

Registered pharmacy inspection report

Pharmacy Name: Lawley Pharmacy, Lawley Medical Centre, Farriers Green, Lawley Bank, TELFORD, Shropshire, TF4 2LL

Pharmacy reference: 1087566

Type of pharmacy: Community

Date of inspection: 02/09/2020

Pharmacy context

This is a busy community pharmacy located inside a medical centre in a residential area of Telford. It dispenses prescriptions, sells a limited range of over-the-counter medicines. It supplies medicines to people living in care homes and it provides some medicines in multi-compartment compliance aid packs. The pharmacy provides several other NHS services including the New Medicine Service (NMS) and emergency hormonal contraception (EHC). It assembles 'just-in-case' boxes for people receiving palliative care in the community and a substance misuse treatment service is also available. The inspection was completed during the COVID-19 pandemic.

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 suitably identifies and manages the risks associated with its services. It maintains the records it needs to by law and it keeps people's private information safe. Pharmacy team members are clear about their roles and responsibilities. They record their mistakes to help them learn and improve, and they understand how to raise concerns to help protect the wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) covering operational tasks and activities. The procedures were organised into several folders and had been reviewed October 2019. Most of the procedures were in the form of schematic flow-charts. There were several procedures, where the pharmacist had deemed further information was required, as these procedures were supplemented with additional written information. In some instances, the version controls on the written information had not been updated to reflect the most recent review. The pharmacist confirmed that, as with the main SOPs, a review had been completed in October 2019 and agreed to update the version controls after the inspection to reflect this. Pharmacy team members demonstrated a clear understanding of their roles and a medicine counter assistant (MCA) provided appropriate responses to questions regarding the activities which were permissible in the absence of a responsible pharmacist (RP). Professional indemnity insurance covering pharmacy services was provided by the National Pharmacy Association (NPA) and a certificate displayed indicated it was valid until the end of September 2020.

The pharmacy team kept records of their near misses. Near miss logs were present in each of the dispensaries and were reviewed by the pharmacist at the end of each month to help identify any patterns or trends. Records of the monthly reviews were retained as an audit trail and the pharmacist discussed individual learning points that had been identified as a result of the more detailed records that team members had been encouraged to keep. The team also held periodic team meetings where near misses and other issues were discussed. A recent meeting had included sharing information to highlight the risks surrounding 'look alike, sound alike' medicines to help reduce the risks of picking errors. The pharmacy recorded dispensing incidents on designated forms which included a review into contributing factors.

In response to the COVID-19 pandemic. The pharmacist had completed an individual risk assessment for each member of the pharmacy team. Team members wore personal protective equipment (PPE) when unable to distance from one another in the main dispensary. The pharmacist highlighted how additional space available in the upstairs dispensary was utilised to help with distancing, as much as possible. The pharmacy had a business continuity plan and a review of this in light of the current pandemic and NHS 'test and trace' system was discussed with the pharmacist. The pharmacist was also aware of his obligation as an employer to report cases of COVID-19 due to exposure within the working environment to the Health and Safety Executive (HSE).

The pharmacy had a complaint procedure. Complaints could be submitted in writing using dedicated forms and people could also raise concerns directly with the pharmacy team members. The pharmacy participated in a Community Pharmacy Patient Questionnaire (CPPQ) and also previously gained feedback through a mystery shopper scheme. This had been temporarily suspended during the

pandemic and the contractor providing the service had offered to complete a review of the pharmacy's COVID-19 protection measures instead. The pharmacy had received 100% positive feedback in response to this review, which looked at distancing and hygiene procedures, as well as customer service.

The correct RP notice was displayed at the medicine counter and the RP log was maintained. There were some entries which did not record the time at which RP duties ceased, so the log was not technically fully compliant. Private prescription and emergency supply records were available. But on occasion, the details of the prescriber were recorded inaccurately, which could mean that the team might not be able to show what has happened in the event of a query. Specials procurement records provided an audit trail from source to supply. Controlled Drugs (CD) registers kept a running balance and balance checks were completed with each receipt and supply. An additional full balance check for all CDs was also completed regularly using a separate audit sheet. A patient returns CD register was available.

The pharmacy had some data protection and confidentiality procedures and team members had completed training on the General Data Protection Regulation (GDPR). The pharmacy's privacy notice was displayed in the retail area and confidential waste was segregated and removed by an external contractor for suitable disposal. Appropriate NHS smartcard use was seen on the day.

The pharmacists had completed safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE) and additional local area training on child exploitation. Other team members had not completed any formal training but were able to discuss some of the types of concerns that they would be watching for. Any concerns were escalated to the pharmacist.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members support one another well and feel able to raise concerns and provide feedback to their manager. Team members complete some ongoing training and they get feedback on their development to keep their skills and knowledge up to date.

Inspector's evidence

On the day of the inspection both regular pharmacists were working. Double pharmacist cover was usually provided during the core working hours each weekday. Further support was provided by two dispensing assistants and an MCA. Two additional part-time dispensing assistants arrived towards the end of the inspection and a third was on planned leave. The pharmacy environment was busy, but the team worked together well to manage the dispensing workload. Leave was planned and cover was arranged amongst the team to help ensure that suitable staffing levels were maintained.

The MCA had begun working at the pharmacy at the beginning of the current pandemic, but they had not been enrolled on a suitable training programme in accordance with GPhC training guidance. This guidance was discussed and following the inspection, the pharmacist provided confirmation of their enrolment on an accredited training programme. The MCA discussed the sale of medication at the pharmacy, including the questions that she would ask to help make sure that sales were appropriate. The MCA explained that as she was new to the role and training, requests for over-the-counter medicines were usually referred to her colleagues. Some examples of appropriate referrals for further advice were seen on the day.

Pharmacy team members completed ongoing training through an e-Learning system. A dispenser explained that during the ongoing pandemic, formal training modules had been released less frequently, with information instead focussing on the pandemic and any relevant updates. Previous modules that had been completed included topics such as hay fever and joint pain. Where possible, training was completed during work hours, but due to the busy environment, learning materials were also accessible from home. Team members development was reviewed using formal appraisals and there were no set targets in place.

An open dialogue was observed amongst the team, a communications book was in use to pass on any important messages, and the team also held periodic team meetings. Team members said that they worked together closely as a team and they were happy to raise concerns to the regular pharmacists. The dispensers were aware of some external organisations where concerns could be raised anonymously, if the need occurred.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, tidy and suitably secured. It provides a professional environment suitable for people to receive healthcare services.

Inspector's evidence

The pharmacy was fitted to a professional standard and it was clean and tidy. It was located inside a large medical centre. The exterior of the premises was maintained by the GP surgery, with the pharmacists responsible for interior maintenance repairs. There was adequate lighting throughout the premises and the temperature was suitable for the storage of medicines.

The retail area was suitably maintained and stocked a range of appropriate goods. During the ongoing pandemic, the pharmacy was restricting access to two people at a time in order to maintain social distancing. This was explained by a notice near the entrance. Two metre markings were placed on the floor space and a one-way system was in operation. Upon entering the pharmacy, a sanitation station was available with alcohol-based hand gel to support good hand hygiene. Pharmacy team members completed cleaning duties, wiping down work benches on an ongoing basis and further cleaning of the premises also took place during the lunch break closure.

The pharmacy had a consultation room off the main retail area which was clearly signposted. The room was equipped with a desk and seating, but it was limited for space. It had been utilised at times during the pandemic, with suitable PPE being used. Due to the restrictions on entry, some consultations had been completed on the retail floor to allow for distancing, where patients had consented to this.

The pharmacy had two dispensaries. The ground floor dispensary was used to dispense walk-in prescriptions and regular repeat medicines. The first-floor dispensary was used for the assembly of compliance aid packs and general storage. A small lift was used to transport stock items between the dispensaries, and both had adequate space for dispensing activities. A sink was also available for the preparation of medicines and was equipped with appropriate hand sanitiser. The pharmacy shared WC and tearoom facilities with the GP surgery.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy gets its medicines from reputable sources. The pharmacy team stores and manages medicines appropriately so they are suitable for use. The pharmacy's services are easy to access, and it provides them safely, so that people receive appropriate care.

Inspector's evidence

Both of the pharmacy's entrance doors were step-free and had an automatic function to assist with wheelchair access. The pharmacy computer system could generate large print labels to help people with visual impairment and it also had a hearing loop. There were signs advertising some of the pharmacy's services and additional health promotion literature including information about symptoms of coronavirus was displayed. Team members could signpost patients to other local services, as appropriate.

Prescriptions were separated using coloured baskets which prevented medicines being mixed up. Pharmacy team members signed 'dispensed' and 'checked' boxes as an audit trail. Prescriptions for CDs were marked with a stamp and the expiry date was recorded, to help ensure that supplies were made within the valid 28-day expiry date. The pharmacy highlighted some prescriptions for high-risk medicines. They had cards to help inform people of the correct dosing regimen for methotrexate and yellow books for warfarin to help with monitoring. The team had some understanding of the risks of the use of valproate-based medicines in people who may become pregnant and access to up-to-date safety literature was available.

Deliveries were managed using an online platform and phone application. The phone was password protected and suitably secured out of hours. The driver signed on the phone to confirm that the medication had been successfully delivered. Delivery processes had been reviewed to ensure that they took place at a distance to protect both the driver and patient. Failed deliveries were returned to the pharmacy and a calling card was left.

The pharmacy provided medicines to four local care homes. Staff at each care home ordered medicines directly with the GP surgery. Pharmacy team members checked returned prescriptions to make sure that all compliance aid medicines were correct. The pharmacy held a master bed list for each care home as an audit trail, so that unreturned prescriptions could be identified. Medications were supplied in compliance aid packs with accompanying medication administration record (MAR) sheets and patient leaflets were supplied. Compliance aid packs for community-based patients were assembled during one week each month. A dispenser ordered medicines for compliance aid packs and patients informed the team of any additional bulk items which were required. The pharmacy kept a basic record of any changes to medicines using the PMR system. Completed compliance aid packs were labelled with patient details. Descriptions were not routinely recorded, so people may not always be able to identify individual medicines. Patient leaflets were supplied.

The pharmacy supplied "just in case" palliative care boxes containing anticipatory medicines for people receiving palliative care in the community. The relevant GP surgery issued a standard prescription for a patient. This was sent to the pharmacy. Boxes were assembled containing the prescribed medication.

The box was then sealed and the details of medicines inside, including the batch number and expiry date, were recorded on a master sheet. Individual boxes were numbered, and record of supplies were maintained as an audit trail.

Stock medicines were generally well organised, and the team completed regular date checks. Examples were seen where short-dated medicines had been highlighted and no expired medicines were identified from random checks of the shelves. Obsolete medicines were placed in suitable medicines waste bins. Alerts for the recall of faulty medicines and medical devices were received via email and appropriately actioned. A monthly list of all alerts was also reconciled to ensure that they had all been seen. The pharmacy had previously registered with SecurMed as part of requirements of the European Falsified Medicines Directive (FMD), but they had not started scanning and decommissioning medicines.

CDs were stored appropriately with expired and returned CD segregated from stock, and random balance checks were found to be correct. The pharmacy refrigerators were fitted with maximum and minimum thermometers. The temperature was checked and recorded each day, and both were within the recommended temperature range on the day. No recent deviations had been recorded.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services. Equipment is suitably maintained, and team members use it in a way that protects people's privacy.

Inspector's evidence

The pharmacy team had access to paper-based reference materials and internet access supported additional research. There was a range of crown-stamped and ISO approved glass measures. Separate measures were marked for use with CDs. Counting triangles were clean and one was reserved for use with cytotoxic medicines.

Electrical equipment was in good working order. The screens in the pharmacy were all positioned out of view and computer systems were password protected. Cordless phones were available to enable conversations to take place in private, if required. In light of the ongoing pandemic, the pharmacy had installed a Perspex screen at the medicine counter to provide additional protection. Team members also had access to PPE including face masks, gloves and aprons. Additional cleaning materials were also available.

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.