General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 108 - 110 Talbot Road, BLACKPOOL, Lancashire, FY1 1LR

Pharmacy reference: 1091133

Type of pharmacy: Community

Date of inspection: 21/01/2020

Pharmacy context

This is a community pharmacy situated in the town centre of Blackpool. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including substance misuse supplies and seasonal flu vaccinations. The pharmacy supplies medicines in multi-compartment compliance aids for some people to help them take the medicines at the right time.

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	1.7	Good practice	Members of the team are given training so that they know how to keep private information safe
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Good practice	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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy generally keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. They record things that go wrong to help identify learning and reduce the chances of similar mistakes happening again.

Inspector's evidence

There was a set of standard operating procedures (SOPs), some of which had passed their review date of August 2019. So they may not always reflect current practice. Members of the pharmacy team had signed to say they had read and accepted the SOPs.

The pharmacist said she was not aware of any dispensing errors which had been reported since commencing her role in December 2019. Members of the pharmacy team were able to describe the process of reporting dispensing errors to the SI and investigating them. Near miss incidents were recorded on a paper log. There were no records prior to December 2019 but there was a report showing that the December records had been reviewed at the end of the month. Details of the review had been recorded on a whiteboard to share with the team. The pharmacist would also highlight mistakes to staff at the point of accuracy check and ask them to rectify their own errors. She gave examples of action which had been taken to help prevent similar mistakes. Such as, moving amitriptyline to a different part of the dispensary to help prevent a similar picking error.

Roles and responsibilities of the pharmacy team were described in individual SOPs. The trainee dispenser was able to explain what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Staff wore standard uniforms and had badges identifying their names and roles. The responsible pharmacist (RP) had their notice displayed prominently. The pharmacy had a complaints procedure which was explained in a customer charter leaflet. Any complaints would be recorded to be followed up. A current certificate of professional indemnity insurance was on display.

Records for private prescriptions, emergency supplies and unlicensed specials appeared to be in order. The RP was signed into the RP log, but it was noted that there was a missing entry for 16th November 2019. So there was no record to show who had been the RP at that time. Controlled drugs (CDs) registers were maintained with running balances recorded and checked weekly. Two random balances were checked, and both found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. The pharmacy team completed annual IG training and each member of the team had signed a confidentiality agreement. When questioned, the trainee dispenser was able to describe how confidential waste was segregated and removed by a waste carrier. A privacy notice was on display which described how people's data was handled by the pharmacy.

Safeguarding procedures were available. Members of the pharmacy team had completed in-house safeguarding training, and pharmacy professionals had completed level 2 safeguarding training. Contact

details for the local safeguarding board were on display. The trainee dispenser said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✔ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete regular training modules to keep their knowledge up to date. But there is a high demand for the substance misuse service which has created additional pressure for members of the pharmacy team. And there does not appear to be a plan in place to replace members of the pharmacy team who are leaving, which may affect how well the pharmacy team cope with the workload.

Inspector's evidence

The pharmacy team included a pharmacist, a pharmacy technician who was trained to accuracy check (ACT), four dispensers – one of whom was the pharmacy manager, and a new member of staff. A dispenser from another branch was currently providing cover on a Monday, Tuesday and Wednesday. All members of the were appropriately qualified for their roles or were currently training. The normal staffing level was a pharmacist, ACT, and three other assistants. The pharmacy had been without a permanent manager for some time. The new pharmacy manager and the pharmacist had commenced their roles in December 2019.

Part of the ACT's role was to complete the final accuracy check for compliance aids and dispensed medicines for people in care homes. But she was due to leave in a few weeks' time. The pharmacy manager was interviewing to replace her role but had not been able to find someone who was trained as an accuracy checker. There was a high footfall into the pharmacy and 80 to 100 people a day used the substance misuse services. Substance misuse clients were served at a hatch that opened into the dispensary and the pharmacist covered this in between checking prescriptions. A cluster manager for the company, who was a trained pharmacist, was present and checking prescriptions. The pharmacist said she did not usually have a second pharmacist and without him, there would likely be a backlog of prescriptions. A staggered holiday system was used, but there had been no planned absences since the pharmacist commenced her role so she was unsure how well it would work.

The pharmacy team received a structured e-learning training programme. And the training topics appeared relevant to the services provided and those completing the e-learning. Training records were kept. The team was allowed learning time and members of the team said they were up-to-date with their training.

The trainee dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines that were liable to abuse that she felt were inappropriate, and refer people to the pharmacist if needed. The pharmacist said she felt able to exercise her professional judgement, and this was respected by the pharmacy team. Staff said they received a good level of support from the pharmacist and they felt able to ask for further help if they needed it. But staff had not received appraisals for some time, so development needs may not always be identified. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the head office. The pharmacy was set targets for services such as MURs and NMS. The pharmacist said there was a business pressure to achieve these, but it did not affect her professional judgement in prioritising the workload.

Principle 3 - Premises ✔ Good practice

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations. Alternative entrances for substance misuse services help people maintain their privacy and dignity.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload and access to it was restricted by the position of the counter. A sink was available within the dispensary. Customers were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled by the use of air conditioning units. Lighting was sufficient. The staff had access to a kitchenette and WC facilities.

A consultation room was available with access restricted by use of a lock. The space was clutter free with a computer, desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted and indicated if the room was engaged or available. There was a separate entrance for people to access substance misuse services.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from recognised sources, stores them appropriately and carries out checks to help make sure that they are in good condition.

Inspector's evidence

Access to the pharmacy was level via an automatic door and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Pharmacy practice leaflets gave information about the services offered and information was also available on the website. Pharmacy staff were able to list and explain the services provided by the pharmacy. If the pharmacy did not provide a particular service staff were able to refer patients elsewhere using a signposting folder. The pharmacy opening hours were displayed and included details about the local bank holiday pharmacy provision rota. A range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service. Medicines for delivery were logged onto an electronic delivery management system. An electronic device was used to obtain signatures from the recipient to confirm delivery. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. CDs were recorded on a separate delivery sheet for individual patients and a signature was obtained to confirm receipt.

The pharmacy team used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. Members of the team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. The pharmacist performed a clinical check of all prescriptions and then signed the prescription form to indicate this had been completed. When this had been done the ACT was able to perform the final accuracy check. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied. Dispensed medicines awaiting collection were kept on a shelf using a numerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out.

Schedule 3 and 4 CDs were highlighted so that staff could check prescription validity at the time of supply. High-risk medicines (such as warfarin, lithium and methotrexate) were also highlighted and patients were counselled on their latest results and this was recorded on their PMR. The staff were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist said she would speak to any patients who were at risk to make sure they were aware of the pregnancy prevention programme, which would be recorded on their PMR.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacy would refer them to their GP to complete an assessment about their suitability. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge sheets were sought, and previous records were retained for future reference.

Disposable equipment was used to provide the service, and the compliance aids were labelled with medication descriptions and a dispensing check audit trail. Patient information leaflets (PILs) were routinely supplied.

The pharmacy dispensed medicines for a number of patients who were residents of care homes. A re-order sheet was provided to the pharmacy and it contained details about the medicines required, medicine changes and any handover notes for the pharmacy. When prescriptions were received from the GP surgery they would be compared to the re-order sheet to confirm all medicines had been received back. Any queries were written onto a query sheet and chased up with the GP surgery. The care home was informed about any outstanding prescriptions. Medicines were dispensed into disposable compliance aids and a dispensing and checking signature was written onto the seal. PILs were provided.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. The pharmacy was not yet meeting the safety features of the falsified medicine directive (FMD), which is now a legal requirement. Equipment was installed but the pharmacy team had yet to commence routine checks of medicines. Stock was supposed to be date checked on a 12-week rotating cycle. A date checking matrix was signed by staff as a record of what had been checked. This showed that there had not been any expiry date checks on stock had not been completed for some time prior to December 2019. The pharmacy team had since checked the expiry dates on stock. Short dated stock was highlighted using a sticker and liquid medication had the date of opening written on. A random sample of stock was checked and no out of date medicines were found.

Controlled drugs were stored appropriately in the CD cabinets, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. A Methameasure machine was used to help the pharmacist to provide the substance misuse service. Methadone was stored in the CD cupboard overnight. The pharmacist would complete three calibration checks each time the machine was refilled. Methadone was poured into plastic cups for people taking the medicine at the hatch, and the dispensing label was attached to the cup. Those who took their medicine away received it in labelled bottles. The pharmacist was seen to confirm people's details before handing over any medicines. A photo was stored on the Methameasure system to help provide additional ID checks. There were clean medicines fridges, each with a thermometer. The minimum and maximum temperatures were usually recorded daily, and records showed they had been in range for the last 3 months. But there were gaps in the records for the upstairs fridge. So temperatures may not always be consistently monitored. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the head office. Alerts were printed, action taken was written on, initialled and signed before being filed in a folder.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and drug tariff resources. All electrical equipment appeared to be in working order. According to the stickers attached, electrical equipment had last been PAT tested in May 2019. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for methadone. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. The Methameasure machine was kept clean and was calibrated each day.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the staff to move to a private area if the phone call warranted privacy. The consultation room was used appropriately; patients were offered its use when requesting advice or when counselling was 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.