General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 51 Clarendon Street, LEAMINGTON SPA, Warwickshire, CV32 4PN

Pharmacy reference: 1037771

Type of pharmacy: Community

Date of inspection: 07/11/2019

Pharmacy context

This is a community pharmacy located in the centre of Leamington Spa. It sells a range of over-the-counter medicines and dispenses prescriptions. It offers Medicines Use Reviews (MUR) and New Medicine Service (NMS) checks. It supplies medicines in multi-compartment compliance packs to residents in care homes and to a small number of people living at home. And it also administers flu vaccinations in the winter season. The pharmacy has a small number of people receiving instalment medicines for substance misuse treatment.

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	Members of the pharmacy team are supported with on-going training to help keep their skills and knowledge up to date.
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 has written instructions to ensure its services are delivered safely and effectively. It keeps the records it needs to by law and it asks people who use its services for their feedback. Members of the pharmacy team manage people's personal information appropriately. And they understand how they can help protect vulnerable people. Members of the pharmacy team record their mistakes that happen during the dispensing process. But they do not always review their mistakes effectively. So they may be missing opportunities to learn and to prevent them from happening again.

Inspector's evidence

The pharmacy had a range of up-to-date standard operating procedures (SOPs) in place for the services provided. The pharmacy team members had read and signed the SOPs relevant to their roles and responsibilities. The roles and responsibilities of team members were set out in the SOPs. The correct Responsible Pharmacist (RP) notice was on display and members of the pharmacy team were aware of the tasks they could not undertake in the absence of a RP.

The pharmacy had systems to record and review near misses and dispensing errors. The pharmacy team recorded some of its near misses but members of the team said they didn't always get time to record and review all near misses. The cluster manager showed evidence of recent dispensing errors which had been reported to the head office and to the accountable officer. But the actions recorded to reduce the likelihood of similar recurrences were not evident in the pharmacy. Members of the pharmacy team used different coloured baskets during the dispensing process to minimise the risk of prescriptions getting mixed up and to prioritise workload. But the workflow in the dispensary was not as well-organised as it could be and bench spaces were cluttered.

A complaints procedure was in place and patient satisfaction surveys were undertaken annually. Details on how people could provide feedback about the pharmacy were published within the 'Customer Charter Standards of service' leaflet. The results of the most recent patient satisfaction survey were advertised in the pharmacy and posted on the NHS website.

Appropriate indemnity insurance arrangements were in place for the services provided. The pharmacy's RP records were complete and up to date. Records about controlled drugs (CDs) were kept in accordance with requirements. Running balances were recorded and checked regularly. CDs returned by people were recorded in a separate register. Records about private prescriptions, emergency supplies and unlicensed specials were in order.

Members of the pharmacy team had all signed confidentiality agreements and they had undertaken training about the General Data Protection Regulation. People's personal information was kept away from public view. Confidential waste was separated and disposed of securely. The pharmacy's computers were password protected and they were positioned away from public view. A privacy policy was advertised in the retail area, explaining how the pharmacy handled private information. Members of the pharmacy team did not always use their own NHS Smart cards to access electronic prescriptions. A smartcard belonging to a member of staff who was not on duty was being used to download prescriptions. This could mean that the audit trail for accessing the system does not always reflect those people involved.

A safeguarding policy was in place and a list of key contacts for escalating safeguarding concerns was available in the pharmacy. Members of the pharmacy team had all read safeguarding procedures and they could explain what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person. The pharmacists had completed Level 2 safeguarding training.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has sufficient team members to manage its current workload. Members of the pharmacy have the appropriate qualifications for their roles and they are well-supported with on-going training to help keep their skills and knowledge up to date.

Inspector's evidence

A cluster manager (a pharmacist), the RP, a pre-registration trainee, two qualified part-time dispensers and a medicine counter assistant were working at the time of the inspection. The pharmacy also employed a full-time dispenser who was on annual leave. The cluster manager was covering for the RP who was conducting a review with the pre-registration trainee. The team was kept very busy throughout the inspection and the team members were just about coping with their workload. The team appeared to work well together.

Members of the pharmacy team had annual performance appraisals. And they received regular updates from the company about professional matters and to share learning from dispensing errors that had occurred in other branches. They were supported to complete ongoing learning via a web-based portal and training records were kept in the pharmacy. Members of the pharmacy team had recently completed training on Otrivine Duo nasal spray.

A whistle blowing policy was in place and it had been signed by all staff members. Members of the pharmacy team said that they could raise concerns with their cluster or area manager. There were company targets and incentives for the services provided. But the members of the pharmacy team did not feel their professional judgement was compromised by these in any way.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is adequately maintained. But the dispensary is cluttered and untidy. This reduces the efficiency of the dispensing operation and may increase the risk of errors.

Inspector's evidence

The retail area of the pharmacy was adequately maintained but the space near the pharmacy counter was very small and it often became crowded with waiting customers. There was some seating available for customers. The dispensary had an unusual layout due to it being in a converted house. The dispensary had not been refitted for quite some time. The fixtures and fittings in the dispensary reflected their age but they were adequate for purpose. The work benches were filled with paperwork, stock containers and general clutter. There was limited storage space for completed prescriptions and for stock medicines; this resulted in storage containers being stored in the centre of the dispensary. And medicines on some shelves were haphazardly stored. These were visible to the people visiting the pharmacy and somewhat detracted from the pharmacy's professional image. The sink in the dispensary for the preparation of medicines was clean and it had a supply of hot and cold running water. A separate area was used to assemble multi-compartment compliance packs. The area was cluttered, but it had just about enough space for the workload. The pharmacy's consultation room was suitable for private consultations and counselling. The premises were adequately lit and could be secured against unauthorised access.

Principle 4 - Services ✔ Standards met

Summary findings

Overall, the pharmacy manages its services adequately and people with a range of needs can access its services. It obtains its medicines from reputable suppliers. And it takes the right action in response to safety alerts, so that people are supplied with medicines that are fit for purpose. Members of the pharmacy team know about higher-risk medicines. But prescriptions for these medicines are not always highlighted so people may not always be provided with all the advice they need to take their medicines safely and effectively.

Inspector's evidence

The entrance to the pharmacy was at street level and was step free. The pharmacy's opening hours and a list of the services available were published within the pharmacy's practice leaflet and advertised in the store. Members of the pharmacy team used local knowledge to signpost people to other providers when a service required was not offered at the pharmacy. A range of healthcare leaflets and posters were on display in the pharmacy. Members of the pharmacy team participated in Healthy Living campaigns and were currently raising awareness about smoking cessation.

The pharmacy offered a delivery service mainly to housebound and vulnerable people. And signatures were obtained from recipients to ensure a safe service. A note was left if nobody was available to receive the delivery and medicines were returned to the pharmacy. An 'owing' note was issued to provide an audit trail when a prescription could not be fully supplied. 'Dispensed by' and 'checked by' boxes on the dispensing labels were initialled to provide an audit trail of which staff members had been involved at various stages of the dispensing process.

The uptake of the pharmacy's seasonal flu vaccination service was low. It had in-date patient group directions in place and the pharmacists had received appropriate training to deliver the service. The vaccines were stored in accordance with the manufacturer's instructions. Procedures to follow in the event of a needle stick injury, fainting, seizures and anaphylaxis were in place. And the anaphylaxis kit was in-date. Each person requiring the vaccination was required to complete a consent form before being administered the vaccine. And the copy of the consent was sent to the GP where appropriate. The pharmacy's chaperone policy was advertised.

The pharmacy supplied medicines in multi-compartment compliance packs to residents in several care homes and to some people living at home. Assembled compliance packs checked during the inspection included a dispensing audit trail and descriptions of the medicine contained within them. But patient information leaflets had not been supplied. This could mean that people do not have access to current information about their medicines. The pharmacy ordered prescriptions on behalf of people and these were cross-referenced against patient medication records held on the pharmacy system. This helped them identify any changes to people's medications. However, records of medication changes or communication with prescribers were somewhat ad hoc and not always dated. This meant that members of the pharmacy team may not always hold a complete audit trail in the event of any queries. And people could be supplied with medicines that are no longer required or have been stopped.

The pharmacy had a small number of people taking warfarin and the cluster manager said that the team routinely enquired about people's latest blood test results. But records of the results were not

always added to the person's medication records. A record checked at random showed that the INR levels had not been recorded despite the person receiving regular supplies of warfarin. Members of the pharmacy team were aware of the Medicines and Healthcare products Regulatory Agency's guidelines about valproate-containing medicines and the pregnancy prevention program (PPP). They knew which people needed to be provided with additional advice about valproate's contraindications and precautions. The cluster manager said that the pharmacy had one person in the at-risk group who had been given appropriate advice about pregnancy prevention. But this was not recorded on the person's medication record. Stickers were available in the pharmacy to mark CD prescriptions so that these were supplied within their 28-day validity period. But completed prescriptions for tramadol and pregabalin found in the retrieval system had not been marked in anyway to show the date the 28-day legal limit would be reached. And the prescription for tramadol had expired. Clear bags were used for assembled CDs and refrigerated medicines. This helped to identify the contents when they were handed out to people.

Medicines were obtained from licensed wholesalers and specials were obtained from specials manufacturers. No extemporaneous dispensing was carried out. Pharmacy-only (P) medicines were stored out of reach of the public. At the time of the inspection, the pharmacy had not yet fully implemented procedures to comply with the Falsified Medicines Directive. The cluster manager said that some branches were currently being trialled and members of the pharmacy team were awaiting further guidance from the head office.

Stock medicines were date checked at regular intervals and records of checks were kept. Short-dated medicines were marked for removal at an appropriate time. Liquid medicines with limited stability were marked with opening dates. Stock medicines requiring refrigeration were stored correctly between 2 and 8 degrees Celsius. Fridge temperatures were checked and recorded daily. All CDs were stored in accordance with requirements. Designated bins were used to store waste medicines and denaturing kits were available to denature waste CDs safely. The pharmacy had a process to deal with safety alerts and drug recalls. Records about these and the actions taken by the pharmacy team members were made and kept in the pharmacy to provide an audit trail.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy generally has the equipment and facilities it needs to provide its services. And its equipment is adequately maintained.

Inspector's evidence

Members of the pharmacy team had access to the internet and a range of up-to-date reference sources. Pharmacy computers were password protected and computer terminals were not visible to customers visiting the pharmacy. The pharmacy's consultation room was suitable for private conversations and counselling. Equipment for counting loose tablets and capsules was clean. And a range of clean, crown-stamped, glass measures were available. Some measures were used solely for measuring CDs to prevent cross-contamination. All electrical equipment appeared to be in good working order.

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.