General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 8 Bentham Road, Mill Hill, BLACKBURN, Lancashire, BB2 4PN

Pharmacy reference: 1033089

Type of pharmacy: Community

Date of inspection: 18/10/2019

Pharmacy context

The pharmacy is in a residential area close to a medical centre in Blackburn. It dispenses NHS prescriptions and sells a range of over-the-counter medicines. It dispenses private prescriptions mainly from its on-line prescribing services. This service includes the pharmacist administering travel and hepatitis B vaccinations. The pharmacy also provides seasonal flu vaccinations. It supplies medicines in multi-compartment compliance packs. And it makes deliveries of medicines to people at home. The pharmacy provides a substance misuse service including supervised consumption.

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	1.8	Good practice	The pharmacy team members have good experience and skills to recognise and act upon concerns for the welfare of children and vulnerable people.
2. Staff	Standards met	2.2	Good practice	The pharmacy is good at supporting pharmacy team members with ongoing learning opportunities relevant to their role. And the team is enthusiastic about improving their skills and knowledge.
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 appropriately manages the risks to its services. And it maintains the records it must by law. It has up-to-date written procedures relevant to its services. And the team members have read them. The team members have good experience and skills to recognise and act upon concerns for the welfare of children and vulnerable people. They keep people's private information secure. They use the information they record about mistakes they make during dispensing to learn. So, they improve and reduce the risks of mistakes in the future.

Inspector's evidence

The pharmacy premises were compact, and both the retail area and dispensing area were small. It was difficult to have private conversations at the counter due to the close proximity of other people waiting. But the pharmacy had a consultation room, so people could have conversations in private. And the team members were seen taking people to one side and speaking softly. The pharmacist could oversee sales of medicines and the advice given by the team from the designated checking area in the dispensary.

The pharmacy had a set of up-to-date standard operating procedures (SOPs) including ones for controlled drug management (CDs), responsible pharmacist (RP) regulations and for the services provided. The team had signed training records in January 2019 and August 2019. The team now received new and updated SOPs on a rolling schedule and had six weeks to read the SOPs and implement any changes. The roles and responsibilities were made clear in the SOPs. And the pharmacy had a staff responsibility task list to help the team understand what tasks they could and couldn't do. The pharmacy team members were clear about their roles and responsibilities. The pharmacist displayed his RP notice. During the inspection team members were seen completing tasks relevant to their role and within their capabilities. The team members supported the pharmacist with services and they referred queries to the pharmacist appropriately. The team correctly identified what tasks could and couldn't be completed when there was no RP signed in.

The pharmacy team recorded near miss errors on a paper record and then the manager transferred the information into the SaferCare folder. The team members regularly completed entries. And they completed information on what had been prescribed and what had been dispensed so they could learn from the error. Recent near miss errors documented contributing factors such as answering the phone and doing two tasks at once. But the actions taken didn't address these factors. They had attached stickers on the shelves to highlight medicines that had been involved in a selection error. And for look-alike and sound-alike (LASA) medicines that both the pharmacy team and the company had highlighted. The team had attached the new LASA medicine stickers to the area where it stored the liquid antibiotic medicines. This LASA stickers were prominently displayed to make sure the team members remembered the risk of errors during dispensing. The manager had done this after a series of near miss errors involving sugar free and normal antibiotics and incorrect strength selections. The team had also removed the slower moving lines to a different part of the dispensary which allowed the separation of the different strengths of antibiotics. The team had also attached other stickers to the dispensing shelves, including risperidone and ropinirole. This was completed after a dispensing error. The team had recently tidied and rearranged the shelves and so unfortunately the stickers were in the incorrect position. And the ropinirole had been mixed in between two strengths of risperidone. This was rectified

during the inspection. The pharmacist identified a near miss error during the inspection and discussed this with the dispenser. But the causes of the error were not identified at this point. The near miss error was recorded.

The pharmacy engaged with the company's SaferCare programme. The team completed a professional checklist each week over a four week period. And the focus each week was different. So, for example week one focus focused on environment and week two people. On the fourth week the team held a SaferCare meeting and the discussions included learning from recent near miss errors and dispensing errors. A cluster manager had also recently completed a professional standards audit. And the manager described how she had used this to improve standards in the pharmacy.

The pharmacy displayed the results of the latest community pharmacy patient questionnaire (CPPQ) in the retail area. The results were positive with recognition of the pharmacy's efficient service and advice the team gave on healthy lifestyles. The team had recognised that the pharmacy didn't have an ideal waiting area but due to the size of the shop were unable to make improvements. The pharmacy had a SOP for dealing with complaints. And the team knew how to handle and escalate a complaint.

The pharmacy had up-to-date professional indemnity insurance. Entries in the RP record were made electronically. And all those checked complied with requirements except one entry when the RP had signed out in the middle of the day in error. The sample of the CD register examined was compliant with legal requirements. The pharmacy maintained running balances in the register. And it regularly checked these balances against physical stock weekly. A physical balance check of Durogesic 12 microgram patches and MST 10mg tablets matched the balances in the register. The pharmacy maintained a CD destruction register for patient returned medicines. The pharmacy kept complete records for private prescriptions. And emergency supply records from 2018 met requirements. The pharmacy held certificates of conformity for unlicensed specials. And these were completed as required. The pharmacy recorded the fridge temperature daily and it was within range.

The pharmacy team had completed data security and protection (DSP) training in 2019. This was confirmed by viewing one of the team members training records. The pharmacy had a patient confidentiality and Information Governance (IG) SOP. The team had read this in August 2019. The pharmacy had a privacy notice displayed in the retail area. It had a separate bin to store confidential waste. Due to the space constraints the team removed the confidential part of any waste and put it in the confidential waste bin. And put the rest in general waste. The team were observed following this process during the inspection. No confidential waste was found in the general waste. This prevented a build-up of confidential waste sacks in the pharmacy. The team sealed the confidential waste sacks with cable ties when full, awaiting collection by a specialist contractor.

The pharmacy had an up-to-date safeguarding policy and procedure. And the team had completed some associated dementia friends training. The pharmacist working on the day of the inspection had completed safeguarding CPPE level 2 training in July 2018. And his certificate was seen. The regular pharmacist had also completed this training and her certificate was viewed. The team described the signs that would raise concerns and detailed a safeguarding concern that had been escalated to the superintendent's team. The pharmacy had a chaperone policy on display. And it displayed safeguarding contact numbers with a bullet point process for escalation in the dispensary. There were contact numbers for people working in head office and also the local NHS safeguarding team contact numbers.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has a team with the skills and qualifications to provide its services. It is good at supporting pharmacy team members with ongoing learning opportunities. And they are enthusiastic about improving their skills and knowledge. The pharmacy team members feel comfortable suggesting ideas and raising concerns. They have regular performance reviews. At which they discuss how they can all make improvements.

Inspector's evidence

The pharmacy employed a regular full-time pharmacist, a full-time manager, who was also an NVQ level two dispenser and four part-time dispensers. The pharmacy also had a part-time driver. The pharmacy covered his absence with a courier driver. On the day of the inspection the RP was a locum pharmacist and he was supported by the manager, two dispensers and a courier driver. One dispenser finished her shift part way through the inspection. The team covered the Saturday hours on rota taking time off in the week as time in lieu. The manager organised the staff rota according to workload. And the team members covered each other's holidays and absences. There was some opportunity to obtain cover from nearby Lloyds pharmacies if needed. The team were seen effectively managing the workload.

The team completed regular on-line training on a range of subjects. Some modules were mandatory and some optional, so team members could choose to complete additional training if they identified a training need or personal interest. A team member demonstrated the on-line system and showed that the training modules were relevant to her role and completion was up to date. There were a range of modules including those for over-the-counter product knowledge, regulatory and contractual topics. The manager described how she had coached another member of the team who had not been confident using the computer. She had then completed some e-learning Microsoft modules to improve her knowledge. And she was now competent using the computer. The team members also improved their knowledge by reading other information such as bulletins and patient safety case studies. The team had recently read about sepsis. The team members had 30 minutes during the working day each week as protected training time. A team member completed some training at home away from distractions. The pharmacy team had regular performance reviews every six months. This gave the team members opportunities to discuss how to improve personally and as a team. The regular pharmacist had completed training relevant to her role. And certificates were available to view for training such as risk management in 2018, summary care records (SCR) and LASA medicines in September 2019.

The team members were seen working together supporting the pharmacist and completing the required tasks. The team members took time when speaking with people in the pharmacy and knew many by name. They provided a professional and personal service. They responded confidently to queries and one team member was seen talking to a person with diabetes about regular foot and eye checks. The person did not seem to understand at first, so the team member tried different ways to make sure they understood. The pharmacy used the SaferCare briefing as a forum to share ideas and discuss and learn from their errors. The team talked openly about mistakes and the importance of learning from them. A team member felt comfortable raising concerns with the manager, cluster manager or head office. And felt she would be listened to. The company had a whistleblowing policy. The pharmacy set targets for the team to achieve for a range of services. It displayed them to help the

team members know how they were performing against the targets. They used the targets to plan their work and they were doing well, they thought they were achievable.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are small, but the team manages the space well to make sure it is suitable for the services provided. It is secure, clean and hygienic. The pharmacy has a consultation room that is an appropriate space for people to sit down and have a private conversation with pharmacy team members.

Inspector's evidence

The pharmacy was very compact with a small retail area and dispensary split into two separate areas. One area was used for dispensing and the other for storage. The bench space was limited, and the team talked about completing one job at a time to make sure the benches and associated areas didn't get too cluttered. This was observed during the inspection. The pharmacy had separate areas for labelling, dispensing and checking. The storage area was full. The team kept the area as clutter free as possible and the walk ways were kept clear so there was no trip hazards. Planning such as timely removal of waste and reducing stock levels made the space suitable for the services it provided. The pharmacy had a secure rear fire exit from the dispensary storage area that led straight out on to the pavement. The door had a grill, so it could be opened during summer months but still prevent unauthorised access. During the inspection the delivery driver exited through the door and the manager quickly secured the door. The pharmacy had suitable heating and lighting. And it had no outstanding maintenance issues.

The toilet was not on the premises but situated in an outbuilding to the rear of the premises. And the team had to leave the premises through the main entrance door and walk round to the rear of the premises. There was not enough space to have the toilet inside on the premises. Although not ideal the team kept the toilet area locked. And it was heated and had adequate lighting. The team had hot and cold running water, with handwashing facilities with paper towels. The team kept the toilet area very clean and it was hygienic and suitable for its use.

The pharmacy had a suitably sized consultation room, which easily allowed the pharmacy team member and patient to sit down comfortably. The room did not have a lock, but due to the size of the retail area the risk of unauthorised access was minimal. The room was appropriately signposted.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easily accessible. It provides a range of services to meet people's health needs. And it manages its services effectively, so people receive appropriate care. It sources, stores and manages its medicines appropriately. And the team responds well to drug recalls and safety alerts to protect people's safety.

Inspector's evidence

The pharmacy had level access from the pavement outside. There was some parking outside and over the road at the medical centre. The pharmacy advertised the services provided both outside the pharmacy and prominently on the wall next to the pharmacy counter. And it advertised its opening times on the door. It displayed a few posters in the limited area available, such as advertising the local breastfeeding group contact details and times of meeting. It had a small healthy living stand with healthy living leaflets available for people to pick up. The display was relevant and up to date, advertising Stop October. The pharmacy didn't have any chairs for people to use whilst waiting for prescriptions and services, due to the size of the retail area this wasn't practical. But the pharmacy did have chairs in the consultation room if needed. The pharmacy had the availability of a hearing loop.

The pharmacy (P) medicines were stored behind the pharmacy counter and in Perspex boxes alongside the adjoining wall. There was an instruction prominently printed on the Perspex boxes to ask for assistance. And due to the layout and size of the premises the team could restrict access to P medicines allowing the pharmacist to effectively supervise sales. The pharmacy also had some dummy boxes for P medicines that people could take up to the counter. This ensured appropriate advice before any sale was completed.

The pharmacy dispensed using baskets to keep medicines together and to prevent people's prescription from being mixed. And it used dispensed by and checked by boxes as an audit trail for dispensing. It had a range of stickers such as CD, flu vaccination and fridge stickers. The team used these consistently and this was observed during the inspection as a wide variety of stickers were seen on the prescriptions awaiting checking. The team could annotate the CD sticker with the prescription expiry date, to alert the team member during hand out to check the prescription was in date. The manager described how she had recently started to use the new LASA sticker, to highlight look alike and sound alike (LASA) medicines on the dispensary shelves. The pharmacy had a valproate sticker available to use when dispensing valproate products. And the team members were aware of the requirements of the valproate safety alert and pregnancy prevention programme. They stored valproate products on separate dispensary shelves. And they displayed information about the alert next to the valproate products to act as a reminder of the additional requirements when dispensing. Pharmacy team members had completed an audit of people taking valproate and had highlighted one person who may fit the criteria. They had counselled the person and provided a booklet. They had completed specific training in June 2019.

The pharmacy provided a substance misuse service. The team dispensed methadone doses in advance of people attending the pharmacy. It stored the doses appropriately and kept different days doses in different baskets within the cabinet to reduce the risk of incorrect selection. The pharmacy supplied medicines in multi-compartment compliance packs to people at home. It kept a record of when people

were due their medicines. And organised the workload across four weeks. The team members produced backing sheets. They selected the medicines first before printing the backing sheets, so they could make sure the descriptions of the medicines to be included in the pack were correct. They made any alterations on the backing sheet before printing. They supplied patient information leaflets (PILs) each month.

The pharmacy provided private services such as blood pressure and diabetes screening. People regularly accessed these services. It provided vitality life insurance checks. The team member explained how this would be good preparation for planned NHS health checks. The pharmacist had the appropriate training. The pharmacy dispensed some of its private prescriptions from its on-line prescribing services that required the pharmacist to administer vaccinations such as travel and hepatitis B vaccinations. And the team managed the service for when the regular pharmacist was working or signposted if needed. The pharmacy had up-to-date service specifications for the services offered.

Some of the pharmacy's repeat dispensing workload was completed at an offsite pharmacy, the hub, and returned to the pharmacy to supply. The offsite pharmacy used a robot to increase efficiency. The medicines were returned sealed in half clear bags, with the name and address of the person printed directly on to the bag on the opaque side. The pharmacy team folded the bags over and secured them, so on collection and delivery people's medicines couldn't be seen by others. When more than one bag for the same person was received back into the pharmacy this was indicated on the bag, so had "one of two" printed on them. This helped the team make sure the person received all their medicines. When part of the person's medicines were dispensed at the hub and part in the pharmacy the team separated the bags received from the hub in baskets awaiting the dispensing of the other items. This reduced the risk of people not receiving all their medicines at once. The medicines dispensed at the hub were labelled with the address of where the medicines had been assembled and also the pharmacy address as the supplying pharmacy. So, this made it clear to people where their medicines had been dispensed. The manager described the additional safeguards in place. So, when there had been a technical issue with the robot the team had been informed and the pharmacist had double checked the items received back from the hub pharmacy. The manager demonstrated the system. The dispenser downloaded the prescriptions and if trained, completed the data input from the prescription. The pharmacist logged on with an individual log in and inputted their registration number. The clinical and accuracy checks could be completed together if the pharmacist completed the checks. If the accuracy checks were completed by an accuracy checker, then the clinical and accuracy checks were split on the system in to two separate tasks. And there was then two separate log ins. The manager explained how using the hub pharmacy had helped with the workload in the pharmacy. And the pharmacy didn't hold as much stock. This helped in a pharmacy of this size. The pharmacist explained how locum pharmacists received the SOPs relating to the hub dispensing prior to working in the pharmacy and so understood the process and the different way of working.

The team stored the medicines awaiting delivery separately and neatly in totes. The regular driver obtained signatures from people on receipt using an electronic hand-held device. There was an additional paper form to capture signatures for the delivery of CDs. The pharmacy used a paper delivery sheet when the regular delivery driver was absent. This was a single sheet with space for several names and addresses. There was a potential when people signed that they could see other people's private details. So, this didn't adequately protect people's private information.

The pharmacy had a date checking schedule. The team used coloured stickers on the packaging to indicate short-dated stock. And several stickers were seen on packs. Of a sample checked, including CDs no out of date stock was found. The pharmacy had a very small fridge for staff use. The team had stored some additional bottles of milk in the medical fridge, which was not ideal. They were sealed and

separated from the medical stock. But the bottles of milk had to be removed to access the medicines. And this could be seen by people waiting in the shop. The team members had a very small staff area with a sink under the stairs. It was adequately clean. They completed the fridge temperature record daily and recorded to confirm they had reset the thermometer. For the records checked the temperature was within the acceptable range. The pharmacy had appropriate medical waste bins for pharmaceutical waste. But these were stored below the area where the team stored their coats and bags. So, there was a potential risk that personal items could fall into the bins. The pharmacy stored its CDs in a secure CD cabinet. Stock was organised in the cabinet. And it stored out-of-date and patient returned CDs separately. The pharmacy had CD denaturing kits to appropriately dispose of CDs.

The pharmacy had the scanners and software to comply with the requirements of the falsified medicines directive (FMD). The team had completed on-line training and were awaiting confirmation as to when to implement the changes. The pharmacy team kept a record of the drug safety alerts and recalls. The pharmacist signed to confirm completion of any actions required. The records seen showed details of recent recalls, such as the ranitidine recall.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. It maintains its equipment to the required standard and uses it in a suitable way to protect people’s privacy.

Inspector's evidence

The pharmacy had resources such as the BNF and Children’s BNF. And the team could access the internet for up-to-date information. The pharmacy had clean, glass ISO measuring cylinders. And separate measures clearly labelled for methadone. The electrical equipment had been safety tested in September 2019. All electrical wiring was kept neat and tidy. The medical fridge had a glass front, so it was easy to see the products inside. And the medication was separated into baskets to reduce the risk of selection errors.

The computers were password protected and access to people's records restricted by NHS smart cards. The computers were positioned in a way to prevented disclosure of confidential information. The pharmacy stored completed prescriptions away from public view in the dispensary storage area. And it held its private information in the dispensary. The team used cordless telephones, so they could move away from people in the shop and hold telephone conversations in private.

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.