General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Lloyds Clinical Limited, Unit 4, Scimitar Park, HARLOW, Essex, CM19 5GU

Pharmacy reference: 1091717

Type of pharmacy: Dispensing hub

Date of inspection: 11/09/2024

Pharmacy context

The pharmacy provides a homecare service which involves delivering medication directly to people's homes. All patients are referred to the service by their hospital prescriber. It also provides other services which are not regulated by the GPhC, including nursing care and medicine compounding. This inspection only covers the registerable services provided by the pharmacy. The pharmacy, which is one of four owned by the company, is in an industrial unit. The premises is not accessible to members of the public.

This inspection is one of a series of inspections we have carried out as part of a thematic review of homecare services in pharmacy. We will also publish a thematic report of our overall findings across all of the pharmacies we inspected. Homecare pharmacies provide specialised services that differ from the typical services provided by traditional community pharmacies. Therefore, we have made our judgements by comparing performance between the homecare pharmacies we have looked at. This means that, in some instances, systems and procedures that may have been identified as good in other settings have not been identified as such because they are standard practice within the homecare sector. However, general good practice we have identified will be highlighted in our thematic report.

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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 identifies and manages the risks associated with its services. It has a thorough set of risk assessments which are reviewed regularly. It audits its services to help ensure that they are provided in a safe and effective manner. People can provide feedback about the pharmacy's services, which the pharmacy uses to help it improve. And team members are provided with the appropriate training so they know how to handle confidential information, and understand how to protect vulnerable people.

Inspector's evidence

The pharmacy had service level agreements with NHS Trusts to provide a Homecare Medicines Service that involved dispensing a range of specialist medicines. These medicines were for several conditions including cystic fibrosis, rheumatoid arthritis, cancer, and multiple sclerosis.

A range of up-to-date standard operating procedures (SOPs) was available for the team to follow. These were held electronically, and each member of the team had their own account to access them. Senior members of the team could see when team members had read the SOPs and sent reminders if any were overdue. Team members were required to read SOPs as part of their induction and re-read them after every review.

The pharmacy carried out risk assessments for each new therapy. Each risk was given a score based on its likelihood, severity, and detectability. The risk assessment also included information on the therapy, for example, formulation, dose, method of administration, and any additional requirements such as nursing care. And they covered any recommended action to mitigate the risk. The pharmacy had contingency plans in case of an emergency and predicted staffing levels required in advance. Unplanned staff absences would be addressed using agency staff.

The pharmacy undertook regular audits to review the safety and efficiency of its services. The most recent audit had reviewed the effectiveness of the dispensing system for various brands of growth hormones to assess whether prescriptions were dispensed within a 28-day time frame. The audit found that 98% of prescriptions were dispensed within the required timeframe. The audit identified additonal training needs to ensure that prescriptions were dispensed on time.

Incidents and adverse events were recorded, including missed doses due to delivery failures or delays in receiving prescriptions. Missed doses were also reported to the Trusts. The pharmacy team recorded mistakes that were spotted before a medicine left the pharmacy, also known as near misses, on an electronic log. The data was analysed at the end of every month, compiled into a report, and discussed during pharmacy governance meetings, and Quality, Patient Safety and Risk Management forums which had representatives from all groups including pharmacists and nurses. Common near misses were communicated to the wider team. The pharmacy team described how they had acted to update the dispensing software in response to missing instructions on a medicine label. This helped prevent the need to manually enter additional instructions and ensure that people had complete information on how to take their medicine. A full root cause analysis was undertaken if any errors had reached the person. The error would be documented on an electronic system and the records were reviewed monthly. Corrective action was taken if any failings were identified, for example, some people had raised complaints about the way the customer service team handled calls. The pharmacy was recording

and monitoring calls to identify any training needs. Multidisciplinary team meetings were held to discuss any significant incidents. For example, the team had reviewed the prescription administration process after identifying that one person had been left without their new medicine for some time. As a result, the pharmacy had reviewed the administrative process and made changes to the way prescriptions were scanned onto the system.

The pharmacy held regular meetings with the relevant NHS Trusts. Regional meetings were attended by the superintendent pharmacist (SI). The meetings were used to discuss any issues, complaints, KPIs, and errors.

A responsible pharmacist (RP) notice was on display and the RP records were appropriately maintained. Team members roles and responsibilities were clearly outlined within the SOPs. The pharmacy had current professional indemnity insurance in place.

A complaint procedure was in place and all new patients received a welcome pack which provided information about how they could raise concerns. This information was also available on the pharmacy website. A customer satisfaction survey was carried out annually. The pharmacy had recently started recording all types of complaints and errors. This helped the team gather as much data as possible to help identify any trends and patterns. Two governance officers had been appointed to review complaints and assess whether any remedial action was effective.

All members of the pharmacy team completed training about the General Data Protection Regulations as part of their induction. Confidential material was disposed of in separate confidential waste bins which were collected by an approved contractor. The premises were not accessible to members of the public.

All team members had completed safeguarding training relevant to their roles. Any safeguarding concerns would be documented and raised with the Trust directly. A safeguarding policy was in place and the pharmacy had access to details of local safeguarding contacts.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough suitably trained team members to deliver its services safely and effectively. Team members have structured training for their role. And they are provided with on-going training to keep their skills and knowledge up to date. They can provide feedback and raise concerns with senior leadership to help improve pharmacy's services.

Inspector's evidence

The pharmacy team comprised of three pharmacists, seven pharmacy technicians, five of whom worked as accuracy checkers, one trainee ACT, and 13 dispensers. Team members had either completed accredited courses or were enrolled onto a suitable training course for their role. Training certificates were available. The pharmacy team was on top of its workload and team members felt there were enough staff for the services provided. Team members were seen supporting each other and working efficiently. The workload was reviewed and planned several days in advance. Daily operation calls were held every morning to discuss the workload, and these involved all the various departments within the unit, as well as the various Homecare sites within the company.

The pharmacy also had a customer service team which comprised of over 180 team members, as well as a team of over 130 delivery drivers who worked across the business. Team members working in the customer service department were responsible for dealing with queries and booking deliveries. The team could escalate queries to specialist support coordinators if they needed additional support or to pharmacists if they received a clinical query. Delivery drivers were provided with training at the start of employment, and this covered several aspects including safeguarding, information governance, and how to deal with temperature excursions. Agency drivers were provided with a daily sheet of key aspects such as managing safeguarding concerns.

The Head of Patient Services had reported escalating staff shortages within the customer service team to senior management. This had then resulted in the mobilisation of agency staff to cover the back log in calls. The pharmacy had a contingency plan and staffing requirements were forecast three months in advance.

Newly recruited team members went through a structured induction process, which included training on health and safety, patient confidentiality, safeguarding, and processes at the pharmacy. Team members were well supported with structured, on-going training to help keep their skills and knowledge up to date. They received time to complete any ongoing training within working hours. Training records were maintained for all team members, and these were seen during the inspection. Specific training was also provided on the therapies offered at the pharmacy and a training pharmacist ensured that the team were upskilled on the specific therapies.

The pharmacy had a whistle blowing policy in place. Team members were able to give feedback about the pharmacy verbally during team meetings or via annual surveys. The company’s CEO visited the site regularly and held ‘coffee and cake’ meetings where the team could speak to them if they had any concerns. Performance targets were agreed with the Trusts.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean, hygienic, and well maintained. And there is ample space for the services provided. It is secured from unauthorised access.

Inspector's evidence

The pharmacy was in a large industrial unit and was not accessible to the public. Access to each part of the building was controlled by key cards providing role-based access. People visiting the site were required to sign in at the reception and wear ID badges.

The unit included several meeting rooms, a dispensary, a large warehouse, a staff area, and spacious office space. The customer service team was located in a large room, separate to the dispensary and other areas. The dispensary was spacious, clean and tidy, and with ample work and storage space. The large warehouse was next to the dispensary and was used for storing medicines and ancillary items. The ambient temperatures were continually monitored, and temperature probes were placed throughout the dispensary and warehouse.

The pharmacy’s website had information about all the services it provided, details of the SI, and the pharmacy’s registration number. The website also had contact details including telephone numbers, email addresses, and out of hours. The privacy notice, complaints procedure, and GDPR statement could also be found on the website.

Staff facilities including a staff room with kitchenette, toilets, and lockers. There was a large car park just outside the premises. The premises were cleaned daily by external cleaners.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are well organised and are provided safely and effectively. The pharmacy communicates well with its patients to ensure that they receive their medicines on time. It obtains its medicines from recognised sources, and it stores them appropriately. And it carries out regular checks to make sure they are kept in good condition and fit for purpose.

Inspector's evidence

The pharmacy premises were closed to the public. People could contact the pharmacy via its website or by telephone or email. People had to be referred to the pharmacy by their hospital prescriber before they were able to use the pharmacy's services. The hospital sent a registration form along with the first prescription to the pharmacy. The pharmacy was trialling a new mobile phone application where patients could check their delivery status and change their details. The SI said that patients would be able to book their deliveries through the app in the future.

Most prescriptions were sent by post which meant that the pharmacy relied heavily on the postal service working without delay. The pharmacy was trying to encourage the Trusts to switch to electronic prescriptions to help reduce the reliance on the postal service.

When a new prescription was received, it was scanned into the system using the pharmacy's optimal character recognition software. This enabled a large volume of prescriptions to be scanned in and stored under the correct patient record. A customer service representative then contacted the patient to explain how the service worked. The prescription was clinically screened by a pharmacist who would assess the clinical appropriateness, the legal validity of the prescription, and make sure the data entry had been done correctly. A delivery was only arranged with the patient if the prescription was authorised and released by a pharmacist.

The customer service team contacted the patient to agree a suitable delivery time. This was usually done one week before the delivery was due. They always checked how much medicine was remaining to ensure that patients were not left without medication.

Most of the prescriptions that the pharmacy received from NHS Trusts authorised several repeat supplies. The second delivery was usually booked in two to three weeks after the initial delivery to create buffer stock with the patient. This helped reduce the risk of the patient running out of medicine.

When new prescriptions were needed, the pharmacy system automatically requested them from the Trust and sent emails six to eight weeks before the prescription was due. The customer service team would contact the hospital if a prescription was not received in time. The hospital had access to a direct telephone line so it could contact the pharmacy without delay. Queries from hospitals were monitored daily and delegated to an appropriate member of staff. The pharmacy responded to hospital queries within 24 hours. Any communications between the hospital and pharmacy were documented on the patient record.

The pharmacy arranged for face-to-face or virtual training with nurses for patients requiring this service. The nursing service was regulated by the CQC and was not reviewed as part of this inspection.

Patients could contact the pharmacy and speak to a pharmacist if they had a clinical query.

The pharmacy ran a daily report of all prescriptions due to be delivered the following day. Packing slips were created by the warehouse team who would then pick the stock required and move it to the dispensary. The dispensers separated the therapies and dispensed each prescription, one at a time. The packing slips, as well as the medicine packs, were scanned onto the pharmacy's system. This brought up the patient's prescription and ensured that the correct product was dispensed. The medicine pack was labelled and placed in a designated area for a final accuracy check by a pharmacist or ACT. Individual logins were used for the pharmacy system, and this provided clear audit trails showing who was involved in the various steps of the dispensing process.

The pharmacy had a back-order process in case of stock shortages. Any stock shortages were escalated to the pharmacist who would decide to either make a part supply or wait for stock. This did not occur often as the pharmacy forecast stock requirements in advance. Daily meetings were also held to review any back orders. The pharmacy contacted the NHS Trusts to discuss alternative medicines if there were serious stock shortages. The pharmacy team described managing the recent stock shortages of a rheumatology drug by supplying patients with vials for infusion as the injection pens were out of stock. Nurses were booked to administer the vials for the patients.

Dispensed medicines were packed in bags or boxes. Stickers were added to packages containing fridge lines to make sure they were stored appropriately. The bagged prescriptions were transferred to the dispatch area. Medicines requiring cold storage were packed in insulated packaging and stored in cold rooms whilst awaiting delivery. Delivery vehicles were fitted with cold storage boxes that were monitored to maintain the correct storage temperature.

The pharmacy had a dedicated delivery team that worked across its sites. Occasionally a courier company was used. A small percentage of deliveries failed, for example because a person was not at home to receive the delivery. The pharmacy's system tracked deliveries and the patient support team received emails if an issue arose, for example, breakdown of a delivery van. The information was recorded on the system and the patient was informed immediately. The medicines were returned to the pharmacy and the patient was contacted to arrange another delivery. An urgent delivery could also be arranged if necessary.

The pharmacy's procurement team ordered stock and forecast the volume of stock needed in advance. This helped manage the supply of medicines. Most stock was obtained directly from pharmaceutical companies, as well as some major UK wholesalers.

Expiry date checks of the pharmacy stock were regularly carried out by the pharmacy team and records were kept. When stock arrived, it was logged onto the computer system with its batch number and expiry date. Stock was placed in fixed locations in the warehouse. Regular reports were run to identify medicines that were due to expire in less than 3 months, and affected stock was then removed. The pharmacy received alerts and recalls about medicines and medical devices via email and they were dealt with promptly. The warehouse and the cold rooms were temperature monitored. There were several cold rooms in the warehouse to store temperature sensitive medicines. The temperatures were monitored and logged throughout the day. If a deviation occurred, an alarm would sound. There was a process in place to deal with temperature deviations.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It uses its equipment to help protect people’s personal information.

Inspector's evidence

The pharmacy had several cold rooms to hold medicines requiring storage at these temperatures. The rooms were fitted with automatic temperatures which had alarms that were triggered when the temperatures went outside the required range. Team members had access to IT systems to communicate with each other. IT issues could be escalated to a support team. There were two servers for the internet in case one went down. The pharmacy had reference resources and access to the internet to provide the team with up-to-date information. Electric equipment was PAT-tested annually.

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.