General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 38 The Queens Square, Adeyfield, HEMEL HEMPSTEAD, Hertfordshire, HP2 4ER

Pharmacy reference: 1032207

Type of pharmacy: Community

Date of inspection: 16/06/2022

Pharmacy context

The pharmacy is in a small shopping precinct in a residential area in Hemel Hempstead. The pharmacy dispenses NHS and private prescriptions and provides health advice. It supplies medicines in multi-compartment compliance aids for people who have difficulty managing their medicines. Its services include prescription delivery, stop smoking, new medicines service, 'Fit to Fly' certificates, seasonal flu vaccination and supervised consumption.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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's working practices are safe and effective. It has satisfactory written instructions to help make sure the pharmacy's team members work safely. Members of the pharmacy team are clear about their roles and responsibilities. The pharmacy asks people for feedback so it can improve its services. The pharmacy's team members generally keep the records they need to up to date so they can show the pharmacy is providing its services safely. They protect people's private information, and they understand their role in safeguarding vulnerable people.

Inspector's evidence

The pharmacy had systems to review dispensing errors and near misses. The responsible pharmacist (RP) had taken up the position of pharmacy manager quite recently and there had been no manager in place for a few months before that. So, the RP was catching up on pharmacy administrative tasks. And planned to encourage the team to record near misses and the lessons they learnt from the mistakes they made. But she did discuss near misses with the pharmacy team and how they could reduce the chances of them happening again. The RP explained that medicines involved in incidents, or were similar in some way, such as ramipril and bisoprolol, were generally separated from each other in the dispensary. The pharmacist read and shared the Safer Care information such as the case studies which were sent by the pharmacy's head office.

The pharmacy had standard operating procedures (SOPs) for most of the services it provided. And these were due for review July 2023. SOPs included supplying a valproate and dealing with coronavirus. Members of the pharmacy team were required to read and sign the SOPs relevant to their roles to show they understood them and would follow them. Team members knew what they could and couldn't do, what they were responsible for and when they might seek help. And their roles and responsibilities were described within the SOPs. One team member explained that they wouldn't hand out prescriptions or sell medicines if a pharmacist wasn't present. And another member of the team described the over-the-counter sales protocol and how they would refer a request to purchase similar products, such as medicines liable to abuse, misuse or overuse, to the pharmacist. The pharmacy had a complaints procedure and people could leave feedback about the pharmacy and its services online or via a 'let's talk' leaflet.

Members of the pharmacy team responsible for making up people's prescriptions used baskets to separate each person's medication and to help them prioritise their workload. They referred to prescriptions when labelling and picking medicines. And assembled prescriptions were not handed out until they were checked by the responsible pharmacist (RP). A member of the pharmacy team described how interactions between medicines prescribed for the same person were referred to the pharmacist. And any interventions were recorded on the patient medication record (PMR). The pharmacy had bright yellow alert stickers to attach to prescriptions stating that there was another person with the same or similar name. And to check before giving the prescription out.

The pharmacy displayed a notice that told people who the RP was and kept a record to show which pharmacist was the RP and when. The pharmacy had appropriate insurance arrangements in place, including professional indemnity, for the services it provided. The pharmacy had controlled drug (CD) registers. And the stock levels recorded in the CD register were checked weekly. A random check of the actual stock of one CD matched the amount recorded in the CD register. The pharmacy kept records for the supplies of the unlicensed medicinal products it made. It recorded interventions on the patient medication record (PMR). The pharmacy recorded the emergency supplies it made and the private prescriptions it supplied electronically. And these generally were in order. Private prescriptions were scanned to record the supply and retained in a folder on the pharmacy computer. There was a discussion about ensuring all details were complete on the prescription and ensuring the date of supply was accurate if the prescription was not scanned on the day of supply. Individual scans of a prescription could be viewed.

The pharmacy team had risk assessed the impact of COVID-19 upon its services and the people who used it. There were screens at the medicines counter and marks on the floor to tell people where to stand to be two metres apart. Members of the pharmacy team were self-testing for COVID-19 twice regularly. To help control the risk of infection with COVID, pharmacy team members had fluid resistant face masks available to wear and washed their hands regularly. They used hand sanitising gel when they needed to. The RP completed risk assessments such as checking the pharmacy for physical and chemical hazards and safety incidents. The pharmacy's head office usually provided details of audits to be completed.

The pharmacy was registered with the Information Commissioner's Office. A notice that told people how their personal information was gathered, used and shared by the pharmacy and its team was not seen on display. The team tried to make sure people's personal information couldn't be seen by other people and was disposed of securely. They used their own NHS smartcards. The pharmacy had a safeguarding SOP. The safeguarding training course was due to be renewed by members of the pharmacy team. The pharmacy team knew what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy's team members work well together to deliver its services safely and manage the workload. They are supported in keeping their knowledge and skills up to date. Team members are comfortable in providing feedback about services.

Inspector's evidence

The pharmacy team consisted of one full-time pharmacist manager (the RP) who covered four days per week, a part-time regular pharmacist to cover two days and locum pharmacists who covered Sundays. The team also included one full-time and four part-time qualified or trainee healthcare partners (HCPs) and a delivery driver who was shared with other branches of the pharmacy. The RP was in the process of recruiting to fill a vacancy for a HCP. HCPs were qualified to dispense and serve people at the medicines counter as a contingency plan for managing staff absence.

Members of the pharmacy team were provided with training in the new pharmacy computer system. Each team member had their own training profile on 'myLearn'. And it was monitored by the pharmacy's head office. They sent regular training topics such as pharmacovigilance, patient confidentiality and information governance (IG), and SOPs (core dispensing, high risk medicines and responsible pharmacist). The RP tried to allocate protected learning time at during work hours, but team members could also study at home.

The RP communicated with the team members and locum pharmacists via WhatsApp. It was not always practical to organise a meeting due to team's work patterns. The pharmacy team members worked well together. So, people were served quickly, and their prescriptions were processed safely. The RP was responsible for managing the pharmacy and its team, supervising and overseeing the supply of medicines and advice given by the pharmacy team. The pharmacy had an over-the-counter (OTC) sales protocol or SOP which its team needed to follow. This described the questions the team member needed to ask people when making OTC recommendations. And when they should refer requests to a pharmacist.

There was a planned appraisal system to monitor staff performance and identify training and development needs. Members of the team were able to make suggestions on how to improve the pharmacy and its services. They knew who they should raise a concern with if they had one. And there was a whistleblowing policy if needed.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy’s premises are clean, bright and suitable for the provision of healthcare services. Its public facing areas are generally tidy. The pharmacy prevents people accessing its premises when it is closed so that it keeps its medicines safe and protects people's information.

Inspector's evidence

The registered pharmacy’s premises were bright and secure. Steps were taken to make sure the pharmacy and its team didn’t get too hot. The pharmacy had a retail area, a medicines counter, a small dispensary, storerooms and a kitchen area. Its fixtures and fittings were older. A member of the team had placed a warning sign alerting people to stand in another area because there was a large hole in the ceiling over the public area. The team was monitoring the ceiling until it would be fixed. The pharmacy’s consultation room was signposted and protected people’s privacy. It was tidy, displayed a chaperone policy and equipment could be stored in lockable cupboards. The dispensary had limited workbench space, but it was cleared regularly as the pharmacy team dispensed, checked and bagged prescriptions. There was a second area where prescriptions were dispensed, spreading the workload. Members of the pharmacy team were responsible for keeping the pharmacy’s premises clean and tidy. And they regularly hoovered, mopped floors and wiped the surfaces. There was a healthy living display outside the consultation room. To help protect against infection, there was hand sanitizer, screens at the medicines counter and floor markings so people knew where to stand.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy opens early and stays open later than is usual. People with different needs can easily access its services. Overall, the pharmacy's working practices are safe and effective. And it obtains and stores its stock appropriately so the medicines it supplies are fit for purpose. The pharmacy team members know what to do if any medicines or devices need to be returned to the suppliers. They make sure people have all the information they need to use their medicines safely. They provide a description of each medicine when they pack these together in compliance aids to make it easier for people to identify their medicines.

Inspector's evidence

The pharmacy's entrance was step-free, and accessible to people who found it difficult to climb stairs, such as someone who used a wheelchair. The pharmacy team tried to make sure people could use the pharmacy services. They could speak French, Spanish, Gujarati, Punjabi, Urdu, Italian, Romanian and Ukrainian to help people whose first language was not English. There was a hearing loop, and a member of the team could do sign language. The pharmacy had notices in its window which told people about some of the services the pharmacy offered. The pharmacy had seating for people to use if they wanted to wait. The pharmacy received a low number of referrals via the discharge medicines service (DMS). And the RP completed follow-up calls for the new medicines service (NMS) by phone. People could access treatment for minor ailments or emergency supplies of medicines via the community pharmacist consultation service (CPCS). Members of the pharmacy team were helpful, and they signposted people to the walk-in clinic or another provider if a service wasn't available at the pharmacy.

The pharmacy provided a delivery service to people who couldn't attend its premises in person. And it kept an audit trail for the deliveries it made to show that the right medicine was delivered to the right person. The pharmacy offered 'Fit to Fly' tests for COVID which people could book online. The pharmacy team checked daily and printed out a list of appointments. Upon arrival of the person, the team checked their passport, entered details on the pharmacy computer, and the person took their own sample. The team member added a reagent, recorded the result and printed out a certificate for the person. This was up to 72 hours before travel.

The pharmacy used a disposable system for people who received their medicines in multi-compartment compliance packs. Interventions were recorded on the PMR, and people were signposted to their doctor to arrange a new prescription following a stay in hospital. The pharmacy team checked whether a medicine was suitable to be re-packaged. It provided a brief description of each medicine contained within the compliance packs and patient information leaflets. So, people had the information they needed to make sure they took their medicines safely. The pharmacy sent some prescriptions with multiple items off-site for dispensing. The team members were all trained in the SOP and obtained consent from the patient. Members of the pharmacy team knew which of them prepared a prescription too. They marked prescriptions to highlight when a pharmacist needed to speak to the person about the medication they were collecting and had appropriate warning cards to give to people for certain medicines such as methotrexate and steroids. They were aware of the valproate pregnancy prevention

programme. And they knew that girls or women in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. The pharmacy had the valproate educational materials it needed. The pharmacy contacted people if they had not collected their prescription medicines within four to six weeks of being dispensed.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept most of its medicines and medical devices within their original manufacturer's packaging. The pharmacy team checked the expiry dates of medicines when it dispensed them. And it recorded when it had done a date check. The pharmacy stored its stock, which needed to be refrigerated, between two and eight degrees Celsius. And it stored its CDs securely. The pharmacy had procedures for handling unwanted medicines and these were kept separate from stock in pharmaceutical waste bins. The pharmacy had a procedure for dealing with alerts and recalls about medicines and medical devices. And the RP described the actions they took and demonstrated what records they kept when the pharmacy received a concern about a product.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy generally has the equipment and facilities it needs for the services it offers. The pharmacy uses its equipment appropriately to keep people's private information safe.

Inspector's evidence

The pharmacy had a plastic screen on its counter and hand sanitisers for people to use if they wanted to. And it had personal protective equipment for its team members if needed. The pharmacy had a few glass measures for use with liquids, and some were marked to be used only with certain liquids. The pharmacy team had access to up-to-date reference sources. The pharmacy had two refrigerators to store pharmaceutical stock requiring refrigeration. And its team regularly checked and recorded the maximum and minimum temperatures. Checking the recalibration date for the blood pressure monitor was discussed. Team members collected confidential waste for safe disposal. The pharmacy restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. And its team members made sure they used their own NHS smartcards when they were working.

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.