

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, Dawley Medical Practice, King Street, Dawley, TELFORD, Shropshire, TF4 2AA

**Pharmacy reference:** 1089192

**Type of pharmacy:** Community

**Date of inspection:** 10/09/2019

## Pharmacy context

This is a busy community pharmacy located next to a medical centre. Most people who use the pharmacy are patients of the surgery next door, and the surrounding area is a mixture of commercial and residential properties. The pharmacy dispenses prescriptions and delivers medicines to people who are not able to collect them. It offers several other NHS services including Medicines Use Reviews (MURs), emergency hormonal contraception (EHC) and the emergency supply of medicines under a patient group directive (PGD). It also recently introduced local services for the treatment of urinary tract infections (UTI) and impetigo. Flu vaccinations are available during the relevant season and the pharmacy provides a substance misuse service.

## 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	2.4	Good practice	Pharmacy team members work in an open culture. They share learning and get feedback on their development to help them improve.
<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 risks appropriately. It has written procedures, which are regularly audited to help make sure team members complete tasks safely. And it keeps the records it needs to by law. The pharmacy explains how it uses and processes personal data and its team members understand how to keep people's personal information safe. The pharmacy team members work within their competence and they understand how to raise concerns to help protect vulnerable people.

### Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs) covering operational tasks and activities. Some SOPs had recently been updated and others were due to be reviewed. Records of competence were completed to demonstrate staff acknowledgment of the procedures and confirm their understanding of their roles and responsibilities. Throughout the inspection team members were observed to work within their competence and the trainee healthcare assistants (HCA) were able to confidently discuss the activities which were permissible in the absence of a responsible pharmacist (RP). The pharmacy had professional indemnity insurance arrangements covering the services provided.

The written procedures were usually audited each week and any identified issues were discussed at a monthly safety briefing. The dispenser responsible for the completion of the audits had recently left her post and records showed that in her absence the audits had not been completed since mid-August 2019 and the briefing board had not been updated since July 2019. The interim pharmacy manager, who was a trained dispenser explained that another team member was currently being trained so that the regular checks could be continued, and informal meetings had still been taking place in the branch so that team members could discuss any potential issues. A more in-depth company audit was also carried out annually. The last audit had identified some minor issues. The pharmacy had been sent an action plan, which was completed and signed off by management in the weeks prior to the inspection. The pharmacy received 100% compliance upon re-auditing.

Pharmacy team members recorded their near misses. The regular relief pharmacist admitted that there may be some near misses which were not captured, so there may be some underlying trends or themes which were not detected. The data which was recorded was reviewed each month and a record of this was kept. A dispenser discussed some changes that she had made to her practice as a result of the near misses which she had been involved with. The team explained that they were comfortable discussing issues when things had gone wrong, so that areas for improvement could be identified. Dispensing incidents were reported electronically, and a record was held in the pharmacy. The inspector was shown stickers which had been placed on drawers to help encourage care with medication selection. The pharmacist also said that he felt a recent error was knowledge based and therefore had provided team members with additional training.

The pharmacy had a complaint procedure and a copy of the customer charter was available. But this was located behind the medicine counter, and so it was not easily accessible to people using the pharmacy. Additional feedback was sought through a Community Pharmacy Patient Questionnaire (CPPQ) and previous results were positive.

The correct RP log was conspicuously displayed near to the medicine counter. The RP log was in order

as were records for private prescriptions, emergency supplies and specials procurement records, which provided an audit trail from source to supply. Controlled Drugs (CD) registers kept a running balance and regular checks were carried out. A private prescription register was also in use.

The pharmacy had information governance procedures and staff had completed training on the General Data Protection Regulation (GDPR). The pharmacy was registered with the Information Commissioner's Office (ICO) and its privacy notice was displayed near to the medicine counter. Pharmacy team members discussed how they would help to protect patient privacy in the pharmacy. Completed prescriptions were filed out of public view and confidential waste was segregated for appropriate disposal. Team members were in possession of their own NHS smartcards and appropriate use was seen on the day. Consent was obtained from a patient to view their summary care record (SCR) to help resolve a query. A record of consent and access was also kept as an audit trail.

The pharmacy had a safeguarding procedure. The pharmacist carried a copy of his safeguarding training certificate which had been completed through the Centre for Pharmacy Postgraduate Education (CPPE). He discussed some of the types of concerning behaviours which might be identified and explained how they would be managed, and how additional assistance could be sought from an area manager prior to escalation. The pharmacy's chaperone policy was advertised near to the consultation room.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team members work well together in a busy environment. They complete structured ongoing training and get regular feedback on their development, so that they can continue to learn and improve. Team members use their professional judgement and are able to raise concerns and provide feedback on pharmacy services.

### Inspector's evidence

On the day of the inspection, a regular relief pharmacist was working alongside a registered pharmacy technician, two trained NVQ2 dispensers and a trainee HCA. A second trainee HCA arrived midway through the inspection. The pharmacy had recently undergone several staff changes. The regular pharmacist had left the pharmacy at the end of July 2019. Following this, the pharmacy had relied on locum cover for a period of approximately two-weeks. Since this time, the regular relief pharmacist had been providing cover and this was scheduled to continue for the next few weeks until a permanent pharmacist had been recruited. Two other team members had also recently left their posts. One of the dispensers had therefore assumed the role of interim pharmacy manager and the two trainee HCAs had been recruited to fill the vacant positions. One of the HCAs had only been in employment for a week and a half prior to the inspection.

The team explained that when the staffing level was at full complement the workload was usually manageable, but the environment could get busy. There was no reported backlog of dispensing or delays to other service provision. Cover for planned leave was not usually provided. Due to this, leave was restricted to one team member at a time. On occasion, some part-time team members did work additional hours to provide support, but team members stated they usually tried to pre-plan work in advance of leave so that things remained manageable.

Pharmacy team members were trained or were enrolled on appropriate training courses and worked under the supervision of the pharmacist. They accessed regular ongoing training through an e-Learning system, where they completed mandatory topics including information governance, as well as a monthly knowledge check on over-the-counter conditions or treatments. Recent modules completed included training on Ella-One and a module on vaping. Team members were provided with protected learning time and training was tracked by management to ensure that all team members were up to date. Their development was monitored through appraisals which had been conducted with the previous pharmacy manager prior to him leaving his post. There were also systems in place to review development on an ongoing basis. The pharmacy technician explained that she had requested to be enrolled on an accuracy checking course in recent weeks. This had been actioned and team members reported that learning and development was usually supported and encouraged.

Team members worked within their competence. They asked appropriate questions to help make sure that sales of medicines were safe and appropriate and concerns were referred to the pharmacist. The HCAs were aware of some common high-risk medicines which may be subject to abuse and provided an appropriate response to a scenario posed about the sale of pseudoephedrine-based medicines.

Team members were happy to discuss issues within the branch. They reported an open culture where daily 'huddles' were held to organise the workload and discuss any problems. They were aware of the

channels of escalation to report any concerns. This included approaching the cluster manager and area manager. A new scheme had recently been introduced where team members could provide feedback through a cluster representative who regularly met with company management. The team were aware that the company had a whistleblowing policy to facilitate anonymous concerns and understood how to access the details of this.

The pharmacist discussed some targets which were in place for pharmacy services. He stated that he did not feel pressure relating to targets when working in the branch and explained that he would only carry out a service when necessary. Reviewing the workload accordingly so that safety was not compromised.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a professional environment which is suitable for the delivery of healthcare services. It is clean and tidy and it has a consultation room to help support the privacy and dignity of people using pharmacy services.

### Inspector's evidence

The pharmacy, including the external fascia was in a good state of repair. It was tidy and portrayed a professional appearance. There had been a recent leak, which had been reported to the company's head office and maintenance repairs had been carried out relatively swiftly. Daily house-keeping duties were completed by pharmacy team members and the premises were clean on the day.

To the front of the pharmacy was a retail area. The floor space was free from obstructions and some chairs were available near to the entrance door for use by people who were less able to stand. The pharmacy stocked a suitable range of healthcare-based goods for sale and pharmacy restricted medicines were encased behind screens which advised people to ask for assistance if they wanted to purchase the medicine.

To the side of the retail area was an enclosed consultation room which was signposted. The room was well maintained and equipped with facilities to support private and confidential discussions. The dispensary was accessed from behind the medicines counter. It had adequate space for the provision of services. A main dispensing terminal was used for labelling and prescription assembly took place on the next work bench. A further work bench provided a separate area for checking. Over the other side of the dispensary a second terminal was fitted which could be used during busy periods. The pharmacy also had a sink for the preparation of medicines, which was equipped with appropriate hand sanitiser.

All additional storage areas and WC facilities were reasonably well maintained. There was adequate lighting throughout the whole premises and the temperature was appropriate for the storage of medicines.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible to people with different needs. Services are well organised and suitably managed. Team members carry out additional checks to help make sure that people receive all the information they need to take their medicines correctly. The pharmacy sources and stores medicines appropriately, and it carries out some checks to help make sure that they are fit for supply.

### Inspector's evidence

The pharmacy entrance was step-free, and the manual door was visible from the medicine counter, so people who required assistance could be identified. The pharmacy had a range of other support resources including a hearing loop device, magnifying glasses and adapted pens to help people with dexterity issues.

A practice leaflet which promoted pharmacy services was available from behind the medicine counter. Other promotional materials were limited but the team said that they did receive some referrals for services from the local GP surgeries and the prescription ordering direct (POD) hub. The team had access to materials to support signposting and they participated in healthy living campaigns. Resources were obtained from sources including Public Health England. A recent campaign on appropriate antibiotic usage was discussed and staff said that other non-mandatory campaigns were chosen to reflect seasonal needs, such as weight loss after the festive period. Records of engagement were kept in the healthy living folder.

Prescriptions were kept separate using baskets, which were colour coded so the workload could be prioritised. An audit trail for dispensing was kept using dispensing labels. A 'pharmacist' sticker was used to highlight prescriptions for high-risk medicines. But records of monitoring such as INR readings were not always kept as an audit trail to demonstrate that appropriate counselling was being provided. The supply of valproate-based medicines to people who may become pregnant was discussed. The team were aware of recent guidance issued by the Medicines and Healthcare products Regulatory Agency (MHRA) and they had completed an audit which had identified some people within the at-risk age range. Counselling had been provided and this had been entered onto the PMR system. They had access to the safety literature to supply with prescriptions.

Within the local area, people ordered their medicines directly through a local POD system. Prescriptions were then sent to the pharmacy via the electronic prescription service (EPS). The pharmacy operated a delivery service, where patient signatures were obtained as confirmation of supply. A separate audit trail was also kept for CDs. The driver planned his route each morning and prioritised the delivery of fridge medications and CDs. Unsuccessful deliveries were returned to the pharmacy.

The pharmacy had recently implemented local PGDs for the treatment of UTIs and impetigo. The pharmacist had completed CPPE minor ailment training and had access to in-date PGDs for reference. There had so far been a limited uptake on the service. But the pharmacist was able to discuss certain aspects such as inclusion and exclusion criteria as well as circumstances when a urine test would be required for the UTI service. Urine dipsticks and additional equipment such as gloves for personal protection were available if required. In-date PGDs and service specifications were also available for the EHC and emergency supply services and pharmacy team members had read and acknowledged the



procedures for blood glucose and blood pressure testing.

Stock medicines were sourced through reputable wholesalers and specials through a licensed manufacturer. Stock was stored in an organised manner and kept in the original packaging. Date checking was undertaken each quarter with short dated medicines highlighted with a sticker. But shelves were not then routinely checked each month to proactively remove short date medicines and two expired medicines were identified during random checks. The medicines were marked in line with procedures and date checking records showed that checks of the relevant sections were due imminently. The medicines were immediately removed from the shelves once identified.

Returned and obsolete medicines were stored in medicine waste bins and a cytotoxic waste bin was available to hazardous materials. The team received alerts for the recall of faulty medicines and medical devices electronically. The system was checked three times a day and an audit trail was kept demonstrating the appropriate action being taken in response to alerts. The pharmacy was not yet fully compliant with the European Falsified Medicines Directive (FMD). New SOPs had been read by team members and a scanner had recently been installed, but team members were awaiting further instructions as to when procedures would be fully implemented.

CDs were stored appropriately with expired and returned CDs segregated from stock. Random balance checks were found to be correct and dispensed methadone was stored securely and in an organised manner until collection. The dispensing labels were unsigned. The pharmacist stated that he would second check and sign each dose prior to handout. The two refrigerators were both equipped with maximum and minimum thermometers. They were within the recommended temperature range and 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 safely. Equipment is used in a way that protects privacy.

### Inspector's evidence

The pharmacy had some paper-based reference materials including the British National Formulary. The team were aware that the resources were not the most up-to-date and said that the current editions were access via phone applications. Internet access was available to support additional resources, although the team reported some broadband issues which were common in the area.

A range of appropriate British Standard approved measures were available and counting triangles were clean and suitably maintained. Separate equipment was marked for use with CDs and cytotoxic medications respectively. The blood pressure monitor was marked with a date of first use and the blood glucose testing machine was regularly calibrated in line with procedures.

Electrical equipment was in working order and any issues were escalated to the company head office. Computer systems were password protected and screens were located out of public view. A cordless phone was available to enable conversations to take place in private, if required.

### 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.