General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 7 Church Street, ATTLEBOROUGH, Norfolk, NR17 2AH

Pharmacy reference: 1035219

Type of pharmacy: Community

Date of inspection: 16/10/2019

Pharmacy context

The pharmacy is in the market town of Attleborough in Norfolk. The pharmacy dispenses NHS prescriptions. And it provides Medicines Use Reviews (MURs) and occasional New Medicine Service (NMS) consultations. The pharmacy assembles medication into multi-compartment compliance packs for numerous people who need help managing their medicines. It delivers medicines to people in the homes on five days a week. The pharmacy offers a range of Health-checks including blood pressure, glucose and cholesterol. A small number of people use the substance misuse service and there is a needle exchange scheme. The pharmacy administers flu vaccinations during the winter season.

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 team are significantly behind with dispensing prescriptions and completing routine tasks.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy does not carry out adequate expiry date checks and there is expired stock in dispensing locations.
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 but team members are struggling with the workload (see Principle 2). It records and regularly reviews its mistakes and can show how the team learns and improves from these events. It keeps the records it needs to by law and its team members have clear roles and responsibilities. It asks the people who use the pharmacy for feedback. Team members know how to protect vulnerable people. And they keep people's personal information safe.

Inspector's evidence

The pharmacy kept near miss and error logs and these were reviewed weekly to identify any trends or patterns. Following dispensing incidents, the mistake was discussed with the individual concerned on a one-to-one basis, with any learnings shared with the dispensary team. The pharmacist identified that one team member had a particular trend with quantities and another with look-alike, sound-alike medicines. They had introduced additional training and procedures to minimise these risks. Team members were encouraged to identify their own errors and were comfortable about feeding back to the pharmacist. They talked about the no-blame culture in the pharmacy where mistakes were discussed to reduce future risk.

The pharmacy encouraged people to complete an annual survey. The pharmacy had opened an additional till on the shop floor in response to feedback, to reduce queues at the pharmacy counter. There was a published complaints procedure. The pharmacy had current professional indemnity insurance.

The pharmacy had the right responsible pharmacist (RP) notice on display and RP records were completed correctly. Roles and responsibilities were identified in the standard operating procedures (SOPs). When asked, members of the pharmacy team clearly understood what they could and couldn't do when the pharmacist was not present.

The pharmacy had a comprehensive range of SOPs which covered, for example, dispensing processes, information governance, controlled drugs (CDs), RP activities, sale of medicines, high-risk medicines, dispensing incidents and services the pharmacy provided. There was evidence that members of staff had read and signed SOPs relevant to their roles.

The records examined were maintained in accordance with legal and professional requirements. These included: the private prescription register (for private prescriptions and emergency supplies), and records for the supplies of unlicensed medicines. The CD registers were generally appropriately maintained. CD balance checks were done regularly for most medicines. There was also a book where patient returned CDs were recorded.

The pharmacy had a cordless phone to facilitate private conversations and the correct NHS smartcards were in use. The patient medication record (PMR) was password protected and sensitive waste was securely disposed of. Prescriptions were stored securely in the dispensary. The pharmacy team had undertaken training about the General Data Protection Regulation and had signed confidentiality agreements.

The pharmacy had safeguarding procedures and team members described the actions that would be taken in the event of a safeguarding concern. There were contact details available for the local safeguarding team.

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

Summary findings

The pharmacy team members struggle to keep up-to-date with the workload. There is a significant delay in dispensing prescriptions and undertaking routine tasks such as date checking. Team members are appropriately trained or undergoing training. They make suggestions to improve safety and workflows where appropriate. They are provided with feedback and have regular appraisals to identify any opportunities for development or learning.

Inspector's evidence

There was one regular full-time pharmacist and one part-time accuracy checking technician (who mainly handled the checking of compliance packs). There were two full-time dispensers and one full-time trainee dispenser as well as three team members who were only trained to work in the shop area (two full-time and one part-time). Three full-time team members had left the pharmacy around March 2019 and had not been replaced. The pharmacy had a current advertisement for a full-time dispenser. The pharmacist said that while some new team members had been recruited that they were not already qualified and had needed training in the pharmacy. A review of prescriptions showed that prescriptions issued toward the end of September 2019 were still waiting to be dispensed. The team said that they were around two weeks behind with prescriptions. Other routine tasks such as date checking were also significantly behind with no recorded date checks since January 2019.

Team members were trained using accredited courses and said that they undertook regular ongoing learning to keep their knowledge and skills up to date. Each team member had 20 minutes of training time in the pharmacy each week and there was a training folder for additional procedures which had been sent to the pharmacy. The team used an online learning platform to undertake their additional training and often completed this outside pharmacy opening hours. The pharmacist was aware of the requirements for professional revalidation.

All the staff had annual appraisals with quarterly reviews which looked at areas where the staff were performing well and areas for improvement or opportunities to develop. The team members made suggestions to improve workflows in the pharmacy. Recent examples included reorganising the top 50 medicines to fit with the pharmacy workflows and re-tasking a dispensing bench for a specific dispensing task. Targets and incentives were in place, but the pharmacist said that these did not impact on patient safety or professional judgement.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy team keeps the pharmacy secure, clean and tidy. The pharmacist has an area to check prescriptions and this is kept clear to help reduce the risk of mistakes. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy had vinyl floors throughout, laminated worktops and a dedicated sink for the preparation of medicines. These were clean. There was a dedicated room for the assembly of compliance packs and for preparation of medicines for the residential home. There were clear workflows in place and a designated checking area which was kept tidy to reduce the risk of mistakes. The pharmacy was tidy with good levels of lighting throughout and used air-conditioning to keep medicines at the right temperature. Room temperatures were monitored in the rooms where there was no air conditioning to make sure that medicines were kept at the right temperature.

There was a clean, bright and well-maintained consultation room with hand washing facilities and a good level of soundproofing where people could consult pharmacy team members in private. The room did not have a lock, but any sharps and sensitive materials were stored in locked cupboards. The pharmacy premises were kept secure from unauthorised access.

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

Summary findings

The pharmacy largely provides its services safely. But, it does not adequately check the expiry dates on stock medicines and there is a risk of people being supplied medicines beyond their 'use-by' date. However, the pharmacy gets its medicines from reputable suppliers and otherwise stores them properly. And team members take the right action if any medicines or devices need to be returned to the suppliers. The pharmacy makes sure that multi-compartment compliance packs for people who need help managing their medicines are dispensed safely. Its team members identify and give advice to people taking higher-risk medicines to make sure that they are taken safely. But it could do more to ensure that people receiving their medicines in multi-compartment compliance packs are also given the advice they need.

Inspector's evidence

The pharmacy was accessed via a wide automatic opening door at path level and there was an open layout to assist wheelchair users. The pharmacy team had trained as Dementia Friends

The pharmacy obtained dispensing stock from a range of licenced wholesalers but it was not generally stored in a neat and tidy manner in the dispensary. Some drawers contained the same products in multiple locations. Stock was not date checked as required by the SOPs and the last recorded date checks were in January 2019. There were numerous expired products found in the stock drawers and these dated back to February 2019. There was a scanner to decommission stock in accordance with the Falsified Medicines Directive, but this was not yet being actively used.

The pharmacy counselled people on higher-risk medicines such as lithium, warfarin and methotrexate and the pharmacists routinely enquired about whether they were having blood test related to these medicines. They also provided additional advice to people about how to take these medicines safely. Results from people's blood tests were routinely recorded on the patient’s medication record (PMR). The pharmacy team members were aware of the risks associated with dispensing valproate containing products, and the Pregnancy Prevention Programme. The pharmacy had conducted an audit of the people they had dispensed valproate containing medication for and issued the published support materials. The pharmacy did not routinely make the same enquiries for people receiving medicines in compliance packs and this could mean that some vulnerable people on higher-risk medicines (such as lithium and valproate) may be overlooked. The team members said that they would make these checks in future.

The pharmacy kept medicines requiring cold storage in two pharmaceutical fridges. The maximum and minimum temperatures were continually monitored and recorded daily. The records confirmed that stock was consistently stored between 2 and 8 degrees Celsius. The pharmacy stored CDs securely. The pharmacy used a label on each CD prescription to help ensure that medicines were not issued after the prescription was no longer valid.

The pharmacy team dispensed medication into multi-compartment compliance packs for a significant number of people who had difficulty managing their medicines. A team member identified that there was no needs assessment for existing people using this service and it was believed that some of these people did not require the additional support required by a pack. Medicines were dispensed into disposable, tamper-evident packs, and had descriptions of the medication included in the pack

labelling. The descriptions helped the person or their carer to identify the medicines. The pharmacy routinely supplied patient information leaflets with packs to people. Team members described the process they followed to ensure that any mid-cycle changes to the packs were re-checked to make sure that these were supplied safely. The pharmacy had record sheets to record any changes to medication in the packs and to help with effective team communication. The person's GP requested when people should receive their medication in compliance packs. The pharmacy conducted a needs assessment before starting new people on the packs. A team member said that the dispenser responsible for assembling the packs was only just managing to keep up with the number of packs being dispensed but that the pharmacy kept getting referrals for new packs. They felt the pharmacy was operating at capacity for this service but did not feel able to decline the new referrals. The delivery driver had 'missed delivery' cards and coloured stickers for controlled drugs and refrigerated items to ensure appropriate storage if the medicines were returned to the pharmacy. There was an electronic record as an audit trail to show the medicines had been safely delivered.

The pharmacists had undertaken anaphylaxis training. Pharmacy staff described a safe procedure for receiving needles into the pharmacy and had received training in needlestick injury avoidance. Medicines which people had returned were clearly separated into designated bins and disposed of appropriately.

Drug alerts were received electronically and recorded in the pharmacy. There was evidence that the pharmacy team members had appropriately actioned recent alerts.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs for its services and it largely maintains it well. It uses its equipment to help protect people's personal information.

Inspector's evidence

The pharmacy had up-to-date reference sources, and testing equipment from reputable suppliers. It used stamped glass measures (with designated labelled measures for liquid methadone), and labelled equipment for dispensing cytotoxic medication such as methotrexate. This helped to avoid any cross-contamination. Some of the glass measures had a build-up of limescale and the team members said that they would clean these.

There were meters to check glucose and cholesterol and theses were calibrated using control solutions every three to six months. There was a blood pressure meter which was replaced every two years. All electrical equipment appeared to be in good working order and had been safety tested. Fire extinguishers were serviced under an annual contract.

There was a locked cabinet to store sensitive records and the patient medication record was password protected. Confidential waste was disposed of using bags for secure disposal offsite.

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.