needs could be identified. Review dates would be set to achieve this. The manager had suggested that the supervisor, a trained dispenser, did the technician training. Because of this, she had been recently enrolled on the course.

The staff were encouraged with learning and development and completed e-Learning, such as recently on sodium valproate. The staff reported that they spent about 30 minutes each month of protected time learning. Staff enrolled on accredited courses, such as the NVQ2 dispensing assistant course, were allocated some further time for learning. All the staff said that they were supported to learn from errors. The pharmacist reported that all learning was documented on her continuing professional development (CPD) record.

The staff knew how to raise a concern and reported that this was encouraged and acted on. A qualified dispenser had recently raised issues with the storage of the 'top 150 drugs'. Because of this, they were all now stored together which meant that they were able to better keep the desired quantities. There were monthly staff meetings. All the staff were aware of the company's whistle-blowing policy.

The pharmacist reported that she was set overall targets for advanced NHS services, such as for Medicines Use Reviews (MURs). But, that she only did clinically appropriate reviews and did not feel unduly pressured by the targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy generally looks professional. The consultation room is signposted so it is clear to people that there is somewhere private for them to talk. But, the room is small and the door opens inwards. This may hamper access by the emergency services if someone had to be placed in the recovery position on the floor.

Inspector's evidence

The pharmacy mainly presented a professional image. The main dispensary was limited in size but organised. The compliance aids were assembled on a small bench in the store room. The floors were clear. The premises were clean and well maintained.

The consultation room was signposted but quite small. And, the door opened inwards which may make access by the emergency services difficult if someone had to be placed in the recovery position on the floor. (The pharmacy did offer a flu vaccination service). There was a computer but no sink. One of the chairs in the consultation room was covered in fabric which may make it difficult to clean. Conversations in the consultation room could not be overheard. The pharmacy computer screens were not visible to customers. The telephone was cordless and all sensitive calls were taken in the consultation room or out of earshot.

The temperature in the pharmacy was below 25 degrees Celsius. There was good lighting throughout. Most items for sale were healthcare related.

Principle 4 - Services ✓ Standards met

Summary findings

All people can access the services offered by the pharmacy. The services are generally effectively managed to make sure that they are provided safely. The pharmacy team members make sure that people get the information that they need to use their medicines properly. And, they intervene if they are worried about anyone. The pharmacy gets its medicines from appropriate sources. But, it has a lot of stock. And, some of this is not stored tidily which could increase the risk of picking the wrong medicine and a subsequent mistake. The pharmacy team members make sure that people only get medicines or devices that are safe. But, they could be better at recording this.

Inspector's evidence

There was wheelchair access to the pharmacy and the consultation room with a signposted bell on the front door for their use. There was access to Google translate on the pharmacy computers for use by non-English speakers. And, the pharmacy manager spoke Polish. A hearing loop was available for hearing-impaired people.

Advanced and enhanced NHS services offered by the pharmacy were Medicines Use Reviews (MURs), New Medicine Service (NMS), supervised consumption of methadone and buprenorphine (very few), the Gloucestershire alcohol screening scheme and seasonal flu vaccinations. The latter was also provided under a private scheme as was diabetes and blood pressure monitoring. The services were well displayed and the staff were aware of the services offered. The pharmacist had completed suitable training for the provision of seasonal flu vaccinations including face to face training on injection technique, needle stick injuries and anaphylaxis.

Several domiciliary patients received their medicines in compliance aids (blister packs). These were assembled on a small bench, less than 1m long, in the store room, on a four-week rolling basis and evenly distributed throughout the week to manage the workload. There was a dedicated folder for these patients where all the relevant information such as hospital discharge sheets and changes in dose were kept. These were referred to at the checking stage but the changes could be more concisely recorded for easy reference. One patient received lithium and the surgery let the pharmacy know that they were having the required blood tests. The assembled blister packs were stored tidily in magazine racks.

The majority of non-compliance aid regular repeat medicines were assembled off-site at Bristol. The prescriptions for these were all clinically checked prior to being sent to the hub. The prescriptions for any patients that should be counselled were highlighted with a 'see the pharmacist' sticker. The company had just introduced new retrieval procedures for the storage of the assembled medicines from the hub. These procedures meant that more storage space was required. And, since they were now stored in alphabetical order, the advantage of a numbered retrieval system which reduced the likelihood of the medicines for two people with the same surname, being stored in the same location, was lost.

There was a good audit trail for all items ordered on behalf of patients by the pharmacy and for all items dispensed by the pharmacy. The pharmacist routinely counselled patients prescribed high-risk drugs such as warfarin and lithium. INR levels were asked about but not recorded. She also counselled

patients prescribed amongst others, antibiotics, new drugs and any changes. CDs and insulin were packed in clear bags and these were checked with the patient on hand-out. All the staff were aware of the new sodium valproate guidance. The pharmacy had one regular patient who may become pregnant. She had been counselled. Two other non-regular patients had also been counselled. Guidance cards were included with each prescription for females who may become pregnant.

All prescriptions containing potential drug interactions, changes in dose or new drugs were highlighted to the pharmacist. Signatures were obtained indicating the safe delivery of all medicines and owing slips were used for any items owed to patients. Potential non-adherence or other issues were identified at labelling, ordering and hand-out. Any patients giving rise to concerns were targeted for counselling. Suitable patients were encouraged to use the company's managed repeat prescription service to reduce wastage, to optimise the use of medicines and to identify any non-adherence concerns. The pharmacist reported that she sometimes identified during MURs that patients did not know what they were taking their medicines for. She gave them advice about this.

Medicines and medical devices were obtained from AAH and Alliance Healthcare. Specials were obtained from AAH Specials. Invoices for all these suppliers were available. A scanner was available to check for falsified medicines as required by the Falsified Medicines Directive (FMD) but it was not operational. CDs were stored tidily in accordance with the regulations and access to the cabinet was appropriate. There were some patient-returned CDs but several out-of-date CDs. These were clearly labelled and separated from usable stock but were occupying valuable space in the cabinet. Appropriate destruction kits were on the premises. The pharmacy had a lot of stock, such as, 18 boxes of the rarely prescribed item Lipantil Micro 67. And, not all the stock was stored tidily which increased the risk of errors. Fridge lines were correctly stored with signed records. Date checking procedures were in place with signatures recording who had undertaken the task. Designated bins were available for medicine waste and used. There was a separate bin for cytotoxic and cytostatic substances and a list of such substances that should be treated as hazardous for waste purposes.

There was a procedure for dealing with concerns about medicines and medical devices. Drug alerts were received electronically, printed off and the stock checked. They were not all signed and dated by the person checking the alert. Not all actions were recorded. Some of the latest alerts had not been filed, such as an alert on 30 October 2019 about ranitidine 150mg/ml solution. This had not been filled in and no actions were recorded. The pharmacist said that they none of the affected batches.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment for the services it provides. And, the team members make sure that it is clean and fit-for-purpose. But, the company's new procedures for the storage of assembled medicines, is placing the storage facilities under pressure.

Inspector's evidence

The pharmacy used British Standard crown-stamped conical measures (10 -100ml) and ISO stamped straight measures (25 - 100ml). There were two tablet-counting triangles, one of which was kept specifically for cytotoxic substances and one capsule counter. These were cleaned with each use. There were up-to-date reference books, including the British National Formulary (BNF) 78 and the 2019/2020 Children's BNF. There was access to the internet.

The fridge was in good working order and maximum/minimum temperatures were recorded daily. The blood pressure monitor was replaced every two years and the blood glucose machine was calibrated every 13 weeks.

There was adequate storage for all medicines but as mentioned under principle 4, the new retrieval system was placing these under pressure.

The pharmacy computers were password protected and not visible to the public. There was a cordless telephone and any sensitive calls were taken in the consultation room or out of earshot. Confidential waste information was collected for appropriate disposal. The door was always closed when the consultation room was in use and no conversations could be overheard.

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.