General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Blackbird Leys Health Centre, Dunnock Way, Greater Leys, OXFORD, Oxfordshire, OX4 7EX

Pharmacy reference: 1090935

Type of pharmacy: Community

Date of inspection: 30/03/2022

Pharmacy context

The pharmacy is adjacent to a health centre and near local shops in a residential area on the outskirts of Oxford. The pharmacy dispenses NHS and private prescriptions and provides health advice. It supplies medicines in multi-compartment compliance aids for people who have difficulty managing their medicines. Its services include prescription delivery, health checks, treating minor ailments, seasonal flu vaccination, weight management and supervised consumption. The inspection took place during the COVID-19 pandemic. All aspects of the pharmacy were not inspected.

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
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's working practices are generally safe and effective. The pharmacy has satisfactory written instructions which tell team members how to complete tasks and work safely. Pharmacy team members don't always record their mistakes so they may miss opportunities to learn from them and help prevent similar mistakes happening again. They have ways of working to help protect people against COVID-19 infection. The pharmacy keeps the records it needs to by law so it can show it is providing safe services. And the pharmacy asks people for feedback on how it can improve its services. Members of the pharmacy team keep people's private information safe. And they understand their role in protecting the welfare of vulnerable people.

Inspector's evidence

The pharmacy had systems to review dispensing errors and near misses. Members of the pharmacy team discussed the mistakes they made to learn from them and reduce the chances of them happening again. But they didn't routinely record them or the lessons they learnt from them in the pharmacy's 'safer care folder'. So, they could be missing opportunities to spot patterns or trends with the mistakes they made. The dispensing assistant explained that medicines involved in incidents, or were similar in some way, such as amlodipine and amitriptyline were generally separated from each other in the dispensary. The pharmacy had segregated prednisolone tablets in line with Oxfordshire NHS policy. The dispensary drawers were clearly labelled with the first three letters of the medicines they contained. For instance, 'ris' or 'rop' which prompted the pharmacy team members to put stock away and pick medicines for prescriptions in the correct drawer. The pharmacy stored the most frequently used medicines so they could be selected more quickly and improve workflow in the dispensary. The dispensary had designated dispensing and checking areas and the benches were generally clear and tidy. Posters with information and warnings on several high-risk medicines were displayed in the dispensary. Members of the pharmacy team responsible for making up people's prescriptions used baskets to separate each person's medication and to help them prioritise their workload. They referred to prescriptions when labelling and picking products. And assembled prescriptions were not handed out until they were checked by the responsible pharmacist (RP). The pharmacy team member's tasks were displayed on the notice board in the dispensary. So, they knew which actions they were due to complete daily and weekly.

The pharmacy had standard operating procedures (SOPs) for most of the services it provided. And some of these were due to be reviewed. Members of the pharmacy team were required to read and sign the SOPs relevant to their roles to show they understood them and would follow them. They knew what they could and couldn't do, what they were responsible for and when they might seek help. And their roles and responsibilities were described within the SOPs. A team member explained that they wouldn't hand out prescriptions or sell medicines if a pharmacist wasn't present. And they would refer repeated requests for the same or similar products, such as medicines liable to abuse, misuse or overuse, to a pharmacist. The pharmacy had a complaints procedure. It asked people for their views and suggestions on how it could do things better. And the pharmacy received positive feedback.

The pharmacy displayed a notice that told people who the RP was, and it kept a record to show which pharmacist was the RP and when. The pharmacy had appropriate insurance arrangements in place, including professional indemnity, for the services it provided. It had a controlled drug (CD) register. And the stock levels recorded in the CD register were checked regularly. So, the pharmacy team could spot mistakes quickly. A random check of the actual stock of a CD matched the recorded amount in the register. The pharmacy kept records for the supplies of the unlicensed medicinal products it made. It recorded who prescribed it and who it was supplied to and when. The pharmacy recorded the private prescriptions it supplied in the private prescription register. Records for some services such as community pharmacist consultation service (CPCS) were maintained on PharmOutcomes. Records were generally in order.

The pharmacy team members had read the SOP for information governance and general data protection regulation (GDPR). The pharmacy displayed a notice that told people how their personal information was gathered, used and shared by the pharmacy and its team. Its team tried to make sure people's personal information couldn't be seen by other people and was disposed of securely. The pharmacy had a safeguarding SOP. And its team members had completed a safeguarding training course. They knew what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy's team members work well together to manage the workload. And the pharmacy supports them keeping their skills and knowledge up to date by allocating adequate protected learning time. Team members feel comfortable about providing feedback to improve services.

Inspector's evidence

The pharmacy team consisted of a part-time regular pharmacist two days per week, locum pharmacists three days per week, three part-time dispensing assistants and two full-time dispensing assistants who had all completed accredited training, and a part-time delivery driver shared with other branches of the pharmacy. The pharmacy relied upon its team members to cover any absences.

Members of the pharmacy team worked well together. So, people were served quickly, and their prescriptions were processed safely. The RP supervised and oversaw the supply of medicines and advice given by the pharmacy team. The pharmacy had an OTC sales protocol on display and which its team needed to follow. This described the questions the team members needed to ask people when making OTC recommendations. And when they should refer requests to a pharmacist. More than one dispensing assistant had been trained to prepare compliance aids to cover other team members on leave. Members of the pharmacy team had protected learning time. They could access training topics on 'myLearn' and their training record using their own password and log-in. A team member had recently completed a module on pharmacovigilance. Other topics available included adult and childhood obesity and weight management, valproate, 'lookalike soundalike' medicines, infection prevention and control and antimicrobial stewardship. There were regular team meetings and appraisals when the pharmacy manager kept the team up to date with how they could improve and do things better. A member of the team said they felt able to make suggestions on how to improve the pharmacy and its services. They knew who they should raise a concern with if they had one.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises are generally clean and suitable for the provision of healthcare. It protects the privacy of people who use its services and prevents unauthorised access to its premises when it is closed. It keeps its stock and people's information safe. The pharmacy keeps measures in place to help protect its team from COVID-19 infection.

Inspector's evidence

The registered pharmacy premises were generally bright, clean and secure. And steps were taken to make sure the pharmacy and its team didn’t get too hot. The pharmacy had a spacious retail area with a medicines counter, a large dispensary and a storeroom. The pharmacy signposted people to its consulting room. The chaperone policy was displayed and people could have a private conversation with a team member. The dispensary had workbenches at either end and storage provided through drawers, cupboards and shelving. The dispensary was clean, tidy and well organised. Some stock items were in tote boxes on the floor waiting to be put away. The pharmacy sink was clean. Members of the pharmacy team were responsible for cleaning and followed a rota for keeping the pharmacy’s premises clean and tidy. To help protect people from COVID-19 infection the pharmacy had fitted screens, marked the floor so people knew where to stand and positioned hand sanitiser for people to apply.

Principle 4 - Services ✔ Standards met

Summary findings

People with different needs find it easy to access the pharmacy's services. The pharmacy's working practices are mostly safe and effective. It gets its medicines from reputable sources. And it makes sure it stores and manages them appropriately so they are fit for purpose and safe to supply. Members of the pharmacy team know what to do if any medicines or devices need to be returned to the suppliers. They make sure people have all the information they need to use their medicines in the right way.

Inspector's evidence

The pharmacy entrance was level with the pavement outside. This made it easier for people who had mobility issues to enter the building. The pharmacy team tried to make sure these people could use the pharmacy services. They could produce labels in larger print to make them easier to read and there was a hearing loop. The pharmacy displayed notices which told people about opening hours and some of the other services the pharmacy offered. The pharmacy had a small seating area for people to use if they wanted to wait. And this area was set away from the counter to help people keep apart. Members of the pharmacy team were helpful and signposted people to another provider if a service wasn't available at the pharmacy.

The pharmacy offered a delivery service to people who couldn't attend its premises in person. Their prescriptions were placed in yellow baskets and the bag labels were marked 'delivery'. The delivery person kept an audit trail for the deliveries that were made to show that the right medicine was delivered to the right person. The pharmacy used a disposable pack for people who received their medicines in multi-compartment compliance aids. The pharmacy team checked whether a medicine was suitable to be re-packaged. It provided a brief description of each medicine contained within the compliance packs and patient information leaflets. So, people had the information they needed to make sure they took their medicines safely. Members of the pharmacy team initialled the dispensing labels to identify which of them prepared a prescription. They had a procedure for dealing with outstanding medicines which were owed to people. And they marked prescriptions to highlight when a pharmacist needed to speak to the person about the medication they were collecting. The pharmacy had warning cards for certain medicines to give to people to help them use their medicines in the right way. The RP was aware of the valproate pregnancy prevention programme and that girls or women in the at-risk group who were prescribed a valproate needed to be counselled on its contraindications. The pharmacy had the valproate educational materials it needed. The pharmacy team contacted people about uncollected prescriptions after four weeks.

The pharmacy had administered flu vaccinations to people via patient group direction (PGD) and recorded them to inform their doctor's surgery. The pharmacy supplied treatment for minor ailments to people who were eligible. And records were made on PharmOutcomes. Healthchecks were by appointment and a trained team member measured blood pressure, glucose and cholesterol along with height and weight. Two of the team were trained to deliver the 'Fit to fly' service. They recorded the results and details of a COVID-19 test along with the person's passport information on PharmOutcomes. Then the Fit to Fly certificate was issued to the person. Members of the pharmacy team regularly

checked PharmOutcomes for CPCS referrals from NHS 111.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept most of its medicines and medical devices within their original manufacturer's packaging and marked liquid medicines with the date of opening. The dispensary was generally tidy. The pharmacy team checked the expiry dates of medicines regularly. And no expired medicines were found on the shelves amongst in-date stock. The pharmacy stored its stock, which needed to be refrigerated, between two and eight degrees Celsius. And it stored its CDs, which weren't exempt from safe custody requirements, securely. The pharmacy had procedures for handling the unwanted medicines people returned to it. And these medicines were kept separate from stock or were placed in one of its pharmaceutical waste bins. The pharmacy had a procedure for dealing with alerts and recalls about medicines and medical devices. And a team member described the actions they took when the pharmacy received a concern about a product.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it offers. The pharmacy uses its equipment appropriately to keep people's private information safe.

Inspector's evidence

The pharmacy team had access to up-to-date reference sources. The pharmacy had a few glass measures for use with liquids, and some were used only with certain liquids. The pharmacy had a refrigerator to store pharmaceutical stock requiring refrigeration. And its team regularly checked and recorded the maximum and minimum temperatures of the refrigerators. The pharmacy had a plastic screen on its counter. And there were marks on the floor to indicate where people should stand. The pharmacy had hand sanitisers for people to use if they wanted to. And it had the personal protective equipment its team members needed. The pharmacy collected confidential waste paper for shredding. So, its team could dispose of confidential waste appropriately. The pharmacy restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. And its team members had their own NHS smartcards.

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.