General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Units 3 & 4, Minor Centre, Grove Green, MAIDSTONE, Kent, ME14 5TQ

Pharmacy reference: 1032839

Type of pharmacy: Community

Date of inspection: 22/08/2019

Pharmacy context

The pharmacy is located on a small parade of shops near to a large supermarket and a large surgery. The people who use the pharmacy are mainly older people. The pharmacy receives around 90% of its prescriptions electronically. It provides a range of services, including Medicines Use Reviews, the New Medicine Service, flu vaccinations, travel vaccinations, NHS Urgent Medicine Supply Advance Service (NUMSAS) and minor ailments. It supplies medication in multi-compartment compliance packs to several people who live in their own homes to help them manage their medicines.

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	1.2	Good practice	The pharmacy records and regularly reviews any mistakes that happen during the dispensing process. It uses this information to help make its services safer and reduce any future risk.
2. Staff	Good practice	2.2	Good practice	The pharmacy encourages its team members to undertake ongoing training. And it gives them time set aside to do it.
		2.4	Good practice	The pharmacy team members receive regular feedback. They learn from any mistakes and are supported with keeping their knowledge up to date.
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 identifies and manages the risks associated with its services to help provide them safely. It records and regularly reviews any mistakes that happen during the dispensing process. It uses this information to help make its services safer and reduce any future risk. It protects people's personal information well and it regularly seeks feedback from people who use the pharmacy. It largely keeps its records up to date and accurate. And team members understand their role in protecting vulnerable people.

Inspector's evidence

The pharmacy adopted a range of measures for identifying and managing risks associated with its activities. These included; documented, up-to-date standard operating procedures (SOPs), near miss and dispensing incident reporting and review processes. Team members had signed the SOPs to show that they had read and understood them. The cluster manager carried out quarterly professional standards audits at the pharmacy to ensure that the pharmacy was maintaining the standards set by their head office.

Near misses were highlighted with the team member involved at the time of the incident; they identified and rectified their own mistakes. Near misses were recorded and reviewed regularly for any patterns. Items in similar packaging or with similar names were separated where possible to help minimise the chance of the wrong medicine being selected. The dispenser said that she recorded her own mistakes and she recorded any contributing factors, learnings and actions taken to prevent reoccurrence. The pharmacist said that a meeting was held each month to discuss any common mistakes and all team members were made aware of any changes. Dispensing incidents were recorded on a designated form and a root cause analysis was undertaken. A recent incident had occurred where the wrong type of medicine had been supplied to a person. The pharmacist said that the person had realised the mistake before taking any of the medicine and had returned them to the pharmacy. She said that the person was satisfied with the way that the pharmacist dealt with it. The medicines were now kept separated in the drawer to help minimise the chance of the same mistake happening.

Workspace in the dispensary was free from clutter. There was an organised workflow which helped staff to prioritise tasks and manage the workload. Baskets were used to minimise the risk of medicines being transferred to a different prescription. The team members signed the dispensing label when they dispensed and checked each item to show who had completed these tasks.

Team members' roles and responsibilities were specified in the SOPs. The medicines counter assistant (MCA) said that the pharmacy would not open if the responsible pharmacist had not turned up. She said that a notice would be displayed and people would be signposted to another pharmacy if needed. She knew that she could accept prescriptions before the pharmacist had arrived. And she explained that she would not sell pharmacy-only medicines or hand out dispensed items if the pharmacist was not in the pharmacy. The dispenser knew that she should not carry out any dispensing tasks before the pharmacist had turned up.

The pharmacy had current professional indemnity and public liability insurance. Records required for the safe provision of pharmacy services were available though not all elements required by law were complete. All necessary information was recorded when a supply of an unlicensed special was made.

There were signed up-to date patient group directions for the services offered. And the private prescription record was completed correctly. The nature of the emergency was not routinely recorded when a supply of a prescription only medicine was supplied in an emergency without a prescription. This could make it harder for the pharmacy to show why the medicine was supplied if there was a query. Controlled drug (CD) registers examined were filled in correctly, and the CD running balances were checked regularly. The recorded quantity of one item checked at random was the same as the physical amount of stock available. Controlled drug (CD) running balances were checked weekly. The responsible pharmacist (RP) log was completed correctly and the correct RP notice was clearly displayed.

Patient confidentiality was protected using a range of measures. Confidential waste was removed by a specialist waste contractor, computers were password protected and the people using the pharmacy could not see information on the computer screens. Smartcards used to access the NHS spine were stored securely and team members used their own smartcards during the inspection. Bagged items waiting collection could not be viewed by people using the pharmacy. The pharmacy team members had completed General Data Protection Regulation training.

The pharmacy carried out yearly patient satisfaction surveys; results from the 2018 to 2019 survey were displayed in the shop area and were available on the NHS website. Results showed that 70% of respondents rated the pharmacy as excellent or very good overall. Around 10% of respondents were dissatisfied with the time it took to be served. The pharmacist said that team members from the dispensary assisted on the counter where needed to help reduce the waiting time. The complaints procedure was available for team members to follow if needed and details about it were displayed in the consultation room. The pharmacist said that there not been any recent complaints.

The pharmacist had completed the Centre for Pharmacy Postgraduate Education training about protecting vulnerable people. Other team members had completed safeguarding training provided by the pharmacy's head office. The MCA could describe potential signs that might indicate a safeguarding concern and would refer any concerns to the pharmacist. The pharmacist said that there had not been any safeguarding concerns at the pharmacy. The pharmacy had contact details available for agencies who dealt with safeguarding vulnerable people.

Principle 2 - Staffing ✔ Good practice

Summary findings

The pharmacy has enough trained team members to provide its services safely. The team discusses adverse incidents and uses these to learn and improve. They are provided with ongoing and structured training to support their learning needs and maintain their knowledge and skills. And they get time set aside in work to complete it. Team members are comfortable about raising concerns to do with the pharmacy or other issues affecting people's safety. They can take professional decisions to ensure people taking medicines are safe. These are not affected by the pharmacy's targets.

Inspector's evidence

There was one pharmacist, one pre-registration trainee, two trained dispensers, one trainee dispenser and two trained MCAs working during the inspection. The team members wore smart uniforms with name badges displaying their role. They worked well together and communicated effectively to ensure that tasks were prioritised and the workload was well managed.

The MCA appeared confident when speaking with people. She was aware of the restrictions on sales of pseudoephedrine containing products and knew the reason why. She said that she would refer to the pharmacist if a person regularly requested to purchase medicines which could be abused or may require additional care. Effective questioning techniques were used to establish whether the medicines were suitable for the person.

Team members had either completed an accredited course for their role or were enrolled on one. The pharmacist was aware of the Continuing Professional Development (CPD) requirement for the professional revalidation process. She said that she had recently completed some CPD for the Human Papilloma Virus vaccine. A person had requested this, so the pharmacist checked with head office that it was able to be provided at the pharmacy and carried out research. She familiarised herself with the up-to-date information about the vaccine so that she could provide the person with all the relevant information if needed. The pharmacist said that team members were provided with ongoing training on a regular basis. She checked that they had completed the relevant training within the required timeframe. The MCA said that she was allowed time during the day to complete training. Recent training had been done on emergency hormonal contraception followed by a test that team members had to pass.

The pre-registration trainee said that she was allowed 30 minutes each day or two and a half hours each week protected training time. She was in the process of completing modules in the pharmacy induction workbook. She said that she felt supported with her learning. And she was due to attend a regional support coach boot camp provided by the pharmacy's head office. She said that once she had completed the training, she would then train the other team members in the pharmacy.

The pharmacist said that a person had repeatedly tried to obtain a Schedule 3 CD and other prescription only medicines using the NUMSAS. She said that she contacted the person's GP and made the NHS aware. She said that the supply was refused. She said that she had completed declarations of competence and consultation skills for the services offered, as well as associated training.

The pharmacy received a daily newsletter and weekly services and standards newsletter from head office. The pharmacist said that information about drug recalls, updated SOPs and upcoming health

promotion campaigns was discussed with team members. Learning was shared throughout the organisation, including learnings from recent inspections and dispensing incidents. Team members had appraisals and performance reviews every six months. The MCA said that this had been implemented when the pharmacist had started working at the pharmacy around one year ago. She said that she felt confident about discussing any issues with the pharmacist.

Targets were set for Medicines Use Reviews and the New Medicine Service. The pharmacist said that the pharmacy regularly met the targets. She confirmed that these services were provided for the benefit of people who use pharmacy and would not let the targets affect her professional judgement.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises provide a safe, secure, and clean environment for the pharmacy's services.

Inspector's evidence

The pharmacy was secured from unauthorised access. It was bright, clean and tidy throughout; this presented a professional image. Pharmacy-only medicines were kept behind the counter and in clear plastic boxes in the shop area with a notice stating, ‘please ask for assistance’. There was a clear view of the medicines counter from the dispensary and the pharmacist could hear conversations at the counter and could intervene when needed. Air-conditioning was available; the room temperature was suitable for storing medicines.

There were two chairs in the shop area. These were positioned away from the medicines counter to help minimise the risk of conversations at the counter being heard. The consultation room was accessible to wheelchair users and was located next to the medicines counter. It was suitably equipped and well-screened. Low-level conversations in the consultation room could not be heard from the shop area. The chaperone policy was displayed on the door.

Toilet facilities were clean and not used for storing pharmacy items. There were separate hand washing facilities available.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy manages its services well and provides them safely. It gets its medicines from reputable suppliers and stores them properly. It responds appropriately to drug alerts and product recalls. This helps make sure that its medicines and devices are safe for people to use. People with a range of needs can access the pharmacy's services.

Inspector's evidence

There was step-free access to the pharmacy through a wide entrance. Team members had a clear view of the main entrance from the medicines counter and could help people into the premises where needed. Services and opening times were clearly advertised and a variety of health information leaflets were available. The induction hearing loop appeared to be in good working order.

Blood pressure and diabetes checks carried out by one of the MCAs. Results were checked by the pharmacist and recorded on PharmaOutcomes. The pharmacist said that people would be referred to other healthcare providers if needed.

The pharmacist said that she checked monitoring record books for people taking higher-risk medicines such as methotrexate and warfarin. And a record of blood test results was kept at the pharmacy. This made it easier for the pharmacy to check that the person was having the relevant tests done at appropriate intervals. Prescriptions for higher-risk medicines were highlighted. So, there was the opportunity to speak with these people when they collected their medicines. Prescriptions for Schedule 3 and 4 CDs were highlighted and the sticker was annotated with the date that the items were not to be handed out after. Dispensed fridge items were kept in clear plastic bags to aid identification. The pharmacist said they checked CDs and fridge items with people when handing them out. The pharmacist said that the pharmacy supplied valproate medicines to a few people. But there were currently no people in the at-risk group who needed to be on the Pregnancy Prevention Programme. The pharmacy did not have the up-to-date patient information leaflets or warning cards available. The pharmacist said that she would order replacements from the manufacturer.S

tock was stored in an organised manner in the dispensary. Expiry dates were checked every three months and this activity was recorded. Stock due to expire within the next six months was marked. There were no date-expired items found in with dispensing stock. And medicines were kept in appropriately labelled containers.

Part-dispensed prescriptions were checked daily. 'Owings' notes were provided when prescriptions could not be dispensed in full and people were kept informed about supply issues. Prescriptions for alternate medicines were requested from prescribers where needed. Prescriptions were kept at the pharmacy until the remainder was dispensed and collected. The pharmacy contacted people when their medicines were ready for collection. Uncollected prescriptions were checked weekly and items uncollected after four weeks were removed from the retrieval system. Uncollected prescriptions were returned to the NHS electronic system or to the prescriber and the items were returned to dispensing stock where possible.

Prescriptions for people receiving their medicines in multi-compartment compliance packs were ordered in advance so that any issues could be addressed before people needed their medicines.

Prescriptions for ‘when required’ medicines were not routinely requested; the pharmacist said that the people ordered these when they needed them. The pharmacy kept a record for each person which included any changes to their medication and they also kept any hospital discharge letters for future reference. Packs were suitably labelled and there was an audit trail to show who had dispensed and checked each pack. Medication descriptions were put on the packs to help people and their carers identify the medicines and patient information leaflets were routinely supplied.

CDs were stored in accordance with legal requirements and they were kept secure. Denaturing kits were available for the safe destruction of CDs. CDs that people had returned and expired CDs were clearly marked and segregated. Returned CDs were recorded in a register and destroyed with a witness; two signatures were recorded.

Deliveries were made by a delivery driver. The pharmacy obtained people’s signatures for deliveries where possible and these were recorded in a way so that another person’s information was protected. When the person was not at home, the delivery was returned to the pharmacy before the end of the working day. A card was left at the address asking the person to contact the pharmacy to rearrange delivery.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Drug alerts and recalls were received from the pharmacy’s head office. Any action taken was recorded and kept for future reference. This made it easier for the pharmacy to show what it had done in response.

The pharmacy had the equipment to be able to comply with the EU Falsified Medicines Directive but it was not yet being used. The pharmacist said that team members had undertaken some training on how the system worked and the pharmacy had an SOP for it. The pharmacist confirmed that the pharmacy was waiting for head office to tell them when the equipment should be used.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It uses its equipment to help protect people’s personal information.

Inspector's evidence

Suitable equipment for measuring liquids was available. Triangle tablet counters were available and clean; a separate counter was marked for cytotoxic use only. This helped avoid any cross-contamination.

Up-to-date reference sources were available in the pharmacy and online. Equipment in the pharmacy was calibrated at appropriate intervals. The blood pressure monitor had been in use for around a year and the date it was first used was recorded on the device. The pharmacist said that this would be replaced regularly. The weighing scales and the shredder were in good working order. The phone in the dispensary was portable so it could be taken to a more private area where needed.

Fridge temperatures were checked daily; maximum and minimum temperatures were recorded. Records indicated that the temperatures were consistently within the recommended range. The fridge was suitable for storing medicines and was not overstocked.

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.