General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 128 Werrington Road, Bucknall, STOKE-ON-TRENT, Staffordshire, ST2 9AJ

Pharmacy reference: 1037086

Type of pharmacy: Community

Date of inspection: 30/04/2019

Pharmacy context

This pharmacy is located next to a medical centre in a residential suburb of Stoke-on-Trent. It mainly dispenses NHS prescriptions and supplies weekly compliance aid packs for people to use in their own homes. The pharmacy sells a range of over-the-counter medicines as well as offering NHS services including Medicine Use Reviews (MURs), the New Medicine Service (NMS) and a local minor ailments scheme. The pharmacy provides a private medicine supply service to a local Young Offender Institution (YOI), and offers testing services for both blood pressure and blood glucose. Substance misuse treatment services are also available.

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	N/A	N/A	N/A
2. Staff	Standards met	2.2	Good practice	Pharmacy team members complete regular ongoing training to keep their knowledge and skills up to date.
		2.5	Good practice	Pharmacy team members are comfortable in raising concerns and providing feedback.
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 and effective. It keeps the records it needs to by law. Pharmacy team members receive training so that they know how to keep people's information private and raise concerns to protect vulnerable people. They follow written procedures to help ensure that they complete task safely. But they do not regularly review some of their mistakes. So, may miss out on learning opportunities and the chance to reduce future risks.

Inspector's evidence

The pharmacy had some systems in place to help identify and manage risk. Pharmacy team members recorded near misses, but records had not been reviewed since January 2019. Stock medication arrangement within the pharmacy was being reviewed, to create more organisation and segregation, to help reduce the risk of picking errors. Dispensing incidents were recorded electronically, and a root-cause analysis was conducted. Records of incidents were retained in the pharmacy and these were discussed by the team. Team members explained how a recent incident had been managed and what actions had been taken to prevent reoccurrence.

A full set of written standard operating procedures (SOPs) were in place, most of which had been updated within the last two years. Team members had signed the procedures to confirm their acknowledgement. Examples were seen where procedures had been re-read in instances where it was felt reinforcement was required. The locum pharmacist had access to the most up-to-date procedures through a locum booking system.

The pharmacy conducted weekly audits of pharmacy processes and procedures. Any issues identified were then discussed at a monthly team briefing. A more wide-reaching quarterly audit was also completed by the pharmacy manager. And the pharmacy was also subject to an unannounced professional audit by a standards manager, once a year.

Team members wore uniforms and name badges which stated their roles. The team were clear on their responsibilities and a team member was able to discuss the activities which could and could not take place in the absence of a responsible pharmacist (RP).

A complaint procedure was in place. The details of which were advertised in a leaflet. People were also able to provide feedback and raise concerns verbally. And the consultation room was used where relevant, to afford additional privacy. Ongoing feedback was also sought through an annual community pharmacy patient questionnaire (CPPQ) and the results of the most recent survey were displayed.

Insurance arrangements were in place. The correct RP notice was conspicuously displayed. The RP log appeared generally in order, although two discrepancies were identified in the sample portion viewed. In these instances, the RP had been logged out a short period of time after logging in. The pharmacy manager confirmed that the RP had been present all day.

Controlled Drugs (CD) registers appeared generally in order. Patient returned CDs were recorded and destructions were signed and witnessed. Private prescription and emergency supply records were in

order and specials procurement records maintained and audit trail from source to supply.

Pharmacy team members completed annual information governance training and through discussion demonstrated an awareness of how confidential information was protected in the pharmacy. Confidential waste was segregated and removed for appropriate disposal and completed prescriptions were stored out of public view. Appropriate NHS Smartcard usage was observed.

A safeguarding procedure was in place and a dispenser discussed some of the types of concerns which may be identified in the pharmacy. Concerns were directed to the pharmacist in charge and the contact details of local agencies were available for escalation. The pharmacy had a chaperone policy in place, the details of which were displayed near to the consultation room.

Principle 2 - Staffing ✔ Standards met

Summary findings

Pharmacy team members are appropriately qualified. They work well as a team and support one another effectively to make professional decisions. And they complete regular ongoing training to keep their knowledge and skills up to date. The pharmacy has an open working culture, and team members are comfortable raising concerns and providing feedback.

Inspector's evidence

On the day, the pharmacy team comprised of a locum pharmacist, four qualified dispensing assistants, one of whom was also the pharmacy manager. A recently recruited trainee dispensing assistant was not present. The regular pharmacist had left the branch at the end of March 2019 and following this, cover had been provided through locum and relief pharmacists. Recruitment of a permanent pharmacist was underway. Leave within the pharmacy was usually planned, and restrictions were in place as to the number of team members who could be absent at one time. Cover was provided where possible by team members changing or increasing their hours. The team appeared to manage the workload adequately during the inspection.

A team member discussed the questions that would be asked to help to ensure that sales of medicines were safe and appropriate. Additional counselling advice that was provided with some medications was also highlighted. Sales were monitored, and where repeated requests were identified, referrals were made to the pharmacist.

The team members present on the day were appropriately qualified and a newly employed trainee dispenser had been enrolled on an appropriate training programme. The pharmacy team completed ongoing training on a regular basis. Compliance modules such as information governance training were updated annually and monthly modules on common OTC conditions and treatments were also completed. Protected learning time was provided in the pharmacy and training was monitored to ensure that team members were up to date. Team development was reviewed on an ongoing basis and formal appraisals were conducted twice a year, where development plans for each team member were reviewed.

An open dialogue was observed amongst the team, who worked closely together and said that they were comfortable in discussing any issues amongst one another in the branch. The team were also happy to approach the pharmacy manager and area manager, if required. The locum pharmacist discussed how he would escalate concerns to ensure that any issues were effectively managed. Pharmacy team members participated in a colleague survey which was completed annually and could also provide feedback to a local representative who attended a staff feedback forum. Anonymous concerns could be raised through a confidential helpline and team members confirmed that they had been provided with the relevant contact details for this.

There were targets in place for some services within the pharmacy. The pharmacy manager said that targets were not pushed, and services were only carried out where appropriate and indicated.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides a suitable environment for the delivery of healthcare services.

Inspector's evidence

The premises were appropriately maintained. Maintenance issues were escalated to head office, where necessary. Daily cleaning duties were carried out by pharmacy team members. The premises were generally clean on the day, although some areas of the floor needed sweeping, due to dust and debris that had blown in from the nearby busy main road.

The retail area to the front was well presented and stocked with a range of health and beauty products. Pharmacy restricted medications were segregated and marked to highlight that they were not for self-selection. The floor was free from obstructions and chairs were available for use. An enclosed consultation room was clearly signposted from the retail area. Appropriate equipment was in place to facilitate private and confidential consultations.

The dispensary had an adequate amount of space for the provision of services. The front portion was used for the assembly of walk-in and repeat prescriptions and the work bench was segregated for dispensing and checking. Shelves were used to store prescriptions awaiting an accuracy check, to keep work benches clear. A sink, with appropriate cleaning materials was available for the preparation of medicines. A separate area to the rear was used for the assembly of weekly compliance aid packs. Additional storage space was also available.

A staff tearoom was available for use and the WC facilities were equipped with appropriate handwashing materials. There was adequate lighting throughout the premises and the temperature was appropriate for the storage of medicines.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy manages its services safely, and people receive the information that they need to take their medicines properly. It obtains medicines from reputable sources and manages them reasonably well. But team members do not always carry out enough checks of some medicines.This increases the chance that medicines could be given out when they have passed their ‘use by’ dates.

Inspector's evidence

The pharmacy was accessible by a small step from the main street. A portable ramp facility aided wheelchair access. Additional adjustments were available for those with disabilities, including a hearing loop device. Advertisement materials for some of the services available from the pharmacy were displayed in the retail area, alongside some other health promotion literature. Some signposting guidance was available to assist in directing people to other healthcare providers.

Prescriptions were dispensed using baskets to keep them separate and reduce the risk of medications being mixed up. Dispensing labels were signed to identify those involved in dispensing and checking. CDs and prescriptions for fridge medications were dispensed using clear bags, to enable an additional check upon handout.

The pharmacist said that prescriptions for high-risk medicines were highlighted, so that additional checks could be made. The supply of valproate-based medicines to females of child-bearing potential was also discussed, and the relevant safety materials were available for supply. Stickers were available to highlight prescriptions for CDs, but they were not always used. Two unmarked prescriptions for tramadol and gabapentin were seen on the day, and both prescriptions had expired, which increased the risk of a supply being made in error.

Audit trails were maintained to identify any unreturned repeat prescriptions which had been requested from the GP surgery. A number of repeat prescriptions were sent to be dispensed at an off-site dispensary. The pharmacy manager discussed consent for this and the pharmacy kept audit trails to show that all transferred data had received both a clinical and accuracy check before being processed.

Medicines for people who received weekly compliance aid packs were organised into a four-week system. Audit trails were kept, to identify unreturned prescriptions and any changes to regular medicines. No high-risk medications were placed into weekly compliance aid packs. Completed weekly compliance aid packs viewed had patient identifying labels to the front, descriptions of individual medicines were present and PILs were supplied.

Signatures were obtained to confirm the delivery of medicines. In the event of a failed delivery attempt, medicines were returned to the pharmacy. Medicines were supplied to a local YOI. A service level agreement and SOP was in place to cover this service. Private prescriptions were received each day and the original prescription was retained by the pharmacy, an entry for which was made in the private prescription register.

Some team members had received training for the provision of the blood glucose and blood pressure testing services. SOPs were available for reference and guidance. Equipment was in place to support

service delivery, including a sharps bin for the disposal of used lancets. Needle stick injury treatment protocols were also displayed.

The pharmacy sourced medicines from reputable wholesalers and specials from a licensed manufacturer. Stock medicines were stored in the original packaging provided and were reasonably organised on shelves and in drawers in the dispensary. A date checking system was in place. There had been some delays to checks in recent weeks due to staffing shortages. During random checks, some expired medicines were identified, most of which were not marked to indicate that they were short dated, as they should be. Some of the medicines including olanzapine and pizotifen had expired at the end of 2018. The medicines were immediately removed from the shelves and placed for destruction. DOOP bins were available for the storage of returned and expired medicines. Several blister strips of gabapentin were identified in a standard DOOP bin, which increased the risk that these medicines may not be denatured prior to disposal, as they should be. A cytotoxic waste bin was available for hazardous medicines.

The pharmacy had a scanner in place to allow for medicines to be decommissioned in line with the European Falsified Medicine Directive (FMD). Pharmacy team members had completed training, which the pharmacy manager said would be refreshed once the system went live. The pharmacy was not currently fully FMD compliant.

CDs were stored appropriately. Out of date and returned CDs were clearly marked and segregated from stock. Random balance checks on the day were found to be correct. Needle exchange kits were pre-packed and sharps bins were available for the collection of returns. The team had been informed of the availability of hepatitis b vaccinations, for personal protection in the event of accidental needle stick injuries.

Two refrigerators were equipped with maximum/minimum thermometers and temperatures were checked and recorded daily. Both were within the recommended temperature range. Alerts for the recall of faulty medicines and medical devices were received via email. Checks were made, and the details of any action taken recorded. Alerts were then filed for reference.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had access to paper-based reference materials and internet access was also in place.

A range of glass ISO approved, and crown-stamped measures were available for measuring liquids. Counting triangles and capsule counters were also in place and a triangle was marked for use with cytotoxic medicines. The MethaMeasure machine was calibrated each morning. The blood pressure testing machine had been replaced within the last year. As had the blood glucose testing machine, but calibration records were not maintained in line with SOPs to demonstrate that equipment was suitable for use.

Electrical equipment underwent PAT testing. Computer systems were password protected and screens were located out of public view, to protect privacy. A cordless phone enabled conversations to take place in private, if necessary.

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.