General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Fifth Avenue, GOOLE, North Humberside, DN14 6JD

Pharmacy reference: 1032036

Type of pharmacy: Community

Date of inspection: 14/03/2022

Pharmacy context

This pharmacy is next door to a medical centre in Goole. The pharmacy's main activities are dispensing NHS prescriptions and selling over-the-counter medicines. The pharmacy supplies some medicines in multi-compartment compliance packs to help several people take their medicines. And it delivers medication to people's homes. The pharmacy was inspected during the COVID-19 pandemic.

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

The pharmacy identifies and manages the risks associated with its services well. The pharmacy has up-to-date written procedures for the team to follow to help ensure it provides pharmacy services safely. The pharmacy team members respond appropriately when errors happen. They identify what caused the error and they act to prevent future mistakes. The pharmacy protects people's private information. And it mostly keeps the records it needs to by law.

Inspector's evidence

The pharmacy had systems in place to manage the risk from the COVID-19 pandemic. The pharmacy team wore Personal Protective Equipment (PPE) face masks. The pharmacy had installed a plastic screen on the pharmacy counter to provide the team with extra protection. And bottles of hand sanitiser gel were located in different sections of the pharmacy for the team and people entering the pharmacy to use. The retail area provided space for people to be socially distanced from each other. And the floor of the pharmacy was marked to show people where to stand to support the social distancing requirements. The dispensary was large which enabled team members to adhere to social distancing requirements.

The pharmacy had a range of up-to-date standard operating procedures (SOPs). All team members except a new team member had read the SOPs and signed the SOPs signature sheets to show they understood and would follow them. The new team member was in the process of reading the SOPs and had protected time to do this. The team members demonstrated a clear understanding of their roles and worked within the scope of their role. The team referred queries from people to the pharmacist when necessary.

The pharmacy had a procedure for managing errors identified during the dispensing of prescriptions. For example, when the pharmacist spotted an error when completing their check of the dispensed prescription. The pharmacy kept records of these errors known as near misses. The team members recorded the cause of the near miss error, their learning from the error and the actions they had taken to prevent the error happening again. The pharmacy had a procedure for managing errors that reached the person known as dispensing incidents. The procedure included the team completing an electronic dispensing incident report to send to head office. These reports included what contributed to the error and the actions taken by the team to prevent the same error from happening again.

The pharmacy completed weekly checks of the team's compliance with the SOPs. These checks included the work environment such as making sure the dispensing benches were uncluttered. The outcome from the weekly checks fed into a monthly team briefing that included a review of the near miss errors and dispensing incidents. The team used the briefings to discuss case studies sent from the head office team. A recent case study discussed by the team focused on the importance of reporting all uncollected medicines that were supplied as supervised or unsupervised doses. The pharmacy manager kept notes from the briefings that detailed the discussions held and who in the team had attended. A sample of notes from these meetings showed a suggestion from the team to separate the two strengths of a medication that had been involved in a dispensing incident. And the team had actioned this. The pharmacy had a procedure for handling complaints raised by people using the pharmacy services. And a leaflet provided people with information on how to raise a concern with the pharmacy team.

The pharmacy had up-to-date indemnity insurance. A sample of records required by law such as the Responsible Pharmacist (RP) records and controlled drug (CD) registers mostly met legal requirements. The RP log had not been completed on some days. The team discovered the RP had signed into the Lloyds Pharmacy system but not the electronic RP record which was kept separately. The team wrote a note on the log used by the pharmacists to record receipt of the CD keys each day to remind them to complete the RP record. The pharmacists regularly checked the balance of CDs to spot errors such as missed entries. The pharmacy displayed details on the confidential data it kept and how it complied with legal requirements. The team had completed training about the General Data Protection Regulations (GDPR). The team separated confidential waste for shredding offsite.

The pharmacy had safeguarding procedures and guidance for the team to follow. The team members completed regular safeguarding training and had access to contact numbers for local safeguarding teams. The pharmacist had recently completed level 2 training from the Centre for Pharmacy Postgraduate Education (CPPE) on protecting children and vulnerable adults. The pharmacy clearly displayed information on the Ask for ANI (action needed immediately) initiative. The team had not had an occasion when a person presented at the pharmacy asking about it. The delivery driver reported concerns about people they delivered to back to the team who took appropriate action such as contacting the person's GP.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has a team with an appropriate range of experience and skills needed to support its services. Team members work well together and are good at supporting each other in their day-to-day work. They take opportunities to enrol on to training courses and they receive some level of informal feedback on their performance. So, they can develop their skills and knowledge.

Inspector's evidence

Regular locum pharmacists covered the opening hours. The pharmacy team consisted of a full-time trainee pharmacy technician, two full-time dispensers, one who was the pharmacy manager, one part-time dispenser and a new team member who had been in post five weeks. At the time of the inspection a locum pharmacist, the trainee technician and the new team member were on duty. The three team members worked well together especially at times when several people presented at the pharmacy. The new team member was supported by all team members and felt comfortable asking anyone in the team for help and advice.

The team members were supporting colleagues at a nearby Lloyds Pharmacy where some team members had left. The pharmacy manager was providing managerial support across both sites. The team had provided this support for over a month. And worked well together to ensure the reduced number of staff didn’t impact on the safe and effective delivery of pharmacy services.

The team members used company online training modules to keep their knowledge up to date. The online training covered a range of topics including new medicines. And the team members had protected time to complete the training. The pharmacy didn’t provide team members with a formal performance review process. But they did receive some informal feedback.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are clean, secure and suitable for the services provided. And it has good facilities to meet the needs of people requiring privacy when using the pharmacy services.

Inspector's evidence

The pharmacy premises were hygienic and tidy. The pharmacy had separate sinks for the preparation of medicines and hand washing. The consultation room didn’t contain a sink but alcohol gel for hand cleansing was available for the team to use. The team mostly kept floor spaces clear to reduce the risk of trip hazards. The pharmacy had enough storage space for stock, assembled medicines and medical devices.

The pharmacy was secure and it had restricted access to the dispensary during the opening hours. The window displays detailed the opening times and the services offered. The pharmacy had a defined professional area. And items for sale in this area were healthcare related. The pharmacy had a soundproof consultation room. The team used this for private conversations with people.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides services which are easily accessible. And it manages its services well to help people receive appropriate care. The pharmacy keeps detailed records to help monitor the services it provides. This enables the team to deal with queries effectively. And it makes sure people receive their medicines when they need them. The pharmacy gets its medicines from reputable sources and it stores them properly. The team carries out checks to make sure medicines are in good condition and suitable to supply.

Inspector's evidence

People accessed the pharmacy via a step free entrance. The pharmacy had an information leaflet that provided people with details of the services it offered and the contact details of the pharmacy. The team provided people with information on how to access other healthcare services when requested. The pharmacy kept a small range of healthcare information leaflets for people to read or take away. The team wore name badges detailing their role so people using the pharmacy knew who they were speaking to. The team provided people with clear advice on how to use their medicines. The team were aware of the criteria of the valproate Pregnancy Prevention Programme (PPP). But the pharmacy didn't have anyone prescribed valproate who met the criteria. The pharmacy had PPP information available for the team to provide to people when required. The pharmacy had received several referrals from the GP team next door using the Community Pharmacist Consultation Service (CPCS). However, on a few occasions the referral had been outside the criteria for CPCS. The team explained this to the GP who made the referral to ensure people were not being inappropriately referred.

The pharmacy provided multi-compartment compliance packs to help around 33 people take their medicines. To manage the workload the team divided the preparation of the packs across the month. And used a board listing the names of people receiving the packs to mark off when steps such as labelling the packs had been completed. The team prepared the packs in advance of supply. This allowed time to deal with issues such as changes to medication and the dispensing of the medication into the packs. The team used a small room to the rear of the pharmacy to prepare the packs. This was away from the distractions of the main dispensary and retail area. Each person had a record listing their current medication and dose times. The team checked received prescriptions against the list and queried any changes with the GP team. The team clearly recorded any changes to people's medication such as when an item was stopped. This meant all the team members would see this information when dealing with queries about a person's medication. The team usually recorded the descriptions of the products within the packs and supplied the manufacturer's packaging leaflets. This meant people could identify the medicines in the packs and had information about their medicines. The pharmacy occasionally received copies of hospital discharge summaries. The team checked the discharge summary for changes or new items. And liaised with the GP team for new prescriptions.

The pharmacy supplied medicine to some people daily as supervised and unsupervised doses. The doses were usually prepared in advance of supply to reduce the workload pressure of dispensing at the time of supply. The pharmacy provided a needle exchange service. The person using the service placed the small, sealed bin containing used needles directly into a large clinical waste bin so the team didn't handle it. The bin was in the consultation room to provide the person with privacy whilst they returned the used needles and received new stock. The pharmacy team displayed information in the consultation

room about the service and the different size and use of needles for people to refer to.

The pharmacy sent some prescriptions to Lloyds offsite dispensary. The team followed procedures and received training on how to process prescriptions in this way. The process included a clinical check by the pharmacist that was captured electronically before the prescription was submitted. The team scanned the prescriptions returned by the offsite dispensary. This identified any incomplete prescriptions that the team separated from complete prescriptions. The team dispensed the missing item which was checked along with all the other dispensed items by the pharmacist. The team dispensed prescriptions onsite that included split packs, CDs and fridge lines. And any prescriptions the person needed urgently. The team members reported the offsite dispensary helped to reduce their workload especially for prescriptions with many items.

The pharmacy provided separate areas for labelling, dispensing and checking of prescriptions. Baskets were used during the dispensing process to isolate individual people's medicines and to help prevent them becoming mixed up. The team usually scanned picked items as part of the dispensing process. The system alerted team members to an incorrect product. The team reported reduced number of near miss errors with the incorrect product being selected since starting to use this system. The pharmacy had checked by and dispensed by boxes on dispensing labels. These recorded who in the team had dispensed and checked the prescription. A sample found that the team completed the boxes. The pharmacy used clear bags to hold dispensed controlled drugs (CDs) and fridge lines. This allowed the team, and the person collecting the medication, to check the supply. The pharmacy used CD and fridge stickers on bags and prescriptions to remind the team when handing over medication to include these items. When the pharmacy didn't have enough stock of someone's medicine, it provided a printed slip detailing the owed item. And the team kept the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy kept a record of the delivery of medicines to people. The pharmacy kept separate records for deliveries of fridge lines and CDs. The record of CD deliveries captured the name of the person receiving the CD and that confirmation of the address had been obtained. The record also indicated if the person wanted to speak to the pharmacist.

The pharmacy obtained medication from several reputable sources. The pharmacy team regularly checked the expiry dates on stock and kept a record of this. The team members clearly marked medicines with a short expiry date to prompt them to check the medicine was still in date. No out-of-date stock was found. The dates of opening were recorded for medicines with altered shelf-lives after opening. This meant the team could assess if the medicines were still safe to use. The team checked and recorded fridge temperatures each day. A sample of these records looked at found they were within the correct range. The team recorded the actions taken when the initial temperature reading was outside the range. And recorded the temperature taken after completing actions such as resetting the thermometer to show it was within range. The pharmacy had medicinal waste bins to store out-of-date stock and patient returned medication. And it stored out-of-date and patient returned CDs separate from in-date stock in a CD cabinet that met legal requirements. The team used appropriate denaturing kits to destroy CDs.

The pharmacy received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via email. The team usually printed off the alert, actioned it and kept a record. However, the last record was made in June 2021.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services and it uses its facilities to suitably protect people's private information.

Inspector's evidence

The pharmacy had references sources and access to the internet to provide the team with up-to-date clinical information. The pharmacy had equipment available for the services provided. The equipment included a range of CE marked equipment to accurately measure liquid medication. The pharmacy computers were password protected and access to people's records restricted by the NHS smart card system. The pharmacy positioned the dispensary computers in a way to prevent disclosure of confidential information. The pharmacy stored completed prescriptions away from public view. The pharmacy held private information in the dispensary and rear areas, which had restricted access.

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.