

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Highbridge Medical Centre, off Pepperall Road, HIGHBRIDGE, Somerset, TA9 3YA

Pharmacy reference: 1036326

Type of pharmacy: Community

Date of inspection: 01/05/2019

Pharmacy context

This is a community pharmacy located inside a medical practice, within a residential area of Highbridge in Somerset. A range of people use the pharmacy's services. The pharmacy dispenses NHS and private prescriptions. It offers a few services such as Medicines Use Reviews (MURs) and the New Medicine Service (NMS). It supplies some people with their medicines inside multi-compartment compliance aids, if they find it difficult to take their medicines on time. And, some people's prescriptions are assembled from another part of the company's premises before being sent back to the pharmacy for collection.

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 manages most risks effectively. Pharmacy team members understand how they can protect the welfare of vulnerable people. And, the pharmacy maintains the records that it must keep by law. But, it displays the incorrect responsible pharmacist notice. This makes it difficult for people to know who is responsible and it doesn't meet legal requirements. When things go wrong, pharmacy team members deal with mistakes responsibly. But, they may not be recording all the details. So, they may miss opportunities to prevent the same mistakes being repeated.

Inspector's evidence

The pharmacy's workload was manageable. Staff assembled prescriptions and the responsible pharmacist (RP) conducted the final check of prescriptions from distinct areas. The latter was kept clear of clutter. One half of the dispensary's bench space was taken up with baskets of assembled prescriptions that required a final check. These were stored in an organised manner.

In general, the company's Safer Care processes were in place. Workbooks and checklists were complete. Staff recorded near misses, the Safer Care champion reviewed these collectively and shared details with the team every month. Staff described segregating medicines with similar packaging. They placed caution notes in front of these medicines as an additional visual alert.

Pharmacy procedures were re-read in response to patterns or trends with errors seen and the team used coloured baskets to hold different types of prescriptions and items (such as deliveries). These were placed in a way where prescription details were easily visible. This helped locate people's prescriptions quickly if required. Within the near miss log, contributing factors, any learning identified and the action taken to prevent reoccurrence was missing from several entries.

The pharmacy informed people about their complaints procedure. This was on display in the retail area. Incidents were handled by the RP or by the pharmacy manager. The process was in line with company policy. Documented details of previous incidents were present. No recent incidents had occurred. According to the team, due to an incident in the past that involved a fridge item, they now ensured these were double checked on hand-out by another member of staff. This was observed.

A range of documented standard operating procedures (SOPs) were available to support services. Staff had read and signed SOPs.

The pharmacy sent some people's prescriptions to one of their hubs in Bristol. The SOP and guidance information for the team was in place to cover this off-site dispensing. The inspector was told that if members of the public had originally signed up the company's express repeat prescription and collection service in the past, then they were automatically enrolled into the offsite dispensing service unless they specifically opted out. Staff explained that for people new to the service, written consent for this activity was now required and they were to obtain consent from existing people.

Confidential waste was segregated prior to being disposed of through the company. Sensitive information on bagged prescriptions awaiting collection was not visible from the retail area. The company's information governance policy was present. The team were provided with guidance on

protecting people's confidentiality through this. The RP described accessing Summary Care Records on weekends, for emergency supplies or if people were unfamiliar with their medicines and further information was required. Consent to access people's records was obtained verbally and the pharmacy kept records to verify this.

Staff could identify signs of concern to safeguard vulnerable people. They referred to the RP in the first instance. The RP was trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE). The pharmacy held relevant local contact details and policy information. Documented details of previous incidents where the team had intervened were also present.

An incorrect RP notice was on display. This was changed at the outset of the inspection (around midday) once it was highlighted by the inspector.

Records of the maximum and minimum temperature were maintained to verify appropriate cold storage of medicines. Staff maintained a complete record of controlled drugs (CDs) that were returned by the public and destroyed by them.

A sample of registers checked for CDs, the RP record, unlicensed medicines and older records of emergency supplies were documented in line with statutory requirements. For CDs, balances were checked and documented every week. On randomly selecting CDs held in the cabinet quantities held, matched balances within corresponding registers.

The pharmacy held appropriate professional indemnity and employer liability insurance arrangements.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members have an appropriate level of understanding about their roles and responsibilities. They are provided with resources to complete ongoing training. This helps to ensure that their skills and knowledge are kept up to date.

Inspector's evidence

The pharmacy dispensed around 9,000 to 10,000 prescription items every month, 58 people received their medicines inside multi-compartment compliance aids devices, 16 to 18 people were provided medicines from instalment prescriptions.

The team consisted of a regular pharmacist, four trained dispensing assistants, one of whom was the pharmacy manager, an accuracy checking technician (ACT) and two medicines counter assistants (MCAs) who were undertaking accredited training. Contingency arrangements for staff absence involved the team covering one another or cover was arranged from other branches in the area.

Staff wore name badges. Some of the team's certificates of qualifications obtained were seen.

In the absence of the RP, staff knew which activities were permissible by law. They used an established sales of medicines protocol before selling over-the-counter (OTC) medicines and referred to the RP when unsure or when required. Sufficient knowledge of OTC medicines was held.

Staff in training completed course material at home and at work. Protected time was provided at work for this. To assist with training needs, team members were provided with online modules to complete. These were on various topics and provided every month through the company. Formal appraisals for staff occurred every six months.

Safer Care team meetings, a noticeboard and regular discussions between the manager and staff helped to convey relevant information. The RP described an expectation to achieve 400 MURs annually. This was achievable with no pressure applied to achieve.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide an adequate environment for the delivery of its services.

Inspector's evidence

The pharmacy was located inside the medical centre by the main entrance. The retail space was small and the dispensary of a medium size. There was also a second, smaller segregated dispensary that was used to assemble multi-compartment compliance aids devices and to process prescriptions.

The pharmacy was suitably lit and well ventilated. Areas that faced the public were presented appropriately. Most areas were clean. The carpet in the dispensary required vacuuming and the staff WC could have been cleaner. Some mould was observed around the sink and tiled area.

The consultation room was located behind the front counter to one side. This was close to the entrance of the dispensary. The room was signposted from the retail space. This made it clear that there was an area available where services and confidential conversations could take place. The door was kept unlocked. And there was no confidential information accessible from within the room. However, a bag of confidential waste was located within the vicinity of the entrance. This was discussed at the time. People were ushered directly into and out of the consultation room.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy sources, stores and manages most of its medicines appropriately. It takes the right action if any medicines or devices need to be returned to the suppliers. And in general, members of the pharmacy team ensure their services are provided safely. But, the pharmacy doesn't always know who has clinically checked prescription items. So, if mistakes occur, the pharmacy team members may not have the information they need to easily put things right.

Inspector's evidence

The pharmacy was accessible from one level inside the medical centre and through a wide, automatic front door. The clear open space inside the pharmacy facilitated easy access for people with mobility issues. There were four seats available for people waiting for prescriptions. Some car parking spaces were available outside the premises.

To assist people who were partially deaf, the team could use a hearing aid loop or they used the consultation room. Staff described physically assisting people who were partially sighted.

The team used baskets to hold prescriptions and medicines to prevent any inadvertent transfer. Their involvement in pharmacy's processes was in general, apparent as a dispensing audit trail was used. This was routinely used through a facility on generated labels. A stamp was placed on prescriptions to help identify that pharmacists had conducted a clinical check. This also highlighted when the final check for accuracy had occurred by the ACT. However, assembled prescriptions awaiting collection were not routinely marked to identify that the clinical check had taken place.

Staff were aware of risks associated with the medicine valproate. A separate drawer was used to store this medicine. The pharmacy held guidance material and literature to provide to people. Prescriptions for people who may become pregnant were flagged to the pharmacist. A few people were identified and intervention occurred.

People prescribed high risk medicines were identified, counselled, relevant parameters checked and details documented where possible, according to the RP. This included asking about the International Normalised Ratio (INR) level for people prescribed warfarin. There were no records seen to verify this.

For the off-site dispensing service: The team ordered prescriptions on behalf of people. After inputting prescription details into the pharmacy system, the pharmacist conducted a clinical check as well as a check for accuracy before this information was transmitted to the hub. Prescriptions were kept at the pharmacy. Bagged items were sent back from the hub in two to three days' time and staff then matched these to prescriptions. Some prescription items were only dispensed at the pharmacy and not sent to the hub. This included split packs, fridge items and CDs.

Multi-compartment compliance aids devices: These were set up after the RP and person's GP liaised on suitability, the latter conducted the initial assessment. Once set up, the pharmacy team ordered prescriptions on behalf of people and cross-checked against individual records that were maintained by the team. If changes were identified, staff confirmed these with the prescriber, they documented details onto records and maintained audit trails to verify this. Descriptions of medicines were

provided. Patient information leaflets (PILs) were supplied routinely. The team did not leave devices unsealed overnight.

People prescribed warfarin that received devices were provided this medicine separately. Some people received finasteride inside devices, staff who may become pregnant were aware not to handle this medicine but were unsure if these people had carers. Mid-cycle changes involved retrieving the old devices and either amending or supplying a new set of devices.

For deliveries: Audit trails were in place to verify when and where medicines were delivered. CDs and fridge items were highlighted and checked prior to delivery. The driver brought back failed deliveries to the branch and left notes to inform people about the attempt made. They did not leave medicines unattended. The driver obtained signatures from people once their medicines were delivered.

Medicines and medical devices were obtained from licensed wholesalers such as Alliance Healthcare, Phoenix and AAH. The latter was used to obtain unlicensed medicines.

Staff were aware of the process involved with the European Falsified Medicines Directive (FMD). There was relevant equipment present although this was not functioning at the point of inspection.

Medicines were stored in an organised manner. Short dated medicines were identified using stickers. A date checking schedule was in place, medicines were date checked for expiry every week. Staff explained that they were currently behind by two weeks with this process. There were no date expired medicines or mixed batches seen. Liquid medicines were marked with the date they were opened. A bottle containing loose tablets was present. This was not labelled with any information to identify its contents but was disposed of by staff once highlighted.

CDs were stored under safe custody. Keys to the cabinet were maintained during the day and overnight in a manner that prevented unauthorised access.

Prescriptions awaiting collection were stored within an alphabetical retrieval system. Fridge items and CDs (schedules 2, 3 and most of 4) were identified with stickers. The team used clear bags to hold assembled fridge and CDs. This assisted staff to identify these medicines when they were handed out. Uncollected items were removed every month. Odd prescriptions for schedule 4 CDs were seen that were not marked in any way to indicate their 28-day prescription expiry.

The pharmacy used appropriate containers to hold medicines that were brought back by people for disposal. These were collected in line with the pharmacy's contractual arrangements. People bringing back sharps to be disposed of, were referred to the local council. Returned CDs were brought to the attention of the RP, details were entered into the CD returns register, they were segregated and stored in the cabinet prior to destruction.

Drug alerts were received through the company and by email, stock was checked, and action taken as necessary. An audit trail was available to verify this process.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy held a range of current reference sources.

Counting triangles were present. This included a separate one for cytotoxic medicines. One counting triangle was dusty. There was a risk of cross contamination if the team continued to use this. Once highlighted, this was wiped down by staff.

There were clean, crown stamped, conical measures for liquid medicines and designated ones for measuring methadone. The dispensary sink used to reconstitute medicines was clean. Hot and cold running water was available with antibacterial hand wash present.

Medicines requiring cold storage were stored at appropriate temperatures within medical fridges. The CD cabinets conformed to statutory requirements.

Computer terminals were positioned in a manner that prevented unauthorised access. There were cordless phones to enable further privacy. Staff used their own individual NHS smart cards to access electronic prescriptions. These were taken home overnight. Staff could store their personal belongings in lockers.

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.