General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 76 Warwick Road, CARLISLE, Cumbria, CA1 1DU

Pharmacy reference: 1087638

Type of pharmacy: Community

Date of inspection: 18/08/2020

Pharmacy context

This is a community pharmacy next to a large health centre close to the centre of Carlisle, Cumbria. The pharmacy sells over-the-counter medicines and dispenses NHS prescriptions. And it delivers medicines for some people to their homes. 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 manages the risks associated with the services it provides to people. It generally maintains the records it needs to by law and keeps people's private information safe. The team members openly discuss and share details of any mistakes made while dispensing so they can learn from each other and prevent similar mistakes from happening again. They understand when and how they can escalate any concerns they may have to help protect the wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had several procedures in place to help manage the risks and help prevent the spread of coronavirus. These included arrows on the floor of the retail area to encourage a one-way system of movement and posters on the entrance door and in the retail area reminding people visiting the pharmacy to wear a face covering as required by law. There was a Perspex screen at the pharmacy counter in front of the pharmacy's till. It created a barrier between pharmacy team members and members of the public when they spoke to each other or paid for products/services. The team encouraged people to use cashless ways of paying. There were two chairs in the retail area for people to use if they wished to wait for their prescriptions to be dispensed. The chairs were kept at an appropriate distance from each other to ensure social distancing. The team members were not always wearing masks while they were working, but they used masks when engaging with the inspector and members of the public. They said it was personal choice when to wear personal protective equipment (PPE) as they often found it difficult to talk to each other while wearing masks. The team members were attempting to socially distance from each other but due to the size of the dispensary, at times, this was not always possible. The team had not considered the risk of the team having to self-isolate as part of the NHS test and trace programme. There was a separate bench at the front of the dispensary which was used by the pharmacist to complete final checks of prescriptions. There was a Lloyds issued Covid-19 guidance document affixed to a dispensary wall. The team members were unsure if any personal risk assessments had been completed in line with NHS guidance. The inspector encouraged the pharmacy manager to complete the assessments at the earliest opportunity. All the team members spoken to confirmed they felt well supported by the company throughout the pandemic.

The pharmacy had a set of up-to-date standard operating procedures (SOPs). They covered tasks such as dispensing and responsible pharmacist requirements and controlled drug management. It was not clear which team members had read and signed the SOPs that were relevant to their role. The pharmacy manager said that some new SOPs had recently been issued that the team was working through. The pharmacy manager and another team member were relatively new to the business and had read and signed SOPs to confirm their understanding, in another Lloyds branch.

The responsible pharmacist highlighted near miss errors that were spotted during the dispensing process. The team kept records of any near miss errors in a near miss logbook which contained several entries. The entries contained details of when the error took place and why it might have happened. A dispenser discussed some shelf-edge labels which were intended to remind team members to take additional care with stock selection as these medicines were commonly more likely to be involved in errors. The pharmacy manager explained that the team had recently discussed the importance of openly discussing, sharing and recording details of any errors made to help the team members learn from each other and prevent similar errors happening again. This discussion was part of the pharmacy's

‘Safer Care’ process and was completed every four weeks. The pharmacy had a Safer Care notice board affixed to a dispensary wall and its purpose was to highlight the key findings from the team’s last discussion. At the time of the inspection it was displaying a reminder to the team members to make sure they recorded every near miss in the near miss logbook. The pharmacy had a process to record dispensing errors that had been given out to people. And a copy of the report was kept in the pharmacy for future reference. The report template included the details of who was involved, what happened, why it happened, and what the actions the pharmacy intended to do to prevent a similar error happening again.

The pharmacy advertised its concerns and complaints procedure in the retail area for people to see. It obtained feedback from people who used the pharmacy each year through a customer satisfaction survey. And the results were published for people to see and were mostly positive. The team members provided examples of how they had responded to feedback during the pandemic. For example, prescriptions for urgent medicines such as antibiotics were sent out for home delivery at the earliest opportunity.

The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist notice displayed the name and registration number of the responsible pharmacist on duty. Entries in the responsible pharmacist record complied with legal requirements. The pharmacy kept records of private prescription and emergency supplies. However, the most recent two private prescription entries didn’t contain a record of the date of dispensing or the date the prescription was issued. This is not in line with requirements. The pharmacy kept controlled drugs (CDs) registers that were completed correctly. The team checked the running balances against physical stock each month. The pharmacy kept records of CDs returned by people to the pharmacy. The pharmacy held certificates of conformity for unlicensed medicines in line with the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA).

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. Confidential waste was placed into a separate bin to avoid a mix up with general waste. The confidential waste was periodically destroyed via third party contractor. The pharmacy outlined to people using the pharmacy how it stored and protected their private information. The team members understood the importance of keeping people’s private information secure.

The locum pharmacist on duty had completed safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE), and a safeguarding procedure was in place. The team members on duty had not received any safeguarding training, but they demonstrated an awareness of the types of situations which would cause them concern. The pharmacy manager said that she would discuss any concerns she had with the responsible pharmacist and identify the contact details of local safeguarding agencies using the internet if she felt any concerns needed to be escalated.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members to manage the workload effectively. And they support each other well. They have access to training materials to help them keep their knowledge and skills refreshed. But they don't always get time to use the materials due to the pressures of the dispensing workload. They know how to provide feedback about the pharmacy and raise a professional concern if necessary.

Inspector's evidence

At the time of the inspection the responsible pharmacist was a locum pharmacist. He had worked at the pharmacy previously for around 4-5 days. The pharmacy manager, a trainee dispenser and a relief dispenser supported him. Both the pharmacy manager and the trainee dispenser had started work at the pharmacy around the beginning of the pandemic. The pharmacy also employed another three dispensers and a delivery driver. The pharmacy had been without a regular pharmacist for around six months. A pharmacist had been recruited and was due to start work in September 2020. The pharmacy had some staffing issues on the day of the inspection as a team member had resigned the day before. To help support the team, the relief dispenser had been recruited and she was scheduled to be working at the pharmacy for 2-3 days a week for the foreseeable future. The pharmacy's regional manager joined the team towards the end of the inspection. He confirmed that the pharmacy was to receive additional support from a locum dispenser over the next few weeks. There were some plans to reduce some of the team members working hours. This was part of the pharmacy's plans to improve the skill mix and increase flexibility to cover planned and unplanned absences.

The pharmacy manager and the trainee dispenser were both enrolled on an appropriate dispenser training course. They said they were working well through their modules and received good support from other team members and the regional manager. Each team member had access to an online training system called Mylearn which contained several modules some of which were mandatory to complete, and some could be accessed voluntarily or in response to an identified training need. Each team member had personal electronic logs of the training they completed. There was usually a short quiz at the end of each module which the team members were required to pass to indicate they had understood the module and were competent in following it. The team members were scheduled to receive protected training time. The time allowed them to work without distraction. But due to the ongoing pressures of the pandemic, the team had struggled to find time to regularly train. The pharmacy followed a structured appraisal process to support individual development.

The team members were able to discuss any professional concerns with the pharmacy manager or the regional manager. The pharmacy had a whistleblowing policy and the team members were aware of how they could raise and escalate a concern. They were keen to express their gratitude to the regional manager for his support since he had started working in his role a few months ago. The pharmacy manager also explained that another manager from another branch of Lloyds was her mentor and that he was always on hand to help her with any work-related queries. The team members had some concerns about the upcoming reduction to their working hours but were hopeful that the new structure would help improve flexibility. There were some targets set to the team and it strived to achieve them.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is kept secure and is well maintained. It has a sound-proofed room where people can have private conversations with the pharmacy's team members. The pharmacy is generally clean and tidy but the consultation room could present a more professional image.

Inspector's evidence

The pharmacy was clean, professional in appearance and well maintained. The dispensary was small, and it had a limited amount of bench space available, but the team was managing the space well and the dispensary was generally tidy. They had attempted to increase the number of times the pharmacy was cleaned during the pandemic but were somewhat frustrated that the pressures of the dispensing workload meant that it was not always possible to clean when they liked. The pharmacy help stock in rooms on upper floors of the building. The rooms were very well maintained and kept well organised. The stairwells and floor spaces were kept clear of hazards.

There was a clean, well maintained sink in the dispensary for medicines preparation. There was a toilet and sink available for staff use. The pharmacy had a sound-proofed consultation room which contain adequate seating facilities and a computer system. But the room was not tidy and so did not display a professional image. The temperature was comfortable throughout the inspection. Lighting was bright throughout the premises.

Principle 4 - Services ✔ Standards met

Summary findings

The services provided by the pharmacy are made accessible to people and are suitably managed. The team members keep records and audit trails of tasks associated with its services to help them manage and resolve any queries effectively. The pharmacy sources and stores its medicines appropriately and team members carry out some checks to help make sure they are fit for supply.

Inspector's evidence

The pharmacy had steps up from the pavement. And there was a ramp, so people using wheelchairs and prams could easily access the pharmacy. The pharmacy advertised its services and opening hours in the main window. Seating was provided with people waiting for prescriptions. Large print labels were provided on request to help people with a visual impairment. The team members had access to the internet which they used to signpost people requiring services that the pharmacy did not offer.

The team members were using various stickers within the dispensing process and they used these as an alert before they handed out medicines to people. For example, to highlight interactions between medicines or the presence of a fridge line or a controlled drug that needed handing out at the same time. The team members signed their dispensing labels when the dispensing and checking processes were complete. And this meant that a robust audit trail of the process was in place. They used baskets of different colours to hold prescriptions and medicines. For example, red baskets were used to indicate that the medicines needed to be delivered to somebody's home. This helped the team members stop people's prescriptions from getting mixed up. The team was ahead of their workload and managing it well. Owing slips were given to people on occasions when the pharmacy could not supply the full quantity prescribed. One slip was given to the person and one was kept with the original prescription for reference when dispensing and checking the remaining quantity. The pharmacy had a system to contact people who had not collected their medication for four weeks. If people couldn't be contacted or they no longer required their medicines, the medicines would have their dispensing labels removed and if appropriate, the medicines put back onto the dispensary shelves. It was observed during the pharmacy's previous inspection that the team had previously struggled to keep up with the process and as a result the medication retrieval area was often overflowing. However, the team had worked hard to ensure it were completing the process regularly and as a result the retrieval area was very well organised. The team members explained that this had helped them ensure that they could retrieve people's prescriptions quickly.

Some of the pharmacy's prescriptions were dispensed at an offsite dispensing hub. The team was up to date in completing checks with the service and the team members had completed training on providing the service via reading relevant SOPs. The dispensed medicines were received by the pharmacy after around three days. The medicines were returned in sealed bags which were clear on one side. This allowed the team members to complete a visual check against the prescription to ensure the medicines had been dispensed correctly.

The pharmacy dispensed high-risk medicines such as warfarin. The team used alert stickers attached to people's medication bags to remind them that the bag contained a high-risk medicine. The bag was then brought to the attention of the pharmacist so they could provide the person collecting the medicine with additional advice if there was a need to do so. The team members had not been able to

complete the process each time during the pandemic. This was mainly because many people taking high-risk medicines were now having their medicines delivered. The team members were aware of the pregnancy prevention programme for people prescribed valproate, and of the associated risks. They demonstrated the advice they would give in a hypothetical situation and they had access to reading material about the programme that they could give to people to help them take their medicines safely. The pharmacy supplied dispensed insulin and controlled drugs in clear bags. This allowed the team member and the person taking receipt of the medicine to complete a final visual check.

Pharmacy (P) medicines were stored in Perspex boxes in the retail area. The boxes had an instruction on the front for people to ask for assistance if they wished to select a product stored inside. People could easily open the boxes. The risk of people self-selecting P medicines without intervention was discussed with the team during the previous inspection. Since the inspection the team had become more vigilant to the risks and ensured a team member stood at the pharmacy counter if people were present in the retail area so they could help people choose the P medicines safely. The pharmacy's medicines were stored tidily in the dispensary and were easy to find. The team regularly checked the expiry dates of the medicines to make sure none had expired. Stickers were used to highlight medicines that were within six months of expiring. No out-of-date medicines were found following a random check. The pharmacy had medical waste bins, sharps bins and CD denaturing kits available to support the team in managing pharmaceutical waste.

The team was not currently scanning products or undertaking manual checks of tamper evident seals on packs, as required under the Falsified Medicines Directive (FMD). Drug alerts were received by the pharmacy team and actioned. The team kept records of the alerts for future reference. It checked and recorded fridge temperature ranges each day. A sample seen were within the correct ranges.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy’s equipment is clean and suitable for the services it provides. The pharmacy uses its equipment appropriately to protect people's confidentiality.

Inspector's evidence

The pharmacy had copies of the BNF and the BNF for children available for the team to use. The team had access to the internet as an additional resource. The pharmacy used a range of CE quality marked measuring cylinders. Medicines waiting to be collected were stored in a way that prevented people’s confidential information being seen by members of the public. Computer screens were positioned to ensure confidential information wasn't seen by people. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so the team members could have conversations with people in private.

The team members had access to PPE including face masks and gloves. Bottles of hand sanitiser were kept on the pharmacy counter for members of the public to use and in several areas around the building including next to each computer terminal. All equipment was clean and regularly monitored to ensure it was safe to use.

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.