General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 123 Knaresborough Road, HARROGATE, North Yorkshire, HG2 7LY

Pharmacy reference: 1038931

Type of pharmacy: Community

Date of inspection: 10/07/2019

Pharmacy context

The pharmacy is on a busy road in Harrogate. It dispenses NHS and private prescriptions and sells over-the-counter medicines. The pharmacy offers a prescription collection service from local GP surgeries. And it delivers medicines to people's homes. And it provides NHS services such as flu vaccinations and a substance misuse service.

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

The pharmacy identifies and manages risks to its services. And the pharmacy team members know how to protect the safety of vulnerable people. The pharmacy has up-to-date procedures for pharmacy team members to follow. And it has systems for people using its services to feedback their views. The pharmacy keeps the records it needs to by law. But sometimes changes made following a mistake are not maintained. This may mean that the same or a similar mistake happens again.

Inspector's evidence

There was a generously sized retail area to the front. And there were plans in place for expansion of the dispensary. The pharmacy had a set of up-to-date standard operating procedures for the team to follow (SOPs). And these included SOPs for dispensing controlled drugs (CDs), responsible pharmacist (RP) and services provided from the pharmacy. There was a record of competence for each member of staff. And these were signed to indicate that team members had read and understood SOPs. The Superintendent (SI) had authorised the SOPs. And some of these were due to be reviewed in August 2019. Pharmacy team members had only signed the SOPs relevant to their level of expertise. Pharmacy team members demonstrated understanding of the contents of SOPs.

The pharmacy had a paper log to record near miss incidents. The pharmacist, on picking up an error, handed the prescription back to the dispenser responsible to enter the details and include details such as contributory factors and how the incident had occurred. There was an allocated safer care champion who reviewed and collated the information each month. A monthly patient safety review was done. There were ten near misses recorded for June. And eight were recorded so far in July. Some of these lacked detail for example an error was recorded as ‘tablets instead of caps’. But the entry did not note the product. There had been an error when the wrong flavour of Gaviscon was dispensed. The action taken to prevent a re-occurrence was noted as the separation of the flavours on the shelf. This was found not to be the case.

Dispensing errors were recorded and reported to the superintendent’s team via an electronic system, pharmacy incident management system (PIMS). Pharmacy team printed out the record and retain these in a fire. A recent error had occurred when omeprazole capsules had been dispensed instead of tablets. The root cause analysis had identified staffing shortages as a contributory factor. The pharmacy team members confirmed that the staffing issues have now been resolved.

The pharmacy had an SOP relating to complaint handling. There was also a pharmacy leaflet in the shop detailing how to provide feedback, so people in the shop could see it. The community pharmacy questionnaire was prominently displayed on the outside of the consultation room wall. And 84% of people were happy with the service they received. One of the areas noted for improvement was the waiting times. To help to resolve this concern one member of staff was now responsible for covering the front counter.

The pharmacy had appropriate professional indemnity insurance. A sample of the CD register entries checked met legal requirements. Pharmacy maintained the register with running balances. And these were audited weekly. Headers were completed in the CD register. And any incorrect entries were annotated at the bottom of the page. The private prescription records looked at were complete,

including the reason for emergency supply. A register was maintained of CDs returned by patients for destruction and was complete and up to date. A sample of records for the receipt and supply of unlicensed products looked at found that they were being kept in accordance with the requirements of the MHRA.

Pharmacy staff had completed MyLearn information governance training. A statement that the pharmacy complied with the Data Protection Act and the NHS Code of Confidentiality was found in the pharmacy's practice leaflet. Confidential waste was segregated. The team said that the waste was collected and destroyed off site. Team members confirmed that they had their own NHS smartcards to access electronic prescriptions.

The pharmacy's team members had completed training about safeguarding vulnerable adults and children. The contact details for local safeguarding organisations were available. There was a flowchart on the wall to help pharmacy team if they had concern. a Team member said that they would escalate incidents to the manager initially.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough qualified members of staff to provide safe services. The pharmacy's team members have access to training resources. And have regular performance reviews. The pharmacy team hold meetings to share information. But they do not take detailed notes to share with staff who are unable to attend.

Inspector's evidence

The pharmacy team, on the day consisted of the RP who was the manager. There was one accredited checking technician, one dispenser. And one trainee dispenser. The manager had been in post a year and there had been a lot of staff changes. The pharmacy team were working well together. And they thought that they usually managed with the current staffing levels. Part time pharmacy team members covered for each other if necessary. And there was an option of borrowing staff from other branches.

Training was provided through the MyLearn system. Each month was a different topic for training. The pharmacy team members were up-to-date with the training. And all had completed Flex Gel training in July. Pharmacy team members had also done sodium valproate training earlier in the year.

The pharmacy team had discussions about tasks that need completing. And about dispensing incidents. Some details were recorded on the safer care board. But this was not up to date.

Performance reviews were done annually and recorded on the MyPad system. The pharmacy team members had last received a performance review in April 2019. Pharmacy team members said that they discussed any development or training needs. They thought the manager was approachable and they could make suggestions for change to improve services. Pharmacy team members thought that the manager had worked hard to make improvements in the way that the pharmacy was run since he came into post last year.

The pharmacy team were aware that there was a whistle blowing policy. And the details of this were displayed in the staff rest area. Targets were in place for the services offered such as MURs which were achievable.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy’s premises are suitable to provide its services safely. The pharmacy’s team appropriately manages the available space. The pharmacy is secure when closed.

Inspector's evidence

The pharmacy premises were clean. Space in the dispensary was restricted. There were plans in place to extend the dispensary. The team separated areas, so they were used for accuracy checking and for the assembly of prescriptions. This prevented these areas from becoming cluttered. And maintained an efficient workflow.

The consultation room was suitable for private consultations and counselling. There was a desk, chairs and a computer. Its location was well advertised. The consultation room door did not lock. No patient confidential information was accessible.

The layout of the premises was such that confidential information was not visible from the public areas. The counter and large screens protected the information of service users. The pharmacy’s premises were appropriately safeguarded from unauthorised access. There was adequate heating and lighting throughout the premises. And running hot and cold water was available.

Principle 4 - Services ✔ Standards met

Summary findings

People with a range of needs can access the pharmacy's services. The services are generally well managed. The pharmacy gets its medicines from reputable suppliers. It responds appropriately to drug alerts and product recalls. And it makes sure that its medicines and devices are safe to use. It adequately sources and manages its medicines, so they are safe for people to use. But, the pharmacy may not always record advice given to people who get higher-risk medicines. So, it may not be able to refer to this information in the future if it needs to.

Inspector's evidence

There were double doors entrance to the pharmacy. These made it easier for wheelchair users to access the pharmacy and its services. Practice leaflets were openly available and listed the pharmacy's services. These were on display in the retail area and in the consultation room.

Controlled drugs cabinets were available for the safe custody of controlled drugs. The cabinets were appropriately secured. There was no patient returned CDs in the controlled drugs cabinet. There were a lot of out of date CDs. And these were marked and segregated from other medicines in the CD cabinet. The manager had informed head office that these needed to be destroyed.

Dispensed controlled drug or fridge items such as insulin were stored in clear plastic bags which provided the opportunity for additional accuracy checks when being collected by the patient.

The pharmacy shelves were overcrowded in places. And some medicines were mixed together. This may increase the risk of a picking error. The pharmacy had a process of date checking and rotating stock to ensure medicines were still safe to use and fit for purpose. The pharmacy's procedures indicated that this should take place quarterly. The pharmacy team had been completing this process less frequently. The last recorded date check was on 26 February 2019. The dispenser advised that use first stickers were used. And these were observed on Crestor 5mg , which were due out of date in October 2019.

Opened bottles of liquid medications were marked with the date of opening to ensure they were still safe to use when used for dispensing again. For example, cetirizine was marked as opened 23 May 2019.

The dispensers were observed using baskets to ensure prescriptions were prioritised and assembled medication remained organised. Computer-generated labels included relevant warnings and were initialled by the pharmacist and dispenser which allowed an audit trail to be produced.

There was a generously sized retrieval area where dispensed medication for collection was stored. People collecting were routinely asked to confirm the name and address of the patient to ensure that medication was supplied to the correct patient safely.

The pharmacy team were aware of the guidance that was provided to people who may become pregnant who received sodium valproate. The pharmacy had completed two audits. The leaflets were on the shelf with the stock. A dispenser advised that they always put the information in the bag when dispensing sodium valproate.

Prescriptions for higher-risk medicines were highlighted. And there were stickers on a warfarin prescription in the retrieval area. So that appropriate counselling could be provided. It was usual practice to counsel people. The manager advised that he usually does this. But does not put a note of on the patients record.

Out of date stock and patient returned medication were disposed of in pharmaceutical waste bags for destruction. These were stored securely and away from other medication.

A sample of invoices showed that medicines and medical devices were obtained via licensed wholesalers. Stock requiring refrigeration was stored at appropriate temperatures. And paper records were maintained to ensure temperatures were within the appropriate ranges. The records showed that these were consistently recorded.

The pharmacy team members said that the pharmacy had not yet adjusted to meet the Falsified Medicines Directive. The system was set up. The pharmacy team members had not received training. But were aware that this planned in. This may have reduced the ability of the pharmacy to verify the authenticity of its medicines.

The head office had a system of sending messages to the pharmacy when drug alerts or recalls of medicines or medical devices were necessary. These were printed out. And the pharmacy had a folder of collated alerts which had been signed and dated to confirm they had been completed.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

Equipment required for the delivery of pharmacy services is readily available, stored appropriately and used in a way that protects the privacy and dignity of patients.

Inspector's evidence

Up to date reference sources were available and included the British National Formulary (BNF) and BNF for Children. There was access to the internet which was used for a range of uses including leaflets for patients and PharmOutcomes.

A range of CE quality marked measures were in use which were cleaned after use. The pharmacy also had a range of equipment for counting loose tablets and capsules with a separately marked tablet triangle that was used for cytotoxic drugs. Tweezers and gloves were available. There was a first aid kit.

The CDs were stored in CD cabinets which were securely bolted in place. The fridges used to store medicines were from a recognised supplier and an appropriate size for the volume of medicines requiring storage at such temperatures.

The pharmacy computer terminals and PMR were password protected. The computer screens were out of view of the public. Access to patients' records restricted by Smart cards. Medication awaiting collection was stored out of view and no confidential details could be observed by customers. Prescriptions were filed in boxes out of view of patients keeping details private.

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.