General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 226-228 Hertford Road, ENFIELD, Middlesex, EN3 5BH

Pharmacy reference: 1034871

Type of pharmacy: Community

Date of inspection: 10/02/2020

Pharmacy context

The pharmacy is on a main road in a parade of shops. It provides NHS and private prescription dispensing mainly to local residents. And it provides testing and advice for people with diabetes. The pharmacy dispenses multi-compartment compliance packs for about 50 people and supplies medicines to about 300 people who are in care homes.

Overall inspection outcome

✔ **Standards 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 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

Members of the pharmacy team generally work to professional standards and try to manage risks effectively. They are clear about their roles and responsibilities, but the lack of permanent staffing makes this more challenging. The pharmacy keeps most of its records up to date. The team members also understand how they can help to protect the welfare of vulnerable people. They sometimes log the mistakes they make during the dispensing process. And they try to learn from these to avoid problems being repeated. The team manages and protects information and it tells people how their private information will be used. The pharmacy has not made sure that everyone working in the pharmacy has had formal training about keeping private information secure. This could increase the chance that sensitive information is not always fully protected.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were issued by the company. The SOPs covered the services that were offered by the pharmacy. A sample of SOPs was chosen at random and were found to have been reviewed within the last two years. They were signed by the pharmacy's team members to indicate they had been read. The written procedures said the team members should log any mistakes in the process in order to learn from them. They sometimes logged issues but they did not review them regularly. And not all errors which reached the public were reported to Head Office in a timely way.

The pharmacy conspicuously displayed the responsible pharmacist notice. The responsible pharmacist record required by law was up to date and filled in correctly. The pharmacy team members were aware of their roles and they were observed asking the pharmacist for advice.

The pharmacy regularly sought the views of the people using it to try to improve the service it gave. However, the current team was not present when the last annual survey had been completed. The 2018 questionnaire results were displayed on the NHS website. This had suggested that waiting times could be an issue. The staff were heard to give people a realistic estimate of the time needed to dispense each prescription. The pharmacy had professional indemnity and public liability insurances in place.

The pharmacy team recorded private prescriptions and emergency supplies in a book which complied with the legal requirements. The controlled drugs registers were up to date and legally compliant. The team did regular checks of the recorded balance and actual stock of controlled drugs to ensure that there were no missing entries. Fridge temperatures were recorded daily and were within the recommended range.

Confidential material was kept in the dispensary area which was not accessible to the public. There was a work experience student working in the branch at the time of the inspection. He knew that what he saw in the pharmacy should not be shared outside the premises, but this was because of other places he had worked. He had not received any training about this at the pharmacy. Confidential waste was separated and disposed of using a licensed waste contractor. Staff did not always remove the smart cards they used to access electronic prescriptions from the computers when they finished using them. This was because the new staff and locum staff had to share these cards.

The pharmacist had undertaken level 2 safeguarding training and the rest of the permanent staff had had some training on the subject. There were local telephone numbers available for use, if needed to contact the safeguarding boards.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy staffing is being reviewed by the management team and locum dispensers are often used to fill the gaps in staffing. There are just about enough staff to provide safe services and recruitment is being undertaken for permanent, trained staff . But the team is currently under some pressure. Training is provided by the company and staff find this useful to help keep their skills and knowledge up to date.

Inspector's evidence

There was a store manager, who had been trained as a dispenser with another large pharmacy group. He had started in post about three months before the inspection. The full-time pharmacist had been in post for about four months prior to the inspection. Recruitment was an issue in this pharmacy. There was a pharmacy student, who was re-taking a year, working full time as a dispenser. But they were due to leave in September. There was also another full-time dispenser, a newly-recruited trainee dispenser, and three counter assistants. There was also a security guard. On the day of the inspection there was a work experience student in the pharmacy too. He was taking uncollected dispensed medicines from the shelves, removing the dispensing labels and putting the stock back into the shelves if it was in date.

Locum dispensers were often used, but this had brought its own issues. When dispensing errors occurred, the pharmacist was not able to review them properly as they did not know how to contact the locum dispenser. The company did not supply contact details for them.

The permanent staff had access to training material and the store manager checked that staff completed this training. They were up to date with their training. The store manager was trying to familiarise himself with his role and was endeavouring to keep on top of the dispensing workload despite the lack of permanent staff. It was reported that staff were often off sick, which added to the pressure in the team. Following the inspection the Inspector spoke to the Regional Professional Support manager who said that he was aware that the store was having staffing difficulties and that he was supporting the area manager and pharmacist.

The pharmacist said that he concentrated on the care of people using the pharmacy rather than on any targets in order to ensure that patient welfare was not compromised.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises generally provide a safe and secure environment for people to receive healthcare. But the pharmacy could do more to make sure all areas are maintained to an appropriate level of cleanliness.

Inspector's evidence

The pharmacy shop was large and generally tidy but the flooring in the dispensary was heavily marked. There was air-conditioning. The dispensary had enough space for the volume of work and was well lit. There was a separate area designated for the dispensing of medicines for people in care homes and those receiving multi-compartment compliance packs. However, the dispensary was cluttered, with a lot of old stock which was going out of date. Many of the shelves storing medicines were dusty and had not been cleaned for a long time. The floor was also dirty in places. The pharmacist said that he had arranged for a member of the team to start cleaning and date checking the previous day, but the member of staff had phoned in sick, so this had postponed this task. This task should be given a high priority to ensure hygiene standards are met.

There were toilet facilities with hot and cold water. There was another sink in the dispensary for preparation of medicines and this also had hot and cold water available but it needed cleaning.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's working practices are generally safe and effective, and it gets its medicines from reputable sources. Pharmacy team members are helpful and give advice to people about where they can get other support. But the lack of regular staffing and the recruitment issues have led to some of the tasks in the pharmacy falling behind. Cleaning and date checking are examples of this.

Inspector's evidence

Access to the pharmacy was level from the street, and there was a security guard who could help with the door if people found it difficult to open. Large print labels were available for use if required by people with poorer eyesight.

The use of baskets helped to ensure that prescription items were kept together and were easy to move from one area of the dispensary to another. Prescriptions where the person was waiting were put into red baskets to highlight this fact. Computer-generated labels included relevant warnings and were initialled by the dispenser and checker which allowed an audit trail to be produced .

Several people were supplied their medicines in multi-compartment compliance packs. These packs were labelled with the information the person needed to take their medicines in the correct way. The packs also had tablet descriptions to identify the individual medicines. There was a list of packs to be dispensed each week, with each person having a summary sheet showing any changes to their medicines and where the medicines were to be placed in the packs. Staff said it could be very stressful in the pharmacy during the week the largest home was to be delivered. But the team could not find a way to reduce this workload.

Prescriptions for Schedule 4 controlled drugs were not always highlighted to staff who were to hand them out. This could increase the chance of these items being handed out more than 28 days after the date on the prescription. Prescriptions for warfarin, lithium or methotrexate were sometimes flagged by the pharmacist, and then staff would ask about any recent blood tests or the person's current dose. But if the pharmacist did not flag the prescription, the staff would not always notice the medicine and ask the same questions. So, the pharmacy could not show that it was always monitoring the patients in accordance with good practice. People in the at-risk group who were receiving prescriptions for valproate were usually counselled about pregnancy prevention. And appropriate warnings stickers were available for use if the manufacturer's packaging could not be used.

The pharmacy got its medicines from licensed wholesalers, and stored them on shelves in a tidy way. Similar-looking medicines were highlighted, such as alloPURinol and ATENolol to reduce the risks of selecting the wrong medicines when dispensing. There were a lot of medicines which had been stocked to supply to previous care homes, but which were no longer needed. The pharmacy needed to transfer these out of this branch, but finding time to do so was proving difficult. Some of these medicines were going out of date. The regular date checking process had fallen behind, and some out-of-date medicines were found on the shelves.

Drug alerts were received, actioned and filed appropriately to ensure that recalled medicines did not find their way to people who used the pharmacy.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy generally has the right equipment for its services. It makes sure its equipment is safe to use, although the glass measures were dirty.

Inspector's evidence

There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination. These measures were dirty. The pharmacy had access to up-to-date reference sources. This meant that people could receive information which reflected current practice. Electrical equipment was regularly safety tested. Stickers were affixed to various electronic equipment and displayed the next date of testing. The pharmacy had a separate triangle marked for use with methotrexate tablets ensuring that dust from them did not cross contaminate other tablets. The blood pressure monitor was marked with the date that it was first used in June 2018, but not the expiry date. It was not clear the date at which it should be stopped being used.

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.