General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Heath Road, Coxheath, MAIDSTONE, Kent, ME17 4EH

Pharmacy reference: 1032829

Type of pharmacy: Community

Date of inspection: 15/05/2019

Pharmacy context

This is a community pharmacy in a village in Kent. Two local surgeries nearby have recently merged. There is lots of new housing being built in the village. The pharmacy mainly dispenses NHS prescriptions. And it does Medicines Use Reviews, and supplies medicines in multi-compartment compliance packs to a number of people who live at their own homes.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	2.1	Standard not met	The pharmacy doesn't have enough team members for its services. Team members are not up to date with dispensing and other important tasks.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.4	Standard not met	The pharmacy doesn’t take prompt action in response to safety alerts. So, there could be a risk that people get medicines or devices which are not safe to use.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

The pharmacy generally identifies and manages its risks. But the staff are working under pressure and they don't always record any mistakes that are made. This may mean that they are missing out on opportunities to learn. The pharmacy generally keeps the records it needs to by law. Team members protect people's personal information. And they know how to protect vulnerable people.

Inspector's evidence

There was a book in the dispensary to record near misses, but it was not consistently used. Previously, staff had put in records of when there had been no near misses on each day, but this had not been done recently. The pharmacist gave an example of a recent near miss which had occurred and not been recorded. Staff said that it was sometimes hard to find the time to complete the records. There were only a handful of near misses recorded in the previous few weeks, compared to the older records. Team members were unable to give an example of a change they had made as the result of a near miss. They said that the pharmacy had been very busy in the weeks leading up to the inspection, and they had noticed an increased number of dispensing mistakes. But they had not always been recording the near misses, so it was harder to show this. However, a larger number of near misses were seen in the record at the start of May 2019.

Dispensing errors were recorded on the intranet and reported to head office. A recent error had occurred where the generic version of a medicine had been supplied instead of the branded version. Team members said that they had experienced problems in obtaining the branded version but showed that they now had some in stock.

The pharmacy had the company 'Safer Care' system, which was a system to help manage risks in the pharmacy. And team members previously had regular meetings and discuss updates and incidents. However, the meetings had not taken place since April 2019. The Safer Care noticeboard in the dispensary had not been updated for several months. As part of Safer Care, there was a weekly checklist for team members to go through. This included categories such as the pharmacy environment and people. The manager explained that they had done this weekly until the end of March. But they had not done it since then due to the pharmacy being very busy. She said that she had printed off a new checklist the previous day and would start the process again.

The regular pharmacist and accuracy checking technician (ACT) had left the pharmacy, and it was mainly running on locums. A new store-based pharmacist had recently started and was in a trial period. Team members reported that there had been significant pressure on them in the weeks before the inspection. And they had found it hard to keep up with dispensing and other tasks.

A range of standard operating procedures (SOPs) was in place, and team members had read and mostly signed them. The manager had not yet signed them but said that she had read them. A new team member had read them in the branch she had recently transferred from.

An audit trail was in place for deliveries of medicines to people. Signatures were obtained from people using an electronic device, and the team members could ask for the records. This helped them show that the medicines had been safely delivered.

The dispenser was clear about her own role and responsibilities. She could describe what she could and couldn't do if the pharmacist did not turn up in the morning. Team members were observed referring queries to the pharmacist as appropriate.

The pharmacy asked people using the pharmacy to complete an annual survey. Recent results were generally positive, with around 80% of respondents rating the pharmacy as very good or excellent overall. Around 3% of people had expressed dissatisfaction with the waiting times, and around 4% of people said that the pharmacy did not always have their medicines in stock. People had left feedback on the NHS website, and this was largely negative, with a one-and-a-half-star rating overall. A recent article on a local news website had stated that the pharmacy had been struggling with a backlog of prescriptions. Staff said that they had received several verbal complaints from people, often around stock not coming in for people's prescriptions. A complaints procedure was in place for when people made formal complaints. There were handwritten signs on the counter asking people not to abuse or disrespect staff members. The signs did not look very professional. The GPhC had received customer service complaints from people about the waiting times in the pharmacy, and that their medicines were not in stock. Team members said that there had been several long-standing issues when ordering some medicines in, where the manufacturers had been unable to supply them.

Indemnity insurance was arranged by head office, who have previously provided evidence to the GPhC that cover is in place.

The responsible pharmacist (RP) log was filled in correctly, and the right RP notice was displayed. Private prescription records and specials records examined complied with requirements. Most emergency supply records were complete, but a few did not indicate the reason as to the nature of the emergency. Controlled drug (CD) registers examined generally complied with requirements. The manager had done a full CD balance check the day before the inspection. But before this, regular checks had not been done since March 2019. She had identified 13 discrepancies where the balance in the register did not match the quantity in stock. She described how she was going to investigate them and believed she had resolved two of them already. A random check of another CD medicine was done, and the amount in the register matched the amount in stock.

People's private information could not be seen from the shop area. A set of frosted plastic swing doors had been fitted since the previous inspection, to better protect the area where dispensed medicines were stored. One of the doors was broken, and this was reported to maintenance during the inspection. The consultation room was kept locked when not in use. Confidential waste was put into designated bags and collected for destruction. However, there were around eight bags awaiting collection, which limited the space available in the small stockroom. Computer terminal screens were turned away from people, and access was password protected. Staff used individual smartcards to access the NHS electronic systems. The manager was in the process of organising new smartcards for some staff members. Most team members had done training on Information Governance. The manager had still to read through the training, as the updated package came in while she was away from the pharmacy.

Team members confirmed that they had done safeguarding training within the last few months and could describe what they would do if they had a concern about someone's welfare. They were not aware of any recent safeguarding concerns. The pharmacist confirmed he had done level 1 and 2 safeguarding training and was clear about how he would escalate any concerns he had.

Principle 2 - Staffing **Standards not all met**

Summary findings

The pharmacy does not have enough team members for its services. Team members are not up-to-date with dispensing and other important tasks. They undertake ongoing training but are not always able to do it at work. This may limit the opportunities they have to keep their knowledge and skills up to date.

Inspector's evidence

At the time of the inspection there was one pharmacist (locum), the manager (dispenser), and four part-time dispensers. Most of the staff were part-time. Dispensing was one or two days behind, but the pharmacist still had dispensed medicines to check which were dated four days ago. A few were dated before this, with one dated January 2019; it was unclear if this one was delayed due to a problem sourcing stock. There was evidence that team members were struggling to complete other tasks, such as CD balance checks and date-checking (see Principles one and four).

The manager had been away from the pharmacy for around six months, helping other branches set up a new till system. She had arrived back in the pharmacy at the start of April 2019. The manager said that from the start of April there had been a significant increase in the number of people coming into the pharmacy. She was unsure why. The regular pharmacist and regular accuracy checking technician (ACT) had also left the pharmacy at around that time. The manager said that at that point, they had been about one or two weeks behind in dispensing. Team members said that they had to come in at weekends and stay into the evening sometimes to help catch up on the workload. The manager said that she had been told in the last few days that staff were not able to work anymore overtime.

Team members felt able to raise any concerns or make suggestions, and they knew who they could contact. The manager said that she had raised concerns around staffing levels in the past with the area manager. She had also contacted the superintendent’s office when the pharmacy had been around two weeks behind on dispensing. And she said that they had been very supportive. Additional temporary staff members had been sent in to help with the workload at the pharmacy for the occassional day or a few days at time. People from head office had also visited the pharmacy. The manager said she was intending to recruit a replacement ACT, and a counter assistant to work eight hours a week.

The number of NHS items the pharmacy dispensed had decreased slightly since the previous year. The manager explained that two local surgeries had merged, and they had issued two-month prescriptions, as well as moving to monthly prescriptions for the multi-compartment compliance packs. She was uncertain but believed that this could be why the number of items had decreased.

The pharmacist felt able to comply with his own professional and legal obligations. He gave an example of a young child who had been prescribed an antibiotic where the dose was high. And the child had been experiencing some side effects. He had advised the mother to reduce the dose until he could contact the surgery the following day.

Team members had access to online training resources, but they said that they had to do them at home as the internet in the pharmacy was too slow to access them. The manager confirmed that team members were up to date with the regular training packages that came through from head office. One of the dispensers was enthusiastic about her training and said that she enjoyed completing the training

packages.

There were several targets in place for staff, and the manager said that she had to report progress regularly. She did not feel any undue pressure to meet the targets at the moment but said that it had been harder to meet them recently as the pharmacy had been so busy.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are secure and generally suitable for the pharmacy's services. People can have a conversation with a pharmacist in a private area.

Inspector's evidence

The pharmacy was generally clean and tidy. There were several piles of baskets containing dispensed or part-dispensed prescriptions in the dispensary, but they were kept tidy. There was an adequate amount of clear workspace for dispensing. Team members dispensed multi-compartment compliance packs on a side bench in the dispensary. They said that when they were dispensing them, this took up the whole of the bench. And this left less space in the dispensary for other tasks. There was some clutter in a corridor including stacks of boxes, but they were in the main kept tidy.

The plastic swing door leading to the space for storing dispensed medicines had a narrow gap between the two doors. And some team members said that they had caught their fingers in between the gap. The manager said that she would discuss this with the maintenance department.

The consultation room was relatively spacious, and it was clean and tidy. It allowed a conversation to take place inside which would not be overheard. Team members used the room for other tasks such as submitting prescriptions when the room was not needed. The room was kept locked when not in use.

Handwashing facilities were present, and cleaning products were available. The room temperature was suitable for the storage of medicines and was maintained with air conditioning. The premises were secure from unauthorised access.

Principle 4 - Services **Standards not all met**

Summary findings

People with a range of needs can access the pharmacy's services. And the pharmacy generally provides its services safely. It obtains its medicines from reputable sources and largely manages them well. But it does not always remove date-expired medicines from stock promptly. This could increase the chance that people receive medicines that are past their 'use-by' date. The pharmacy doesn't take prompt action in response to safety alerts. So, there could be a risk that people get medicines or devices which are not safe to use.

Inspector's evidence

There was step-free access from outside, and the pharmacy had a hearing loop. There was a large open space in the shop area to assist people with wheelchairs or pushchairs. A small seating area was available for people waiting for their prescriptions.

Dispensed multi-compartment compliance packs were labelled with a description of the tablets and capsules. Staff dispensing or checking the packs initialled the label to help maintain an audit trail. Patient information leaflets were routinely supplied to people. The team members showed how they kept a record of when people's medicines changed by writing a note on the person's individual paper sheet.

A range of stickers was available to highlight dispensed medicines that required additional care. But only the 'fridge' and 'CD' stickers were used in practice. Staff were not all clear that Schedule 4 CDs required a 'CD' sticker, as the prescriptions had shorter expiry dates. They were aware of the additional guidance that needed to be given to people who took valproate and were in the at-risk group. And they had access to extra information to give to people, such as cards and leaflets. The SOP for anticoagulants said that a 'pharmacist' sticker should placed on dispensed warfarin bags, so that the pharmacist could speak with the person collecting. Some dispensed bags containing warfarin were found which had not been labelled with the sticker. This could mean that people may not always get the information they need to take their medicines safely. The team members said that they would look through the SOPs again and use the stickers in the future.

The pharmacy obtained its medicines from licensed wholesale dealers and specials suppliers. It generally stored them in a tidy way. The team was around two months behind on date-checking the stock. Staff said that it had been hard to find time to do the task. Five date-expired medicines were found in with stock. A further four were found which were expiring in May or June 2019; the boxes had not been highlighted to alert staff to this. One box of medicines in stock contained mixed brands. This could make it harder for the team members to know the expiry date of the medicine or act on safety alerts properly.

Bulk liquids were marked with the date of opening, as some had limited expiry dates when the seal was broken. Medicines for destruction were segregated from stock and put into designated bins and sacks for offsite disposal.

The team members explained that the pharmacy had the necessary equipment to comply with the Falsified Medicines Directive (FMD). But they were having trouble getting the system to work due to the

slow internet connection.

Medicines that needed cold storage were stored in a suitable fridge, and the temperatures were monitored daily. Records seen were within the correct temperature range. CDs were kept securely.

The team members were not aware of recent drug alerts and recalls, such as prednisolone and chloramphenicol. The manager said that she had emails to go through but was behind on doing it. It could not be shown that any action had been taken in response to drug alerts and recalls since around February or March 2019.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy generally has the equipment it needs for its services. But the internet connection is slow. And this is having an impact on the ability of the staff to work efficiently.

Inspector's evidence

Team members said that the internet connection was very slow. And this limited how quickly they could download electronic prescriptions and other online systems. They said that the FMD system was not working due to the connection speed. A team member said that it had taken around 30 minutes that morning to download the prescriptions from the NHS spine.

Glass, calibrated measures were available for measuring liquids. The blood pressure meter had a record to show it had been replaced in November 2018. The glucose meter was meant to receive periodic calibration checks, but the one from 25 April 2019 was overdue. The team members present said that they had not done any tests with it and the manager said that they would calibrate it before any tests were done.

Up-to-date reference sources were available. The fax machine was in the manager's office, and the phone could be moved somewhere more private to protect people's personal information.

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.