

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, Elgar House Surgery, Church Road, REDDITCH, Worcestershire, B97 4AB

**Pharmacy reference:** 1038870

**Type of pharmacy:** Community

**Date of inspection:** 24/06/2019

## Pharmacy context

This is a community pharmacy inside a GP surgery, in Redditch, Worcestershire. A range of people use the pharmacy's services. The pharmacy dispenses NHS and private prescriptions. It offers the New Medicine service (NMS) and Medicines Use Reviews (MURs).

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	2.2	Good practice	Team members have the appropriate skills, qualifications and competence for their roles and the tasks they carry out, or they are working under the supervision of another person while they are in training.
		2.4	Good practice	The team has a culture of openness, honesty and learning. There are resources provided to help keep staff knowledge up to date.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy identifies and manages most risks effectively. Members of the pharmacy team monitor the safety of their services by recording mistakes and learning from these. They understand how they can protect the welfare of vulnerable people. And, the pharmacy maintains its records in accordance with the law.

### Inspector's evidence

The pharmacy team used a range of documented standard operating procedures (SOPs) to support the services. These were reviewed in 2017. Staff had read and signed the SOPs and their roles were defined within them. Team members, including the new starter, knew their responsibilities and 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.

Although the pharmacy was small with extremely limited space to dispense prescriptions (see Principle 3), the team could manage the workload. Staff managed the space constraints by ensuring only two people were present in the dispensary alongside the pharmacist, counter staff remained on the counter, prescriptions were dispensed in batches and the team waited until the dispensing bench was clear before assembling more prescriptions. Several baskets of prescriptions were present and were awaiting a final check, this was somewhat cleared by the RP during the inspection.

Prescriptions for some people were sent for dispensing off-site, to the company's hub in Ruislip (see Principle 4) and there was an SOP in place to cover this. The team obtained consent from people in writing to inform them that this process was occurring.

The company's Safer Care processes were in place, workbooks were complete, and the board was updated. The RP checked prescriptions in a designated area and this space was kept clear. Staff routinely recorded their near misses and reviewed them every week to identify trends or patterns. Details of this were then shared through monthly briefings. Medicines with similar packaging were highlighted and separated, this included amitriptyline and amlodipine, staff described highlighting errors to each other and learning from mistakes, one member of staff explained that she was using generated labels to dispense prescriptions against, once this was highlighted, she re-read the SOPs, and her process changed to ensure the prescription was used.

People were provided with information about the pharmacy's complaints procedure, as this was on display. Incidents were handled by the RP and her process was in line with the company's policy. Documented details of previous incidents were seen, staff explained that they completed reflective statements as well as a root cause analysis of every situation.

Staff could identify signs of concern to safeguard vulnerable people, they referred to the RP in the first instance but were also confident to escalate concerns to other agencies if needed. The RP was trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE) and the team had read information provided by the company. Relevant local contact details and policy information was available.

Details on dispensed prescriptions could not be seen from the front counter, staff had signed confidentiality statements, they were trained on the EU General Data Protection Regulation, had read the company's information governance policy and separated confidential waste into a designated bin. This was disposed of through an authorised carrier. Summary Care Records were accessed for queries involving over-the-counter medicines, or for the NMS and consent from people was obtained verbally to access their records.

All the pharmacy's records were maintained in line with statutory requirements. This included a sample of controlled drug (CD) registers checked, the RP record, private prescriptions, emergency supplies and records of unlicensed medicines. For CDs, balances were checked and documented every week. On randomly selecting two CDs held in the cabinet, their quantities, matched balances within corresponding registers.

The team kept records of the minimum and maximum temperature for the fridge every day. This demonstrated that appropriate storage of medicines occurred here. Staff also maintained a full record of the receipt and destruction of controlled drugs that were brought back by the public for disposal.

Professional indemnity insurance was arranged through the National Pharmacy Association (NPA).

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. Members of the pharmacy team understand their roles and responsibilities and have created a supportive environment. And, they complete ongoing training to help keep their skills and knowledge up to date.

### Inspector's evidence

The pharmacy dispensed around 5,000 prescription items every month, there were no people with instalment prescriptions or provided their medicines inside multi-compartment compliance aids. The size of the premises meant that the pharmacy was limited in providing services.

Staff present included the RP, two trained dispensing assistants, and a new counter assistant whose employment commenced four weeks before the inspection. The latter was currently in a period of induction, there was also a delivery driver and one other new member of staff.

Staff wore name badges and their certificates of qualifications obtained were seen. The team was very confident to raise concerns if required and a strong rapport was observed. New members of staff were supervised by trained members of the team and all transactions were run past them. Staff explained that they supported one another, they worked as a team and had created a positive environment for each other to raise and discuss concerns. They also ensured that new starters were made welcome and felt part of the team.

To assist with training needs, staff completed online modules every month through a company provided resource. They received formal appraisals annually and communicated verbally. Regular discussions were held, and staff routinely kept each other informed about developments. The pharmacy routinely provided the NMS and MURs where possible (see Principle 3). A target of achieving two to three NMS each week was described and this was manageable.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are small but clean and the pharmacy team work hard to make the best of the space available to them.

### Inspector's evidence

The premises consisted of a very small retail space and dispensary. There was very limited space to dispense prescriptions and this limited both the number of staff that could work in the space and the ability for the pharmacy to take on additional work.

The pharmacy was suitably lit, well ventilated and clean. Only a very limited range of pharmacy only (P) medicines were stored behind the front counter and this restricted their access by self-selection.

There was no consultation room, the pharmacist had obtained permission to use the GP surgery consulting rooms if and/or when they were available for MURs and staff were very aware that the open nature of the premises and proximity to the shared waiting area meant that sensitive conversations could be overheard. They managed this by speaking in a lower tone, standing as close as possible to people when talking to them and using the cordless phone to take telephone conversations away from the front counter.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy obtains its medicines from reputable sources and stores them appropriately. In general, its services are provided safely and effectively. But, team members don't always record relevant information for medicines when extra advice or checks are required. This makes it difficult for them to show that appropriate advice has been provided when these medicines are supplied. The pharmacy delivers prescription medicines safely to people's homes and keeps records of this. But, people might see other people's sensitive information when they sign to receive their medicines.

### Inspector's evidence

People could access the pharmacy's services from a wide, front door at street level and as there was clear, open space inside the doctor's surgery and in front of the pharmacy, this, facilitated easy access for people using wheelchairs. There were ample seats available for people waiting for prescriptions due to the shared seating arrangements with the GP surgery. Staff faced people who were partially deaf to enable them to lip read and maintained eye contact, they used written details to help communicate and details were verbally communicated to people who were visually impaired. Google translate, and written communication was used to assist people whose first language was not English.

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 staff involved. This was through a facility on generated labels.

Dispensed prescriptions awaiting collection were stored within an alphabetical retrieval system. The team identified fridge items, CDs (schedules 2 and 3) and prescriptions where pharmacist intervention was required, with stickers. Clear bags were used to hold assembled fridge items and CDs to assist in identifying them when they were handed out, and uncollected prescriptions were removed every four weeks. Dispensed schedule 4 CDs were not seen to be identified in any way, this was discussed at the time and the RP stated that the team had been instructed on this previously, by her.

The off-site dispensing service involved prescription details being dispensed through the pharmacy system, a clinical as well as a final accuracy-check occurred by the RP before details were transmitted. Physical prescriptions were held at the pharmacy and prescriptions for CDs, fridge lines, split packs of medicines or cytotoxic medicines were not sent. Once dispensed, dispensed prescriptions were sent back from the hub, two to three days later and staff matched bags to prescriptions at this point. The team dispensed owed items or if people came back in sooner for their prescriptions, at the pharmacy.

The team retained audit trails to deliver medicines. CDs and fridge items were highlighted and checked prior to delivery. The driver obtained people's signatures when they were in receipt of their medicines with a handheld device but also on paper, staff explained that they liked both of these processes to be used. However, there was a risk of access to confidential information from the way people's details were laid out for the latter method. Failed deliveries were brought back to the branch, notes were left to inform people about the attempt made and medicines were not left unattended.

Staff were aware of risks associated with valproate and there was guidance material, a poster on

display, caution notes placed in front of stock to help prompt the team, and literature available to provide to people at risk. An audit was completed in the past and no patients at risk were identified as supplied this medicine. 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 routinely asking about blood test results. There were no details documented to demonstrate this.

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 aware of the process involved for the European Falsified Medicines Directive (FMD), they described receiving training on this 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 and short-dated medicines were identified using stickers. The team used a date-checking schedule to demonstrate when this process occurred, medicines were date-checked for expiry every week normally, but staff explained that they were slightly behind with this. Liquid medicines were marked with the date they were opened, and medicines were stored evenly in the fridge. CDs were stored under safe custody and 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 seen although odd mixed batches of medicines were present. The team used appropriate containers to hold medicines returned by the public that required disposal. Staff could refer to a list to identify cytotoxic and hazardous medicines. People bringing back sharps to be disposed of, were referred to their other local pharmacy branch where they would be accepted. Returned CDs were brought to the attention of the RP, entered into the CD returns register, segregated and stored in the CD cabinet prior to destruction.

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



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

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

### Inspector's evidence

There were current reference sources present, the pharmacy team could use a range of clean, crown stamped, conical measures for liquid medicines, counting triangles, a separate one for cytotoxic medicines, tweezers and a pill cutter if required.

The CD cabinet was secured in line with statutory requirements and the medical fridge was suitable for medicines that required cold storage. The dispensary sink used to reconstitute medicines was clean and there was hot, as well as cold running water available.

The sole computer terminal was password protected and positioned in a manner that prevented unauthorised access. The team held their own NHS Smart cards to access electronic prescriptions and these 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.