General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 14-16 Taunton Road, BRIDGWATER, Somerset, TA6 3LS

Pharmacy reference: 1036304

Type of pharmacy: Community

Date of inspection: 02/10/2019

Pharmacy context

This is a community pharmacy located within the same grounds as a medical practice in Bridgwater, in Somerset. The pharmacy dispenses NHS and private prescriptions. It offers a range of over-the-counter (OTC) medicines, provides advice, delivers medicines and some services such as the Medicines Use Reviews (MURs) and the New Medicine Service (NMS). And, it supplies multi-compartment compliance aids to people if they find it difficult to take their medicines on time.

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	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

The pharmacy's working practices are generally safe. Members of the pharmacy team monitor the safety of their services by recording their mistakes and learning from them. They do this well. The team can protect the welfare of vulnerable people. And, it largely maintains its records in accordance with the law.

Inspector's evidence

The pharmacy held a range of documented standard operating procedures (SOPs) to support its services. They were reviewed in 2017. Staff had read and signed the SOPs and their roles were defined within them. Team members were confident in carrying out their responsibilities and knew the tasks that were permissible in the absence of the responsible pharmacist (RP). The correct RP notice was on display and this provided details of the pharmacist in charge at the time. Some of the pharmacy's prescriptions were dispensed off-site (see Principle 4). There was an SOP to cover this. The team explained that people were informed verbally about this process and consent to dispense their prescriptions in this manner was obtained in writing through a nomination form with an 'opt-out' option provided.

The pharmacy was clean, tidy and free of clutter. Its activities were undertaken in an organised manner. There were two distinct areas from which dispensing activity took place, this was the main dispensary where the bulk of the pharmacy's activities happened and a second, partially segregated space to one side of this was used to assemble and hold multi-compartment compliance aids. In the former, the RP carried out the final check for accuracy from a segregated space. This helped to reduce distractions and errors. Details about the 'HELP' mnemonic were also on display to assist staff with the accuracy checking procedure.

Staff were ensuring the company's 'Safer Care' processes were being adhered to. This included completing workbooks and keeping the board up to date. They routinely recorded their near misses and reviewed them to identify trends or patterns. Details of this were then shared through monthly briefings and displayed on a wall. The team had highlighted look-alike and sound-alike medicines and placed caution notes in front of stock as a visual alert. Staff explained that they had also identified a large amount of dispensed fridge medicines inadvertently not being collected and left in the pharmacy. Subsequently, they had tidied the fridge so that dispensed items were placed alphabetically inside baskets, they checked the fridge every week and notified the surgery if people had not collected their medicine(s). Additionally, it had been noted that the team were not following the process for owed medicines as generated labels were being attached to prescriptions instead of 'owing' slips. To help prevent the risk of losing labels and records of owed medicines, the store manager had sought to discuss this with the team, re-implement the process and ensure staff complied.

During the inspection, the RP was observed asking another member of staff to verify the contents of a dispensed controlled drug (CD) before this was handed out. The RP explained that in response to the last incident which involved a hand-out error, additional checks had subsequently been implemented by the team. Incidents were usually handled by pharmacists or by the store manager. The process was in line with the company's policy and included checking details, apologising, investigating the situation, asking staff to complete reflective statements and root cause analyses. The latter helped the team to

learn from mistakes. However, at the point of inspection, there were no details available to inform people about the pharmacy's complaints process, this could mean that people may not have been able to raise their concerns easily.

The team was trained to safeguard vulnerable people, this included the RP who was trained to level two via the Centre for Pharmacy Postgraduate Education (CPPE) and staff were dementia friends. The pharmacy held relevant contact details for the local safeguarding agencies, there was policy information available as guidance for the team and the pharmacy's chaperone policy was on display. The company's information governance policy had been signed by staff and relevant audits completed. Staff separated confidential waste before it was disposed of through the company and sensitive details on dispensed prescriptions could not be seen from the retail space. However, there were no details on display to inform people about how the pharmacy maintained their privacy and there were some issues seen with the pharmacy's ability to routinely protect people's confidential information (see Principle 3 and 4).

The pharmacy largely ensured its records were compliant with statutory requirements and best practice guidelines. The former included the RP record, a sample of registers seen for CDs, records of private prescriptions, unlicensed medicines and in general, emergency supplies. Balances for CDs were checked and documented every week. On randomly selecting CDs held in the cabinet, their quantities matched the balances recorded in the corresponding registers. The maximum and minimum temperatures for the fridge were checked every day and records were maintained to verify that they remained within the required temperature range. Staff kept a complete record of CDs that had been returned by people and destroyed at the pharmacy. The pharmacy's professional indemnity insurance arrangements were in date and through the National Pharmacy Association. However, records for some emergency supplies had been made using generated labels although they had not faded or become detached. This was discussed at the time.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are competent and have a clear understanding of their responsibilities. They keep their skills and knowledge up to date by completing regular training.

Inspector's evidence

The pharmacy's staffing profile included the regular RP, store manager and seven other trained dispensing assistants. Their certificates of qualifications obtained were seen. Staff wore name badges, they covered each other as contingency for leave or absence and had the confidence to raise any concerns they might have had. They also worked well together and were seen to support one another. The store manager used monthly planners to organise the workload and subsequently the team was undertaking various tasks such as putting away dispensed prescriptions that had been dispensed off-site or serving people with very little direction required from the store manager or the RP. Two members of the team were also directly responsible for managing the compliance aids.

Staff asked relevant questions before selling OTC medicines, they knew when to refer to the pharmacist and held a suitable amount of knowledge for medicines when questioned. They also described being confident enough to make suggestions to improve services such as moving shelving around to help easily view medicines or dispensed compliance aids. To assist with ongoing training needs, team members completed online modules every month through a company provided resource. They received formal appraisals every six months, communicated verbally and regularly discussed details. Team meetings were held when required. The RP stated that she was required to complete the maximum number of MURs. This was described as manageable.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises provide a professional environment for the delivery of its services. The premises are clean. And, it has plenty of space available to provide its services safely.

Inspector's evidence

The premises consisted of a medium sized retail space and dispensary with the basement, stock and staff areas at the very rear. There was plenty of space for dispensing and for the pharmacy's activities to take place safely. The front retail space was professional in appearance, it was bright and well ventilated. The fixtures and fittings in the very back sections were somewhat dated but still adequate and all areas seen were clean. Pharmacy (P) medicines were stored within unlocked Perspex units in the retail space, staff explained that people did not try to help themselves to these medicines.

There was a signposted consultation room available to provide services and for private conversations. At the outset of the inspection, this was unlocked, open and the PC had been left on the pharmacy system. This meant that people's records could have been easily accessible to anyone entering the room. This was discussed at the time and the team was instructed to ensure no confidential information was accessible from here in the future.

In the back area, there was another potential concern around safeguarding people's confidential information and unauthorised access to prescription-only medicines. The pharmacy team shared a bathroom with other people who were also based in the same building. The WC was located at the rear. Although the staff and stock areas were inaccessible due to key coded entry, staff had taken to leaving compliance aids that were due for delivery, in totes in a corridor that led to this area. This meant that there was a risk of unauthorised access here. Other than staff, no one else was seen using this space during the inspection and staff were advised to find another, more secure location to store these medicines prior to delivery.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy generally provides its services safely. The pharmacy's services are easily accessible. The pharmacy obtains its medicines from reputable sources. It stores and manages them well. And, the team usually takes extra care for people prescribed higher-risk medicines. This helps ensure that people can take their medicines safely. But, team members don't always record enough information to show that they have considered the risks when some medicines are supplied inside compliance aids. This makes it difficult for them to show that appropriate advice has been provided when these medicines are supplied.

Inspector's evidence

During the dispensing process, the team used baskets to hold prescriptions and medicines and this helped to prevent the inadvertent transfer of items. Baskets were colour co-ordinated to highlight priority and a dispensing audit trail was used to identify the staff involved. This was through a facility on generated labels. Once dispensed, prescriptions were then held within an alphabetical retrieval system. There were separate sections for prescriptions dispensed off-site. CDs (Schedules 2 to 4), fridge items and prescriptions requiring pharmacist intervention were routinely identified. Assembled CDs as well as fridge lines were stored within clear bags and this helped to verify the contents upon hand-out.

Licensed wholesalers such as Alliance Healthcare and AAH were used to obtain medicines and medical devices. The latter was used to obtain unlicensed medicines. Some staff were aware of the process involved for the European Falsified Medicines Directive (FMD), the store manager described a training module being due for the team to complete soon and relevant equipment was present. However, this was not functioning at the point of inspection and the pharmacy was not yet complying with the process. Medicines were stored in an organised manner. This included dispensed medicines in the fridge that were stored inside baskets. CDs were stored under safe custody. Keys to the cabinet were maintained in a manner that prevented unauthorised access during the day as well as overnight. There were no date-expired medicines or mixed batches seen. The team used a date-checking schedule to verify the process and medicines were date-checked for expiry every week. Short-dated medicines were identified using stickers and liquid medicines with short stability were marked with the date upon which they were opened. Drug alerts were received via email, the team checked stock, acted as necessary and maintained an audit trail to verify this.

Staff used designated containers to store unwanted medicines returned for disposal and there was a list available to assist the team in identifying cytotoxic and hazardous medicines. People requiring sharps to be disposed of, were referred to the local council and contact details provided. Returned CDs were brought to the attention of the RP, details were noted, the CDs were segregated and stored in the cabinet prior to destruction.

People could access the pharmacy from two entrances. The first was from the front street and via a ramp, the second was from the back. Both led into clear, open space. This assisted people with wheelchairs to easily gain entry. The pharmacy had magnifying equipment to assist people who were visually impaired and a pen to help with manual dexterity. Staff spoke slowly and clearly or used written details to communicate with people who were partially deaf. There were four seats available for people waiting for prescriptions and a few car parking spaces at the rear of the premises that were shared with

the medical practice. Details about the pharmacy's opening hours and services that it provided were on display. There was also documented information present that staff could use alongside their own knowledge of the area or online resources, to signpost people to other local organisations.

The pharmacy was healthy living accredited. There was a dedicated zone in the retail area to provide people with information and relevant details about current health campaigns. Staff explained that they had looked at the local authority's health profile and identified the areas that most required intervention as people who were unemployed, homeless, people with cancer and sexual health. In response, they had raised people's awareness on certain topics, they provided literature, ran regular campaigns on topics such as oral health and had made referrals to people's GP's when their blood pressure had been taken.

The pharmacy provided a substance misuse service where supervised consumption took place. People were referred to the pharmacy after the local Drug and Alcohol Action Team (DAAT) contacted them, identities of people were checked, and three-way agreements put in place between users of the service and the pharmacy. The RP explained that to maintain the safety of these people, when they had previously arrived at the pharmacy intoxicated or had missed three consecutive doses, their treatment was refused, and they were referred to the DAAT for assessment before treatment could continue.

People prescribed higher-risk medicines were identified, counselled and relevant parameters were routinely checked. This included checking the International Normalised Ratio (INR) levels for people prescribed warfarin and the details being documented to verify this. People who received compliance aids with higher-risk medicines were generally provided these medicines separately (see below). Staff were aware of risks associated with valproates, these medicines were stored separately, highlighted and there was educational literature available to provide to people upon supply. The pharmacy had completed an audit in the past to identify people at risk, having been supplied this medicine, and they were appropriately counselled.

The off-site dispensing service involved inputting prescription details into the pharmacy system, the pharmacist then conducted a clinical as well as an accuracy-check at this stage before the details were transmitted to one of the company's hubs. The pharmacy retained the prescriptions at the pharmacy and any prescriptions for CDs, fridge lines, split packs of medicines or bulky medicines were not sent for dispensing. Dispensed prescriptions were sent back from the hub in sealed totes within two working days. Staff then matched people's details on the bags to prescriptions and the bags were not opened. However, the contents were re-checked as the team had seen previous issues with missing items. If people arrived to collect their medicines before their dispensed prescriptions had returned from the hub, the team dispensed them at the pharmacy. This also happened when items were owing.

Compliance aids were only initiated and supplied by the pharmacy for people who could not easily manage their medicines and after the team had liaised with the person's GP. Prescriptions were ordered by the pharmacy and once received, staff cross-checked details against people's individual records. If any changes or missing items were identified, staff confirmed them with the prescriber and documented the details on their records. To assist with this, they were sometimes able to obtain, and retained, discharge information from hospitals or were provided with details from people or their representatives. Compliance aids were not left unsealed overnight, patient information leaflets (PILs) and descriptions of medicines were routinely provided. The pharmacy's process for mid-cycle changes involved supplying the medicine(s) separately and introducing the change from the start of the next cycle.

However, not all medicines were de-blistered and removed from their outer packaging before placing

into the compliance aids. Staff were dispensing some orodispersible formulations (such as mirtazapine, lamotrigine and lansoprazole), still in its original foil, in the compliance aids. This was supplied one week at a time. Staff were aware of the potential risks of supplying it in this way. They explained that this was necessary to ensure that people would take their medicine as prescribed by their doctor and was being done at the specific request of the prescriber. Counselling had been initially provided to ensure that the outer packaging was removed before taking the tablets, but there were no details documented to confirm this. Nor was there any evidence that the pharmacy had carried out any risk assessment.

In addition, staff were preparing compliance aids with sodium valproate dispensed and supplied inside them, this was dispensed four weeks at a time. Staff stated that this had been at the request of the prescriber and was required in the best interests of the person receiving the medicine. There had not been any documented checks made about the suitability of this and no details were recorded about the situation. This included information about whether this was necessary. Some members of the team were aware about stability concerns or suitability for its inclusion inside compliance aids. Staff were subsequently advised to re-assess the pharmacy's processes here, consult reference sources, check with the person or representative(s) and the person’s prescriber.

The pharmacy provided a delivery service and audit trails to demonstrate this service were maintained. CDs and fridge items were highlighted and checked prior to delivery. The company driver obtained people’s signatures when they were in receipt of their medicines with a handheld device, but people’s signatures were also obtained on a paper record. There was a risk of access to confidential information from the way people’s details were laid out for the latter. Failed deliveries were brought back to the branch, notes were left to inform people of the attempt made and medicines were not left unattended.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

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

Inspector's evidence

The pharmacy was equipped with appropriate equipment and necessary facilities. This included current reference sources and clean equipment such as standardised conical measures for liquid medicines as well as counting triangles. The dispensary sink used to reconstitute medicines was clean, there was hot and cold running water available here as well as hand wash. The CD cabinets were secured in line with legal requirements and the medical fridge appeared to be operating appropriately. Computer terminals were positioned in a manner that prevented unauthorised access. Staff used their own NHS smart cards to access electronic prescriptions. They were stored securely overnight.

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.