General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Clayton, Orton Goldhay, PETERBOROUGH, PE2 5SD

Pharmacy reference: 1084802

Type of pharmacy: Community

Date of inspection: 29/05/2019

Pharmacy context

This pharmacy is adjacent to a GP surgery and there is direct access from the premises into the surgery. Most NHS prescriptions it dispenses come from this surgery. The pharmacy offers a prescription delivery service. It supplies some medicines in multi-compartment compliance aids to people who need this help to take their medicines. And it offers Medicines Use Reviews (MURs), the New Medicine Service (NMS), instalment supplies and supervised administration for substance misuse treatment, and needle exchange. The pharmacy also provides flu vaccinations under both private and NHS patient group directions (PGDs), and emergency hormonal contraception under a PGD. People can obtain prescriptions for travel vaccinations through a linked online prescribing service and these can be administered at the pharmacy.

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	The pharmacy's team members are well supported in keeping their skills and knowledge up to date.
3. Premises	Standards met	3.5	Good practice	The refit has significantly enhanced the facilities available to people using the pharmacy's services.
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 team members generally follow written procedures to provide services safely. The pharmacy keeps people's private information safe. And it keeps the records it needs to by law. Its team members know what to do to protect vulnerable people. And they understand what they can and cannot do when there is no pharmacist present. They record their mistakes and review them, so they can learn and reduce risks in the future. But they could do more to make sure every member of the team receives the same updates to make the most of these opportunities to learn and improve.

Inspector's evidence

Pharmacy services were supported by written standard operating procedures (SOPs) and these were reviewed regularly. Pharmacy staff had mostly signed to say they had read the most recent versions of the SOPs. The pharmacy had completed a professional standards audit in April 2019 and this had identified actions the pharmacy could take to further improve its processes to reduce risks. One action was to improve how near misses were recorded so the information showed more clearly why a mistake had been made.

The team members said that the responsible pharmacist (RP) pointed out any dispensing mistakes the staff had made and which were picked up during the final check of prescriptions. Near misses were recorded regularly. Follow-up actions often included instructions to 'double-check' or 'read carefully'. Some medicines with similar sounding names had been more clearly separated on shelves to prevent selection errors. There was a process to report any errors which reached patients to head office. The RP could explain how errors were reviewed and that any action points were recorded as part of that review. Learning points from near misses and errors were included in a monthly patient safety review and were largely shared with the team. The RP explained that the team often held huddles to share information but the details of these weren't always recorded so staff who were not present may not have received the same updates. A 'safer-care' noticeboard to share information was not kept up to date.

Prescription labels, including those on multi-compartment compliance aids, were initialled at the dispensing and checking stages. This meant the pharmacy could be sure who had completed each of these tasks. Roles and responsibilities were identified in the SOPs. When asked, the team members could confidently explain what they could and couldn't do in the absence of an RP. They were observed asking people questions before selling medicines to establish if it was safe to sell the medicines. They could also explain which medicines were more closely controlled to minimise the risk of misuse, for example, pseudoephedrine-containing medicines and codeine-containing painkillers. The staff referred queries to the RP throughout the visit.

There were also alerts stickers for higher-risk medicines and controlled drugs (CD) which flagged when additional care was needed when prescriptions for these items were collected. When checked, these were generally used where appropriate.

The pharmacy sought feedback from people about its services and results of the most recent feedback

survey were displayed in the shop. Results overall were very positive. The RP explained that the pharmacy was trying to reduce queues and waiting times in response to this feedback. There was a company complaints procedure which enabled people to raise concerns about the pharmacy. Information about this was included in a customer charter leaflet displayed.

There were appropriate insurance arrangements in place for the services provided. The RP notice showed who the pharmacist in charge was and it was displayed where the public could see it. The RP record was complete.

There was an electronic register for one liquid controlled drug. Other schedule 2 CDs were recorded in paper registers. The paper records were largely complete and running balances were checked regularly though not always as frequently as the company's procedures recommended. A balance check of two items showed that the amount of physical stock was the same as the recorded balance. Patient-returned CDs were recorded when received. And denaturing kits were available for their destruction. Private prescriptions and emergency supplies were recorded in a book and the entries were complete.

The pharmacy protected sensitive information in several ways. Confidential waste was segregated and disposed of securely. Staff had completed training packages on protecting people's information, including the General Data Protection Regulation, and there were written procedures about information governance. Patient medication records were password protected. Staff recognised that there were potential risks to people's privacy when handling prescriptions at the front counter, due to the layout of the pharmacy. They said they tried to shield this information as much as possible.

There were procedures in place to help make sure the pharmacy took appropriate action to protect vulnerable people. Staff had read these procedures. Information about the pharmacy's chaperone policy was displayed in the shop area. The pharmacist had completed level 2 training about safeguarding. Contact information for local support agencies was available so concerns could be reported promptly.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy's team members are suitably trained for the roles they undertake. And they are well supported in keeping their skills and knowledge up to date. Following a review of staffing needs, the pharmacy now has additional support to check prescriptions. So, there are enough staff to manage the current workload safely and to make sure other routine tasks are completed. The team members can share ideas or raise concerns about how the pharmacy is working. And pharmacy professionals are able to make decisions for the benefit of people using the pharmacy's services.

Inspector's evidence

The pharmacy team consisted of: a pharmacy manager (RP on the day of the inspection), a supervisor (also a trained dispenser), a pre-registration pharmacist, two full-time and five part-time dispensers, and a delivery driver. The pharmacy had also just started getting support on two days per week from an accuracy checking technician (ACT) who was based at another branch. The team coped with their workload well during the visit and worked closely together.

The team members had records of the training they had completed. They had to complete refresher training regularly on mandatory topics including data protection. They had also completed recent refresher training on company patient safety processes including near miss recording and analysis. The staff said that they generally had the opportunity to do training when at work. The pre-registration pharmacist said she had attended monthly training events during her placement. These events had given her the opportunity to share her experiences and learn from colleagues going through the same training. The RP could provide evidence the training he had completed to offer services under several patient group directions.

The team members said they were happy to share ideas with each other about how to improve the pharmacy's services and a recent discussion had been how they could share learnings from safety reviews more easily by using a messaging app. They had annual appraisals with their manager; the last ones had been completed in April 2019. Their reviews looked at how they were doing and if they needed any additional support with keeping their skills and knowledge up to date.

The team said they would feel comfortable raising any concerns with the pharmacy manager if needed. There was a confidential helpline for staff who wanted to raise concerns. The staff said they could also contact the area manager, the cluster manager or the superintendent if they needed additional advice or support and would feel comfortable doing so.

The RP explained that he felt able to exercise his professional judgement when delivering services, taking into account the needs of his patients and his capacity to provide additional services safely. He said his ability to do this was not affected by targets that were set for the pharmacy by head office. He explained how he had discussed his workload with his cluster manager and had been given the additional support of double pharmacist cover and an ACT at times during the week to enable him to manage the pharmacy more effectively.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are safe, secure, and suitable for the pharmacy services provided. The refit has significantly enhanced the facilities available to some people accessing the pharmacy's services.

Inspector's evidence

The premises had been refitted since the last inspection. The refit had created a more organised space and there was enough space to carry out all dispensing tasks safely. Quieter parts of the dispensary were used for specific tasks such as preparing multi-compartment compliance aids so distractions were fewer. However, reception and dispensing of some walk-in prescriptions was currently carried out at work-stations which faced customers. The staff had tried to find ways to minimise the risk of private information being disclosed inadvertently by only dispensing at the work-station which was furthest away from the public.

The pharmacy was clean and maintained to a suitable standard. There was seating available for people waiting for services. Room temperatures were comfortable and could be controlled by the staff. There was good lighting throughout the premises.

A well-screened and well-presented consultation room was available and signposted. This was kept locked when not in use and there was no patient identifiable information on display. This room was used for Medicines Use Reviews, flu vaccinations and private conversations with patients. An additional entrance and spacious, well-screened booth had been created as part of the refit to provide those people attending for supervised administration services greater privacy. Entry to this facility was well-controlled by the pharmacy.

There were sinks equipped with hot and cold running water in the dispensary and consultation room. These were clean. There were separate handwashing facilities for staff. Designated bins filled with waste medicines were stored in the WC. The RP and supervisor said they would find an alternative storage location for these.

The pharmacy could be secured against unauthorised access. The dispensary was separated from the rest of the shop and was not easily accessible by members of the public. Prepared medicines were held out of reach and sight of the public. Room temperatures were controllable and levels of ventilation and lighting were appropriate during the visit.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are generally undertaken safely and effectively. It gets its medicines from reputable sources and generally stores its medicines and other stock safely. It takes the right action in response to medicine recalls and safety alerts to protect people's health and well-being. And it takes care when it supplies medicines which may be higher-risk. But its team members don't always record the interventions that they make so this information may not be available if there is a query in future.

Inspector's evidence

The entrance to the pharmacy was at street level. The shop area was clear of slip or trip hazards and could accommodate wheelchairs and prams. There was some customer seating available. This seating was set away from the counter to help protect people's privacy. There were induction hearing loops at each till to assist people who wore hearing aids. One member of staff had basic tactile sign-language skills to assist deaf-blind people. Services were advertised to patients by posters and leaflets on display. There were some posters giving information about other healthcare matters or services not provided by the pharmacy.

The RP was able to show evidence of the training he had completed to provide a number of services under patient group directions (PGDs) including flu vaccinations and supplies of Levonelle. There were signed, in-date PGDs available to view. There were SOPs for local services including needle exchange and evidence that staff had read these. Staff were aware of safe handling techniques for sharps waste.

Medicines were supplied in multi-compartment compliance aids for some people who needed this level of support. These were prepared in accordance with a planned rota over four weeks and in a separate area of the dispensary to reduce distractions. Prescriptions were ordered on behalf of some people and missing items or unexpected changes were queried with the person or their GP. Records were not always kept of any interventions or changes. Package information leaflets were provided regularly, and the packs were fully labelled and included tablet descriptions. Staff could explain the types of medicines they wouldn't put in the compliance aids, for example, medicines with varying doses or medicines which were hygroscopic.

A prescription collection and delivery service was offered to assist some people access their medicines. Prescription deliveries were recorded so that there was evidence to show medicines had reached the intended recipient. The delivery driver explained that they had reported back concerns about people to the pharmacist so that the person could receive additional help. This had included occasions where people had appeared confused or where it was obvious they were not taking their medicines as intended.

The team were aware of the need to provide counselling about pregnancy prevention to some people who received valproate. Leaflets and cards were available, and an audit had been undertaken to identify people who might need this information. Results of therapeutic monitoring, for example, INRs, were sought and sometimes recorded on people's records.

The pharmacy got its medicines from licensed wholesalers and specials were obtained from specials

manufacturers. No extemporaneous dispensing was carried out. Medicine stock for dispensing was stored in an orderly fashion, out of reach of the public. There was a process to date-check stock regularly and this activity was recorded. Short-dated stocks were highlighted to reduce the risk of supply beyond the expiry date. Out-of-date medicines and patient-returned medicines were transferred to designated bins and waste sacks.

Appropriate arrangements were in place for storing controlled drugs (CD). The pharmacy had the appropriate scanning equipment to comply with the Falsified Medicines Directive. Staff were still to complete training in its use. There was enough storage capacity for medicines requiring refrigeration. The medicines fridge was equipped with a maximum and minimum thermometer and temperatures were checked daily and recorded. The records seen were within the appropriate range. The pharmacy had a process to receive drug recalls and safety alerts. The pharmacy manager could demonstrate how recent alerts had been received and acted upon.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. It maintains its equipment appropriately, so it is safe to use.

Inspector's evidence

The pharmacy had a range of up-to-date reference sources available to support its services. Patient records were stored electronically and there were enough terminals for the workload undertaken. Access to these was password protected. Computer screens were not visible to the public. The staff had access to cordless phones and could move to quiet areas of the dispensary to make phone calls out of earshot of waiting customers.

Controlled drug doses were measured using a dedicated measuring device which was also linked to an electronic register. The RP could demonstrate how the device was cleaned and calibrated daily. The device was appropriately secured and was emptied at night. There were suitable, clean measures available to measure other liquids accurately. Other counting equipment, which included tablet triangles, was clean.

All electrical equipment appeared to be in good working order and portable appliances were tested regularly. Equipment used for blood glucose tests was checked for accuracy using control solutions and results of these checks were recorded.

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.