General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 128 Battle Road, Hollington, ST. LEONARDS-ON-SEA, East Sussex, TN37 7AN

Pharmacy reference: 1036268

Type of pharmacy: Community

Date of inspection: 17/08/2020

Pharmacy context

This is a busy community pharmacy on a main road in St Leonards-on-sea. The pharmacy mainly dispenses NHS prescriptions. It dispenses medications into multi-compartment compliance packs for people in their own homes who need help managing their medicines. And also supplies these packs to some care homes. People can ask to have their blood pressure checked, and the pharmacy offers the Medicines Use Review service. The inspection was undertaken during the Covid-19 pandemic.

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 is good at recording and learning from dispensing mistakes. It regularly reviews them, identifies patterns, and shares the learning with team members.
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

The pharmacy appropriately identifies and manages the risks associated with its services. It is good at recording and learning from dispensing mistakes. It regularly reviews them, identifies patterns, and shares the learning with team members. Team members have clear roles and responsibilities. And they know how to protect vulnerable people. The pharmacy largely keeps the records it needs to by law, to show that its medicines have been supplied safely and legally. People using the pharmacy can provide feedback and raise concerns.

Inspector's evidence

A range of standard operating procedures (SOPs) was available, and staff had signed to indicate that they had read and understood them. The store manager was also a dispenser, and he showed that new versions of some SOPs had arrived in and he was about to go through them with the staff. Roles and responsibilities of staff were set out in the SOPs. And dispensers could explain what they could and could not do if the pharmacist had not turned up in the morning.

The manager confirmed that all team members had received a Covid-19 risk assessment. The details of these were kept on the pharmacy's electronic training system.

The pharmacy recorded dispensing mistakes that were identified before the medicine was handed out (near misses) and those where the medicine had reached a person (dispensing errors). Near misses were recorded in a book in the dispensary and there was also a separate record for near misses which occurred in the multi-compartment compliance pack assembly area upstairs. The pharmacy used a company system called 'Safer Care' to review near misses and dispensing errors, and to check that the pharmacy's procedures were being followed. All near misses and dispensing errors were reviewed regularly by the pharmacy's Safer Care Champion, who was the trainee dispenser. She explained how she reviewed the dispensing mistakes for any patterns and discussed the learning from them in the team. She gave an example of near misses that had occurred where the wrong strength of Fostair inhaler had been dispensed. And as a result, the different strengths had been clearly separated in the fridge to help reduce the chance of a recurrence. She explained that as part of a review the team had identified that there were some labelling mistakes happening where the title of the person had been wrongly selected. For example, the title of the person had been inadvertently changed to 'baby' or 'sergeant'. This was found to be caused by inadvertent clicks on the individual person's record screen. And this was discussed with the team members to make them aware and help prevent it happening in the future.

Staff were familiar with the company complaint procedure, and there was a leaflet in the public area which explained to people how they could provide feedback or make a complaint. The manager said that they had undertaken the annual patient survey in 2020 but had not yet received the results. The pharmacy had current indemnity insurance, and this was arranged by the pharmacy's head office.

The right responsible pharmacist (RP) notice was displayed and the RP record was maintained electronically and had been filled in properly. Records of private prescriptions and emergency supplies made examined complied with requirements. Controlled drug (CD) registers seen had been completed correctly, and the CD running balances were checked on a regular basis. A random check of a CD

medicine showed that the amount of physical stock matched the recorded balance. Most records of unlicensed medicine supplies had the right information recorded, but some did not. This could make it harder for the pharmacy to find out this information if there was a query. The manager said that the records would be updated with the right information.

People using the pharmacy could not see other people's personal information. Confidential waste was put into separate designated bins and sent offsite for secure disposal. The manager confirmed that team members had completed training on confidentiality and safeguarding vulnerable people. Team members had individual smartcards to access NHS electronic records, although one team member's card was not working properly, and this was due to be resolved. Computer terminal screens were turned away from the public area, and the computers were password protected.

The pharmacist confirmed that she had completed the level 2 safeguarding training. Team members could explain what they would do if they had a concern about a vulnerable person. There was a flowchart explaining the steps to be taken in the event of a concern on the wall in the dispensary. And contact details of local safeguarding agencies were available.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members to provide its services safely, and they do the right training for their roles. Staff have clearly worked hard since the previous inspection to make improvements, and as a result the pharmacy is notably more organised and efficient. Team members do ongoing training to help keep their knowledge and skills up to date. And they feel comfortable about raising any concerns.

Inspector's evidence

At the time of the inspection there was one relief pharmacist, three dispensers (one was the store manager), and a trainee dispenser. Team members could explain what accredited training they had completed or were undertaking. And the trainee dispenser said that she had just submitted the final papers for her course.

On the previous inspection the pharmacy had been struggling with its workload and dispensing had gotten behind. On this inspection there were found to be significant improvements. The dispensing workload was up to date, and the dispensing of multi-compartment compliance packs was around two weeks ahead. Dispensary worktops were largely clear. Staff were observed working effectively together and communicating well. They said that since the start of the pandemic, they had seen a large increase in the proportion of electronic prescriptions. And this had helped them manage the pharmacy's workload more effectively. Workflow in the pharmacy was a lot better organised and the pharmacy was much less chaotic than was found on the previous inspection.

Team members felt able to raise any concerns and make suggestions. The store manager was usually present in the pharmacy, and staff felt comfortable about approaching him. Staff completed ongoing training using electronic training packages as and when they appeared on the computer system. Team members said that they were up to date with the ongoing training and were usually able to complete it in quieter times during the day. Staff had some targets which were set by head office and these included the number of NHS prescription items, and over-the-counter medicine sales. Team members did not feel under any undue pressure to achieve the targets. The pharmacist felt able to take any professional decisions as they arose.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are clean, tidy, and suitable to provide the pharmacy's services safely. People can have a conversation with a team member in a private area. The premises are secure from unauthorised access.

Inspector's evidence

The pharmacy was clean, tidy and well lit. The dispensary area was much tidier than on the previous inspection, and a set of shelves had been obtained to provide more storage space. The manager explained that they cleaned the pharmacy and the door handles every lunch time and did a deep clean each morning. Since the start of the pandemic, clear plastic screens had been installed on the pharmacy counter to help reduce the spread of infection.

The consultation room was limited in size, but it was clean and tidy. It allowed a conversation to take place inside which would not be overheard. Use of the room during the pandemic had been limited, but it had recently started being used for blood pressure checks and Medicines Use Review consultations. The premises were protected from unauthorised access. The rooms upstairs in the back-shop area were much tidier than on the previous inspection. And following the previous inspection a combination keypad had been fitted on the door to the back-shop area.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides its services safely and people can access them easily. Team members take the right action when safety alerts are received, to ensure that people get medicines and medical devices that are safe to use. The pharmacy gets its stock from reputable sources and stores it properly. It dispenses medicines into multi-compartment compliance packs safely.

Inspector's evidence

The pharmacy had step-free access from outside via an automatic door. There were wide aisles and enough space to help people with wheelchairs and pushchairs manoeuvre. A range of leaflets was available for people to take. Staff said that more people came into the pharmacy during the pandemic as the local GP surgeries were still closed. And some surgeries were not accepting paper requests for repeat prescriptions, so the pharmacy ordered them on their behalf. Staff said that many of the people using the pharmacy were older, and so did not always have access to email. So, the pharmacy emailed the requests to the surgeries for these people and offered a delivery service.

Dispensed multi-compartment compliance packs examined were labelled with a description of the medicines inside to help people and their carers identify the medicines. People's GPs assessed their suitability for having their medicines in the packs. And the dispenser explained that if a person asked for their medicines to be put in one of these packs, they were referred to their GP. The packs were labelled with the required warnings, and patient information leaflets were routinely supplied. And they had an audit trail to show who had dispensed and checked the packs. Records were maintained when medicines were stopped or changed, and a date was recorded of when this had occurred. The system for preparing the packs was significantly better organised than was found on the previous inspection.

Team members explained how they highlighted prescriptions for higher-risk medicines such as warfarin or methotrexate, so that there was a change to speak with people when they collected these medicines. No prescriptions for these medicines could be found on the shelves so this could not be checked during the inspection. Prescriptions for CDs had been highlighted which helped alert the person handing out that the prescription had a shorter validity date. Staff were aware of the additional guidance that needed to be provided to people who were taking valproate medicines and were in the 'at-risk' group. A prescription was found for valproate which did have an alert sticker on it. But another was found which did not, and there was no record on the person's electronic record to say if they had been provided with the guidance. This person was in the at-risk group. Staff remembered that a pharmacist had spoken with this person when they had collected their medicines a previous time. But not recording this fact could make it harder for other pharmacists to know if the person had been provided with the additional information they needed.

Drivers contracted by the pharmacy's wholesaler delivered medicines to people in their own homes. For CD deliveries, the driver signed individual sheets to indicate that the delivery had been made safely. For non-CD deliveries, the driver crossed them off a sheet when they had been delivered. The driver had previously obtained signatures from recipients, but this had stopped during the pandemic to help prevent the spread of infection.

Medicines were obtained from licenced wholesale dealers and specials suppliers, and they were stored

in an orderly manner in the dispensary. Date-checking of stock was up to date, and this was supported with records. No date-expired medicines were found in with stock. CDs were kept securely. There were three fridges for medicines which required cold storage. The temperatures were checked and recorded daily, and records seen showed that they were consistently within the recommended temperature range. Bulk liquid medicines were marked with the date of opening to help staff know if the medicine was still suitable to use. Medicines people had returned for destruction were kept separate from stock. Staff explained how they checked the bags of medicines people returned for any items which should not be in there, and then placed it into the designated destruction bin. They said that they tried to minimise the handling of the medicines as much as possible, to help reduce any infection risk.

Drug alerts and recalls were received by the pharmacy from head office and also via email. A record was kept of what action had been taken in response. The pharmacy had the equipment to comply with the Falsified Medicines Directive (FMD), but the equipment was not yet in use.

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 in a way which helps protect people's personal information.

Inspector's evidence

A range of clean calibrated measures was available, with some marked for use only with certain liquids. Empty dispensing bottles were capped to prevent contamination. Hand sanitising gel was available for staff and people who used the pharmacy. Staff explained that they had had to remove the gel from the public area as it kept getting removed, but there was some behind the counter which people could ask to use. Staff had access to personal protective equipment (PPE), and staff were seen using it. The dispenser upstairs explained she wore PPE when she came down onto the shop floor, and this was seen when she came to collect stock for dispensing. Team members explained that they wore full PPE if they needed to speak with someone in the consultation room. The phone was cordless and could be moved to a more private area to help protect people's personal information. The fax machine was rarely used, and it was kept away from sight of people using the pharmacy.

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.