General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 51-53 High Street, ALCESTER, Warwickshire, B49 5AF

Pharmacy reference: 1037754

Type of pharmacy: Community

Date of inspection: 27/01/2020

Pharmacy context

This is a community pharmacy located in the centre of Alcester in Warwickshire. The pharmacy dispenses NHS and private prescriptions. It offers Medicines Use Reviews (MURs) and the New Medicine Service (NMS). It supplies multi-compartment compliance packs to people in their own homes if they find it difficult to manage their medicines. And it provides medicines to residents in care homes.

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	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

Overall, the pharmacy manages risks in an adequate manner. It protects people's private information appropriately and maintains its records in accordance with the law. Pharmacy team members deal with their mistakes responsibly. But they are not always recording or formally reviewing them. This could mean that they may be missing opportunities to learn from their mistakes and prevent them happening again.

Inspector's evidence

The pharmacy had systems and procedures in place to help identify and manage risks. Staff were ensuring the company's 'Safer Care' processes were largely being adhered to. This included completing workbooks, weekly check-lists and keeping the board up to date. They described highlighting look-alike and sound-alike medicines. There were designated areas for the team to assemble prescriptions and a separate space for the responsible pharmacist (RP) to accuracy-check prescription from. Multi-compartment compliance packs and medicines for the care homes were also assembled in a separate area. This would normally help reduce mistakes from distractions. However, both dispensaries were quite cluttered at the inspection with every workspace taken up with paperwork or prescriptions in baskets. This increased the risk of mistakes happening. The staffing situation was also somewhat stretched (see Principle 2).

The pharmacy held a range of documented standard operating procedures (SOPs) to support its services. They were dated from 2019. Staff had read and signed the SOPs and their roles were defined within them. Team members knew their responsibilities and the tasks that were permissible in the absence of the RP. The correct RP notice was on display and this provided details of the pharmacist in charge at the time.

However, staff admitted that they had not routinely been recording details about their near misses. The last records seen were from August 2019 with missing details and gaps in December 2019. There were no documented details about the review taking place although team members stated that a one to one briefing was held when mistakes happened. Incidents were handled by the RP. The process was generally in line with the company's policy and included explaining the procedure, checking details, apologising, investigating the situation and recording the details. Details about previous incident reports were seen. There were also details on display to provide people with information about the pharmacy's complaints process. However, root cause analyses and reflective statements from staff involved in incidents were missing. This could limit the ability of the team to learn from mistakes.

Trained staff could safeguard the welfare of vulnerable people and the RP was trained to level two via the Centre for Pharmacy Postgraduate Education. Newer members of the team required training on this. The pharmacy held 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. 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. There were details on display to inform people about how the pharmacy maintained their privacy.

The pharmacy largely ensured that 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 emergency supplies. 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 record of CDs that had been returned by people and destroyed at the pharmacy although occasional gaps within this were seen. The pharmacy's professional indemnity insurance arrangements were in date and through the National Pharmacy Association.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy provides services using a team with a range of skills and experience. The pharmacy's team members largely understand their roles and responsibilities. And the company provides them with resources to keep their skills and knowledge up to date. The pharmacy overall, has limited numbers of staff to manage its workload. The team can sometimes manage. But this requires ongoing monitoring. And members of the pharmacy team are not always able to obtain staff as contingency. This can mean that they struggle with the workload and could make it more difficult to manage all their workload safely.

Inspector's evidence

At the time of the inspection, staff present included the RP who had recently started, a part-time supervisor who was trained as a dispensing assistant, a part-time, trained medicines counter assistant (MCA) and two further dispensing assistants. One dispensing assistant was a new member of staff whose employment had commenced at the end of December 2019 and the second was from another one of the company's branches. The latter had only been asked to cover the pharmacy for a short period of time. The inspector was told that the pharmacy was currently 40 hours short of staff and was recruiting for an additional 13 hours. Some experienced members of the team had recently left the pharmacy's employment and this, along with sickness had left the pharmacy short.

Although in general, the pharmacy team was managing the current workload, there were several areas seen which indicated that they were not always managing to stay up to date. This included recording and reviewing the near misses, managing the uncollected prescriptions, the untidy workspaces and not easily locating some of the pharmacy's paperwork. The inspector was told that the pharmacy team was 'firefighting'; the RP had come into the pharmacy on the previous Sunday in her own time and of her own volition to try and catch up. Staff were either having to miss their breaks or only took shorter ones. The staffing situation was described as stretched since October 2019. The team had tried to ring other branches to arrange cover, but no-one had free staff to provide. The inspector was also informed that the area coach had been to the pharmacy the week before the inspection. After commenting that the pharmacy looked behind, staff stated that they had left them with an action plan to complete so that the pharmacy could be ready for a stock-take. This was described as unhelpful as no support had been provided.

Team members wore name badges to outline their role. Some certificates to demonstrate their qualifications were seen. New members of the team were supervised by the RP. After observing and questioning counter staff, they asked a suitable range of questions before they sold over-the-counter (OTC) medicines and referred to the RP appropriately. However, the inspector was told that two products containing pseudoephedrine (over the legal limit) could be sold and trained staff did not know the licensed age that medicines for thrush could be sold for. This was discussed with the RP at the time. Ongoing training for the team consisted of accessing online modules through a company-based platform. The team was up-to-date with this and this helped keep the team's knowledge current. Formal appraisals had not taken place recently according to staff.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises provide a professional environment to deliver healthcare services. The pharmacy is clean, and it has a separate space where private conversations and services can take place. But parts of it are untidy.

Inspector's evidence

The premises consisted of a medium-sized retail space with an enclosed and appropriately sized dispensary behind the front medicines counter. A second dispensary used for dispensing medicines for the care homes was located at the opposite end of the first dispensary and accessed from the retail space. This led to stock and staff areas as well as an office. Public access to this area was restricted by key coded entry on the door. However, both dispensaries were quite cluttered. This can increase the risk of mistakes happening. The pharmacy was clean, and it was professional in appearance. Its fixtures and fittings were modern, it was bright and appropriately ventilated. Pharmacy (P) medicines were stored within unlocked Perspex units in the retail space. Staff explained that if people tried to help themselves to these medicines, they intervened. There was also a signposted consultation room available to provide services and private conversations. The room was of an adequate size for its intended purpose. It was kept unlocked but there was no confidential information accessible from this space. However, a sharps bin had been placed on the table in here. This could present a risk of needle-stick injury.

Principle 4 - Services ✔ Standards met

Summary findings

In general, the pharmacy provides its services in an appropriate manner. The pharmacy delivers people's medicines to them in a safe manner. It obtains its medicines from reputable sources. And it usually stores as well as largely manages its medicines appropriately. The pharmacy's team members routinely identify people receiving higher-risk medicines. But they don't always record relevant information. This makes it harder for them to show that people are provided with the right advice to take their medicines safely.

Inspector's evidence

People could access the pharmacy from a ramp outside and via an automatic front door. There were wide aisles inside the premises alongside a ramp as well as steps, both of which led to clear, open space. This helped people with wheelchairs to easily gain entry. Staff described communicating with people who were partially deaf through written details and they physically assisted people who were visually impaired. There were two seats available for people waiting for prescriptions and a free public car park close by to the pharmacy.

During the dispensing process, the team used baskets to hold prescriptions and medicines. They were colour co-ordinated to hep highlight priority and their use helped to prevent the inadvertent transfer of items. 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. CDs (Schedules 2 to 4), fridge items and prescriptions requiring a pharmacist to be involved were routinely identified. Assembled CDs as well as fridge lines were stored within clear bags. This helped to verify the contents upon hand-out. However, staff stated they were unsure when uncollected prescriptions had last been checked and removed. The occasional expired prescription for a CD (such as nitrazepam dated 13 August 2019) was seen and new members of the team were unaware of their 28-day prescription expiry.

Licensed wholesalers such as Alliance Healthcare and AAH were used to obtain medicines and medical devices. The latter was used to obtain unlicensed medicines. Staff were trained about the European Falsified Medicines Directive (FMD) and relevant equipment was present although this was not functioning during the inspection. 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. The team used designated containers to store unwanted medicines returned for disposal but there was no list available to assist staff in identifying cytotoxic and hazardous medicines. Sharps were accepted provided they were in sealed bins. 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.

There were no date-expired medicines or mixed batches seen. Liquid medicines with short stability were marked with the date upon which they were opened, and short-dated medicines were identified. Some of the pharmacy's medicines were stored in a disorganised manner and some stock had been stored on the floor. One member of staff was in the process of date-checking and was observed to tidy as this task was completed. However, according to the schedule, dispensary stock had last been checked for expiry in August 2019. This limited the pharmacy's ability to demonstrate that this process had been taking place regularly. Staff explained that this process had been happening, but they hadn't

recorded the details. Drug alerts were received via email, the team checked stock and described acting as necessary. However, the last documented audit trail to help verify this was from October and November 2019. In addition, staff did not routinely pass relevant information about recalled medicines to the care homes.

The pharmacy provided a delivery service and maintained audit trails to demonstrate this service. CDs and fridge items were highlighted and checked prior to delivery. The company driver obtained people's signatures with a handheld device when they were in receipt of their medicines. Failed deliveries were brought back to the pharmacy and notes were left to inform people of the attempt made. The pharmacy did not leave medicines unattended.

Compliance packs were supplied after an assessment by the pharmacist took place. 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, they were confirmed with the prescriber and the details were documented onto people's records. Compliance packs were not left unsealed overnight. Patient information leaflets (PILs) and descriptions of medicines were routinely provided. All medicines were de-blistered and removed from their outer packaging before they were placed into the compliance packs. The pharmacy's process for mid-cycle changes involved retrieving the compliance packs and supplying new ones.

The pharmacy supplied medicines in original packs for residents in care homes. The care homes were responsible for ordering prescriptions. Duplicate copies of the requests were provided to the pharmacy and once received, prescriptions were checked against this to help identify any changes or missing items. Interim or mid-cycle items were dispensed at the pharmacy. Staff explained that they had been approached by care home staff to provide advice on covert administration of medicines to the residents. The pharmacy retained information about this which included relevant material from various resources so that advice could be provided.

The pharmacy could offer a smoking cessation service as one member of staff was trained to provide this. Her certificate to verify the training received was from 2017. However, there was no up-to-date paperwork to authorise this such as service level agreements although no-one had been enrolled onto the service at the point of inspection. The pharmacy could also offer a service to screen and test for chlamydia under a Patient Group Direction (PGD). However, the PGD paperwork for this service was dated from 2016. The inspector was told that this service was not yet being offered by the RP. The team was advised to ensure relevant paperwork was in date and present before any locally commissioned services were commenced.

Staff were aware of the risks associated with valproates. There was educational literature available to provide to people upon supply and a poster on display to highlight the risks associated to the team. However, the pharmacy team could not easily locate any previous audits that had been completed to identify if this medicine had been supplied to people at risk. Staff described identifying people prescribed higher-risk medicines and where possible, details about relevant parameters were obtained. This included the International Normalised Ratio (INR) levels for people prescribed warfarin. However, there were no details being documented to verify this. People who received compliance packs with higher-risk medicines were provided these medicines separately, but the pharmacy did not routinely record information about relevant parameters. This included residents in the care homes.

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 uses its facilities appropriately to help protect people's privacy.

Inspector's evidence

The pharmacy was equipped with appropriate equipment and necessary facilities. This included current versions of reference sources and clean equipment such as standardised conical measures for liquid medicines, designated ones for methadone and water as well as counting triangles. The latter included a separate one for cytotoxic medicines. The dispensary sink for reconstituting medicines was clean. There was hot and cold running water available here as well as hand wash. The CD cabinet was secured in line with legal requirements and the medical fridge was operating at appropriate temperatures. Computer terminals were positioned in a manner that prevented unauthorised access. Staff used their own NHS smart cards to access electronic prescriptions. They were taken home overnight. There were also lockers available for the team to store their personal belongings.

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.