General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 280B Lower Farnham Road, ALDERSHOT, Hampshire, GU11 3RD

Pharmacy reference: 1031622

Type of pharmacy: Community

Date of inspection: 10/12/2019

Pharmacy context

This is a community pharmacy located in a small parade of shops in a residential area of Aldershot in Hampshire. The pharmacy dispenses NHS and private prescriptions. It offers a few services such as Medicines Use Reviews (MURs), the New Medicine Service (NMS), seasonal flu vaccinations and delivers medicines. The pharmacy provides multi-compartment compliance aids to people if they find it difficult to manage their medicines. And it supplies medicines to residents in care homes.

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, the pharmacy largely operates in a safe manner. It has satisfactory systems and processes in place to help identify and manage most of the risks associated with its services. This includes members of the pharmacy team regularly recording their mistakes and learning from them. This helps to monitor the safety of their services. The team can protect the welfare of vulnerable people. The pharmacy protects people's private information well. And, it maintains all its records in accordance with the law.

Inspector's evidence

The pharmacy was busy, it was small in terms of its volume of workload (see Principle 3) but this was observed to be manageable on the day of the inspection. The pharmacy had systems and procedures in place to help identify and manage risks. Staff were ensuring the company's 'Safer Care' processes were being adhered to. This included completing workbooks, weekly check-lists and keeping the board up to date. They routinely recorded their near misses and reviewed them to identify trends or patterns. Details of this were then shared through monthly briefings. Trends had been seen with errors involving strengths of medicines. In response, staff ticked details on the packaging of medicines and prescriptions as an additional check. Team members had placed different coloured dividers in between medicines along with caution notes in front of stock as a visual alert, and they separated medicines involved in mistakes such as different strengths of bisoprolol. There were also bespoke proforma templates in place to help the team to know how to complete reflective statements and parts of the near miss log had been highlighted as well as annotated so that the team could appropriately complete this.

The responsible pharmacist (RP) accuracy-checked prescriptions from a designated area, multi-compartment compliance aids and medicines for the care homes were also assembled in a separate area upstairs. This helped reduce mistakes from distractions. Prescriptions for the latter were initially clinically checked by the RP, before being assembled by staff and checked for accuracy. The accuracy checking technician (ACT) was not involved in any other process other than the final check, and there was a standard operating procedure (SOP) to cover this process. When prescriptions were labelled, staff assigned certain letters to the stock. This helped manage the workload and made it easier to unpack the medicines as well as assemble prescriptions, as when the stock arrived it was labelled with the same details. The pharmacy held a range of documented SOPs to support its services. They were dated from 2019. Staff had read and signed the SOPs and their roles were defined within them. Team members 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.

Incidents were handled by pharmacists or by the store manager. The process was in line with the company's policy and included explaining the policy, checking details, apologising, investigating the situation, recording the details and completing root cause analyses. Staff sometimes completed reflective statements. Details about this and previous incident reports were seen. The last error had involved the supply of an incorrect strength, this had been separated, identified and staff now highlighted details on prescriptions as well as on generated labels. There were details on display to provide people with information about the pharmacy's complaints process.

The team was trained to safeguard the welfare of vulnerable people and provided an example of when this had happened. The RP and ACT were trained to level two via the Centre for Pharmacy Postgraduate Education (CPPE) and staff were dementia friends. The pharmacy held relevant contact details for the local safeguarding agencies, there was policy information available as guidance for the team and the pharmacy's chaperone policy was on display. Staff separated confidential waste before it was disposed of through the company and sensitive details on dispensed prescriptions could not be seen from the retail space. Summary Care Records had been accessed for emergency supplies and consent was obtained verbally from people for this. There were details on display to inform people about how the pharmacy maintained their privacy.

The pharmacy ensured its records were compliant with statutory requirements and best practice guidelines. The former included the RP record, a sample of registers seen for CDs, records of private prescriptions, unlicensed medicines and emergency supplies. Balances for CDs were checked and documented every week. On randomly selecting CDs held in the cabinet, their quantities matched the balances recorded in the corresponding registers. The maximum and minimum temperatures for the fridge were checked every day and records were maintained to verify that they remained within the required temperature range. Staff kept a complete record of CDs that had been returned by people and destroyed at the pharmacy. The pharmacy's professional indemnity insurance arrangements were in date and through the National Pharmacy Association.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has adequate numbers of staff to ensure its services are appropriately provided. Team members are suitably trained with a range of skills and experience. They understand their responsibilities. And, they keep their skills and knowledge up to date by completing regular training.

Inspector's evidence

Staff at the inspection consisted of the regular RP, a full-time ACT who was also the manager, three trained dispensing assistants, one of whom was part-time and the other two were full-time as well as a full-time medicines counter assistant (MCA). One of the full-time dispensers was undertaking accredited training for the NVQ 3 in dispensing. There was another part-time MCA who worked on the weekend, someone who covered as contingency (on a zero-hours contract) and the pharmacy was currently recruiting for another member of staff to work for 20 hours. In line with the current volume of dispensing, the pharmacy had more staff since the last inspection, they were on top of the workload and this was observed to be manageable on the day. Team members wore name badges and some of their certificates of qualifications obtained were seen.

Counter staff used established sales of medicines protocols before selling over-the-counter (OTC) medicines, they knew when to refer to the pharmacist and held a suitable amount of knowledge of medicines. To assist with ongoing training needs, team members completed online modules every month through a company provided resource. Some of this was mandatory and all staff were up to date with this. Staff in training completed their course material at home and at work with set-aside time provided. They received formal appraisals quarterly, communicated verbally, via a diary, through WhatsApp and through noticeboards. Team meetings were held every month and huddles took place as and when this was required. The RP described a background expectation to complete the maximum number of MURs with no undue pressure applied to complete them.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises provide an adequate environment to deliver healthcare services. The pharmacy is appropriately presented and has a separate space where private conversations and services can take place.

Inspector's evidence

The pharmacy's premises consisted of a small sized retail area with a similar sized dispensary behind. There was also a small amount of work space to one side with an additional PC and shelves as well as a separate upstairs section where compliance aids and medicines for the care homes were processed, assembled and stored. The accuracy-checking area overlooked the counter and offered a clear view of the shop floor. In line with the pharmacy's volume of dispensing, the available work space was limited. Much of the dispensary workspace downstairs was taken up with baskets of assembled prescriptions. This was work in progress and cleared somewhat as the pharmacist and team worked. The pharmacy was tidy and organised.

The pharmacy was generally clean although some of the fixtures and fittings were dated, which gave the opposite impression and the staff WC could have been cleaner. It was suitably ventilated, appropriately lit and presented. Pharmacy (P) medicines were stored within unlocked Perspex units in the retail area, they were marked to ask staff for assistance. The inspector was told that people did usually help themselves to these medicines and staff were not always able to intervene but assessed the situation when they were brought to the till. The pharmacy also had a signposted consultation room available for services and private conversations. This was located at the front of the retail area. The door was kept open, it was of an appropriate size for its intended use and confidential information was not accessible.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy generally provides its services safely. The pharmacy's team members help people with different needs to access services. The pharmacy obtains its medicines from reputable sources, it stores and largely manages them appropriately. But team members don't always identify prescriptions that require extra advice. And, they don't always record enough information to show that they have considered the risks when some medicines are supplied inside compliance aids. This makes it difficult for them to show that appropriate advice has been provided when these medicines are supplied.

Inspector's evidence

People could access the pharmacy from a wide front door. This led into clear, open space which helped people with wheelchairs to easily gain entry. The pharmacy team could also use a portable ramp if required. Staff spoke slowly and faced people who were partially deaf so that they could lip-read. They verbally provided details and physically assisted people who were visually impaired. Google translate and pictures or details on phones were used to assist people whose first language was not English. There was one seat available for people waiting for prescriptions and a few timed car parking spaces outside.

During the dispensing process, the team used baskets to hold prescriptions and medicines. This helped to prevent the inadvertent transfer of items. A dispensing audit trail was used to identify the staff involved. This was through a facility on generated labels as well as a stamp which helped identify when the clinical check had taken place by the RP. Once dispensed, prescriptions were then held within an alphabetical retrieval system. CDs (Schedules 2 to 4), fridge items and prescriptions requiring a pharmacist to be involved were routinely identified. Assembled CDs as well as fridge lines were stored within clear bags. This helped to verify the contents upon hand-out.

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 trained about the European Falsified Medicines Directive (FMD) and relevant equipment was present. Team members explained that when this was functioning, the pharmacy complied with the decommissioning process. Medicines were stored in an organised manner. 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. A key log was in place as an audit trail to verify this. There were no date-expired medicines or mixed batches seen. Liquid medicines with short stability were marked with the date upon which they were opened. The team date-checked medicines for expiry during the dispensing process. However, according to the schedule, this had last been completed in April and August 2019 which limited the pharmacy's ability to demonstrate that this process had been taking place regularly. Short-dated medicines were also not being routinely identified at the point of inspection.

Drug alerts were received via email, the team checked stock, acted as necessary and maintained an audit trail to verify this. They also passed relevant information to the care home. Staff used designated containers to store unwanted medicines returned for disposal and there was a list available to assist the team in identifying cytotoxic and hazardous medicines. People requiring sharps to be disposed of, were referred to a local GP surgery. Returned CDs were brought to the attention of the RP, details were

noted, the CDs were segregated and stored in the cabinet prior to destruction.

The pharmacy provided a delivery service and maintained audit trails to demonstrate this service. CDs and fridge items were highlighted and checked prior to delivery. The company driver obtained people's signatures with a handheld device when they were in receipt of their medicines. Failed deliveries were brought back to the branch, notes were left to inform people of the attempt made and medicines were not left unattended.

The pharmacist was trained to administer influenza vaccinations, this included vaccination techniques and anaphylaxis. There was also suitable equipment to safely provide the service such as a sharps bin and adrenaline in the event of a severe reaction to the vaccine. The RP obtained informed consent from people before vaccinating and details were sent to their GP. The pharmacy held the service specification as guidance for the team and paperwork for the Patient Group Directions (PGDs). The latter had been signed by the RP. The pharmacist's declaration of competence for the influenza vaccination service was seen along with a checklist for the pharmacist to use.

The smoking cessation service was described as providing the most impact for people out of the services provided. The pharmacy had achieved a steady quit rate and provided ongoing support. The ACT managed this and was trained as a level 2 advisor. After her initial training with the National Centre for Smoking Cessation and Training, she undertook annual refresher training. The service was currently changing providers and the ACT explained that she was currently unable to follow through with people who had used the service but was looking to build this back up again. The pharmacy provided a needle exchange service. Staff explained that people routinely collected sharps but did not always bring them back. There were no further checks being made by the team or encouragement provided to users of the service to routinely return them.

The pharmacy had completed audits on people prescribed lithium and sodium valproate. Staff were aware of risks associated with the latter, there was educational literature available to provide to people upon supply and no people identified as having been supplied this medicine. Staff described sometimes identifying people prescribed higher-risk medicines as they were mostly stable and where possible, the RP obtained details about relevant parameters such as the International Normalised Ratio (INR) levels for people prescribed warfarin. However, there were no details being documented to verify this. People who received compliance aids with higher-risk medicines were generally provided these medicines separately, but the pharmacy did not routinely identify them, make any relevant checks, obtain details about blood test results or record this information.

Compliance aids were supplied after they were initiated by the person's GP. Prescriptions were ordered by the pharmacy and once received, staff cross-checked details against people's individual records. If any changes or missing items were identified, staff confirmed them with the prescriber and documented the details onto the records. Compliance aids were not left unsealed overnight, patient information leaflets (PILs) and descriptions of medicines were routinely provided. All medicines were de-blistered and removed from their outer packaging before they were placed into the compliance aids. The pharmacy's process for mid-cycle changes involved retrieving the compliance aids, amending them, re-checking and re-supplying them.

However, staff were dispensing Epilim in the compliance aids which was then supplied four weeks at a time. They explained that this situation was necessary to ensure that people would take their medicine as prescribed by their doctor. However, there appeared to have been limited checks made about the suitability of this and no details were documented about the situation. Nor was there any evidence that the pharmacy had carried out any risk assessment. This included information about whether this was

necessary, in line with guidance released from the Medicines and Healthcare products Regulatory Agency (MHRA) and although the team appeared to be aware about stability concerns and suitability for its inclusion inside the compliance aids, the medicine was still being dispensed in this way. Staff were subsequently advised to re-assess the pharmacy's processes here, consult reference sources, check with the person or representative(s) and the person's prescriber.

The pharmacy supplied medicines in compliance aids for residents in a care home. The care home was responsible for ordering prescriptions, a duplicate copy of the Medication Administration Record (MAR) detailing the requests was provided to the pharmacy and once received, prescriptions were checked against this to help identify any changes or missing items. Interim or mid-cycle items were dispensed at the pharmacy. PILs were routinely supplied. Staff explained that they had seen instructions on prescriptions that indicated covert administration of medicines to care home residents was required. This had been initiated by the prescriber and had been a historic situation.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. The pharmacy uses its facilities appropriately to help protect people's privacy.

Inspector's evidence

The pharmacy was equipped with appropriate equipment and necessary facilities. This included current reference sources and clean equipment such as standardised conical measures for liquid medicines, designated ones for methadone and counting triangles. The dispensary sink used to reconstitute medicines was clean but stained, there was hot and cold running water available here as well as hand wash. The CD cabinets were secured in line with legal requirements and the medical fridges appeared to be operating appropriately. Computer terminals were positioned in a manner that prevented unauthorised access. Staff used their own NHS smart cards to access electronic prescriptions. They were stored appropriately overnight. There were also lockers available for the team to store their personal belongings.

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.