General Pharmaceutical Council

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, 64 Acre End Street, Eynsham, OXFORD, Oxfordshire, OX29 4PD

**Pharmacy reference:** 1035929

**Type of pharmacy:** Community

**Date of inspection:** 12/06/2019

## Pharmacy context

The pharmacy is located on the high street in a rural town near Oxford. It dispenses NHS and private prescriptions, sells over-the-counter medicines and provides health advice. The pharmacy dispenses medicines in multi-compartment compliance packs (blister packs) for people who have difficulty managing their medicines. Services include prescription collection and delivery, substance misuse service, needle exchange, NHS urgent medicines supply and emergency hormonal contraception (EHC). The pharmacy has healthy living status.

## 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 | 1.2 | Good practice | The pharmacy continually monitors the safety of its services to protect public safety. |
| **2. Staff** | Standards met | 2.2 | Good practice | The pharmacy's team members are well trained and they understand their roles and responsibilities. |
| | | 2.5 | Good practice | The pharmacy team members make suggestions to improve safety and workflow |
| **3. Premises** | Standards met | N/A | N/A | N/A |
| **4. Services, including medicines management** | Standards met | 4.1 | Good practice | The pharmacy offers its services to people with a wide range of healthcare needs. |
| | | 4.2 | Good practice | The pharmacy is good at providing its services safely and effectively. It takes extra care with high risk medicines to make sure people take their medicines safely. |
| **5. Equipment and facilities** | Standards met | N/A | N/A | N/A |

## Principle 1 - Governance ✔ Standards met

### Summary findings

The pharmacy's working practices are safe and effective. The pharmacy team makes sure that people have the information they need so that they can use their medicines safely. The pharmacy manages risk well and keeps people's information safely. The pharmacy asks its customers for their views. The pharmacy has written procedures which tell staff how to complete tasks safely. The pharmacy generally keeps the records it needs to so that medicines are supplied safely and legally. The pharmacy team members understand their role in protecting vulnerable people.

### Inspector's evidence

Near misses were recorded, reviewed and actions taken to prevent a repeat near miss were completed for each incident. The Safer Care cycle 1 documentation was in the process of being completed. 'Environment' actions to keep the pharmacy clean and tidy included completing prescriptions and thus clearing baskets. Staff were to train in the standard operating procedure (SOP) regarding high risk medicines. There was a case study for staff regarding an insulin dispensing incident. During week three and 'process' required the safer care board to be update and 'Lookalike, soundalike' (LASA) stickers to be in place highlighting LASA medicines. The Safer Care board display referred to possible near misses with LASA medicines: metformin 500mg and metformin 850mg tablets.

'Tote box' dispensing was used to manage stock. The stock for each repeat prescription was ordered so it was delivered together in a tote box and was dispensed straightaway as it was unpacked rather than put away in the dispensary. The dispenser said near misses had been reduced due to tote box dispensing. To manage workflow due to staff shortage at the time of the visit, there was a notice at the counter saying the pharmacy would dispense urgent/acute prescriptions straight away, but all other prescriptions would take two days. (see principle 2).

Workflow: baskets were in use to separate prescriptions and medicines during the dispensing process. Labels were generated, and medicines were picked from reading the prescription. Interactions were highlighted to the pharmacist on screen or recorded on a note. There were separate dispensing and checking areas. The pharmacist performed the final check of all prescriptions prior to completing the dispensing audit trail to identify who dispensed and checked medicines.

There was a procedure for dealing with outstanding medication. The original prescription was retained, and an owing slip was issued to the patient. For "manufacturer cannot supply" items the patient was asked how urgently they required the medication and the doctor was contacted to arrange an alternative if necessary. Posters relating to NICE guidelines for sodium valproate and isotretinoin were displayed for staff reference in the dispensary.

Some prescriptions were dispensed off-site to manage work load. Patient consent was obtained. Suitable prescriptions were retained in a designated basket. The prescription was legally and clinically checked at the pharmacy but electronically transmitted to another branch for dispensing. Bagged medicines were returned to the pharmacy in two to three days and matched to prescriptions. A bag label was attached to the packaged medicines before being placed in retrieval for collection.

Multi-compartment compliance packs (blister packs) were prepared and delivered for a number of

patients according to a matrix. Blister pack preparation area was located upstairs in a separate spacious dispensary which was well organised. The pharmacy managed prescription re-ordering on behalf of patients. The pharmacy liaised with the prescriber when a new patient was identified during a medicine use review (MUR) or by the doctor and who would manage taking their medicines more effectively via a blister pack. There was a folder of information for each patient which included a neatly written patient record sheet, discharge summaries and notes. Each patient record was marked with delivery day of week. There was a copy of the SOP for blister pack preparation in the front of the folder. Prescription re-order request sheets were filed.

Labelling included a description to identify individual medicines and package information leaflets (PILs) were supplied with each set of blister packs. High-risk medicines such as alendronate and sodium valproate were supplied separately from the blister pack. Controlled drugs (CDs) were sometimes supplied in the blister pack. The dates of CD prescriptions were managed to ensure supply within 28-day validity of the prescription. Completed blister packs were filed with the prescription on a shelf labelled with the day of the week they were delivered.

There was a set of SOPs in which staff were up to date with training. The trainee healthcare partner said he would not give out a prescription or sell a P medicine if the pharmacist were not on the premises. He said he would not sell hydrocortisone cream to apply to the face. The annual community pharmacy patient questionnaire had been conducted and had resulted in positive feedback. The practice leaflet was displayed. The Customer Charter had details of how to complain.

To protect patients receiving services, there was professional indemnity insurance in place provided by NPA expiring 30 June 2019.The responsible pharmacist notice was on display and the responsible pharmacist log was completed.

The CD and methadone registers were complete and the balance of CDs was audited weekly in line with the SOP. A random check of actual stock of two strengths of MST reconciled with the recorded balance in the CD registers. Footnotes correcting entries were not always signed and dated in the methadone register. Invoice details to record receipt of CDs included invoice number, name and partial address of supplier.Patient returned CDs were recorded in the destruction register for patient returned CDs.

Records for private prescriptions and special supplies were generally complete. Patient group directions (PGDs) were in date and included EHC, trimethoprim to treat simple urinary tract infection and test for streptococcus A throat infection with supply of penicillin. Staff had signed confidentiality agreements and completed my Learn training on General Data Protection Regulation (GDPR). There was a GDPR privacy notice displayed. Confidential waste paper was collected for secure disposal and a there was a cordless phone to enable a private conversation. Staff used their own NHS cards. Staff had undertaken safeguarding and dementia friends training and the pharmacist was accredited at level 2 in safeguarding training. The safeguarding policy was in the SOP folder.

## Principle 2 - Staffing ✔ Standards met

### Summary findings

The pharmacy team manages the workload within the pharmacy and works well together. The team members are supported in keeping their knowledge up to date. They are comfortable about providing feedback to the pharmacist and are involved in improving the pharmacy's services.

### Inspector's evidence

Staff comprised: one full-time pharmacist, two full-time dispensers, two part-time trainee healthcare partners and one part-time healthcare partner. There was locum pharmacist cover for alternate Saturdays. The pharmacist had adjusted dispensing workflow to manage staff shortage. (under principle 1). The pharmacist later confirmed that both staff had returned to work.

Head office provided on-going training via my Learn which included product information and a quiz. There were regular my Knowledge checks to test staff. Training topics included Clarinase POM to P switch. Study time was allocated to staff. Staff appraisals to monitor staff performance were documented. Staff were free to provide feedback and had suggested filing prescriptions in retrieval in a way that made them easier to locate. Off-site prescriptions were filed in their own basket and the matching labelled bags of medicines were stored in one place and 'home' dispensed and checked prescriptions were stored separately from off-site prescriptions. Thus, making them easier to locate.

There was a whistleblowing policy. Targets and incentives were set but the pharmacist said that patient safety was the first priority so patient wellbeing would not be compromised.

## Principle 3 - Premises ✔ Standards met

### Summary findings

The premises are clean, secure and suitable for the provision of its services.

### Inspector's evidence

The premises had been refitted since the previous visit and presented a professional, clean, bright image. There were two chairs for waiting members of the public. There was a small dispensary on the ground floor with limited stock to dispense acute and repeat prescriptions. The pharmacy operated this area by 'tote box' dispensing so there was little stock to put away. The main, larger dispensary which accommodated blister pack preparation was located upstairs. There was a lift to transport stock and other items upstairs.

Lavatory facilities were clean and handwashing equipment was provided. There was a staff area upstairs. Dispensary sinks were clean. The consultation room was not locked when not in use, but all the cabinets were locked securing any equipment and documentation. Health related leaflets were displayed. The computer screen was locked. Patient privacy is protected. There was a chaperone policy displayed at the consultation room. There was sufficient lighting and air conditioning.

## Principle 4 - Services ✔ Standards met

### Summary findings

The pharmacy's working practices are safe and effective, and it gets its medicines from reputable sources. The pharmacy team takes the right action if any medicines or devices need to be returned to the suppliers. The pharmacy's team members are helpful and give advice to people about where they can get other support. They also make sure that people have all the information they need so that they can use their medicines safely. The pharmacy team makes sure that medicines are stored securely at the correct temperature so that medicines supplied are safe and effective.

### Inspector's evidence

Staff went to the door to assist people with mobility aids. There was a hearing loop to assist people who were hard of hearing. Large font labels could be printed and there was a magnifying glass to assist visually impaired patients. Staff could converse in Slovakian, Hungarian, Czech and Polish to assist patients whose first language was not English. Patients were signposted to other local services when the pharmacy could not meet their needs including optician for minor eye conditions and urgent care out of hours service.

Interventions were recorded on the PMR and included counselling given on supply of isotretinoin within seven days of issue of the prescription, pregnancy prevention programme (PPP) and confirming a negative pregnancy test. The pharmacist said if a prescription for more than 30 days' supply of a schedule 4 CD was issued the prescriber was contacted and the reason for the duration of supply was noted on the PMR.

Patients were counselled on how best to take their medicines and patients taking warfarin were asked about dates of blood tests. Patients did not have evidence of their INR when they visited the pharmacy, but the surgery did not issue prescriptions for warfarin unless they had the results of the INR. During medicine use review (MUR) advice was given to inform the pharmacist when purchasing over-the-counter medicines which may affect INR. Advice was given about diet and foods which contain vitamin k and may affect INR.

The pharmacist said patients taking methotrexate were asked if they attended for blood tests as stated on their prescriptions. A note was recorded on the PMR regarding interval of blood tests and if the patient had attended. The pharmacy had healthy living status. NHS email and nhs.uk entry was current. To meet quality payments criteria, staff had completed training in children's oral health and risk management. Tote boxes were risk assessed to ensure they were cleared and removed from the dispensary.

Audits had been conducted but there were no referrals resulting from the sodium valproate audit in both phases but the pharmacist had information to distribute to patients who may become pregnant regarding the PPP. Posters relating to NICE guidelines for sodium valproate and isotretinoin were displayed for staff reference in the dispensary.

The audits for prescription of proton pump inhibitor for gastric protection while taking non-steroidal anti-inflammatory drug (NSAID) and use of spacers with inhalers in children with asthma had resulted in no referrals to the doctor.

Public awareness had been increased through health campaigns and there was a display to encourage teeth cleaning which staff said had resulted in an increase in toothbrush sales. Other health campaigns included blood donation, 'Carers week' and Dry January. Medicines and medical devices were delivered outside the pharmacy. Patient signatures were recorded on a hand-held electronic device. A paper copy was also available. Falsified medicines directive (FMD) hardware and software was installed but not initiated at the time of the visit.

Medicines and medical devices were obtained from Alliance, AAH and Phoenix. Floor areas were clear, and stock was neatly stored on the dispensary shelves. Stock was date-checked and recorded. Stickers were attached to short-dated stock. No date-expired medicines were found in a random check. Liquid medicines were marked with the date of opening. Medicines were stored in original manufacturer's packaging. Cold chain items were stored in two medical fridges. Waste medicines were stored separately from other stock. CD stickers were used to highlight prescriptions for schedule 2,3 and 4 CDs to manage supply within 28-day validity.

Uptake of services: EHC and Streptococcus A throat infection and treatment service had low uptake. Two supplies were made via NHS Urgent Medicine Supply Advanced Service (NUMSAS) on Saturdays. Needle exchange was a new service. The number of people accessing trimethoprim to treat urinary tract infection had increased to two or three per week due to referrals from NHS 111 and the local doctors. Between four and six clients attended the pharmacy for supervised consumption service. Drug alerts were printed, actioned, annotated and filed.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely.

### Inspector's evidence

Current reference sources included BNF and Drug Tariff. There was a range of British standard glass measures to measure liquids including separate marked measures for methadone. The medical fridges were in good working order. Minimum and maximum temperatures were monitored daily and found to be within range 2□-8□. The CD cabinet was fixed with bolts. CD destruction kits were available.

Staff had signed confidentiality agreements and completed my Learn training on General Data Protection Regulation (GDPR). There was a GDPR privacy notice displayed. Confidential waste paper was collected for secure disposal and a there was a cordless phone to enable a private conversation. Staff used their own NHS cards.

## 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. |