

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Shirehampton Health Centre,
Pembroke Road, Shirehampton, BRISTOL, Avon, BS11 9SB

Pharmacy reference: 1092888

Type of pharmacy: Community

Date of inspection: 16/04/2019

Pharmacy context

The pharmacy is a busy pharmacy in a health centre on the outskirts of Bristol. It dispenses NHS prescriptions and sells over-the-counter medicines and some other products. They supply medicines in multi-compartment devices to help vulnerable people in their own homes to take their medicines.

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	2.2	Good practice	The staff are encouraged to keep their skills up-to-date and they do this in work time.
		2.5	Good practice	The pharmacy team work well together and they are well supported by their managers. They proactively make suggestions to improve services and these are acted on.
3. Premises	Standards met	3.2	Good practice	There is good signposting to the consultation room so it is clear to people that there is somewhere private for them to talk.
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy offers a good range of services. And, people with a range of needs can access these.
		4.2	Good practice	The pharmacy team intervene if they are worried or think that people may not be not taking or using their medicines as prescribed by their doctors.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy team identify and manage most risks well. They learn from mistakes but, they could make sure that the dispensing benches are not cluttered to reduce the risk of mistakes. The team members encourage people to give feedback and they use this to improve their services. The pharmacy team keep people's private information safe. And, the pharmacy is appropriately ensured to protect people if things go wrong. The team keep the up-to-date records that they must keep by law. The staff know how to protect the welfare of vulnerable people.

Inspector's evidence

The pharmacy staff identify and manage most risks. Any dispensing errors and incidents were recorded, reviewed and appropriately managed. A full root cause analysis and reflective statement was done following any error. A 'Safer care logbook' was used that looked at the environment, people and process and was reviewed monthly. Near misses were recorded and reviewed monthly as part of the company's the 'Safer care' processes. Learning points and actions to reduce similar recurrences were recorded, such as highlighting any prescription for ramipril tablets, identifying that stock had been put in the incorrect location and items packed in similar livery. An alert label had been placed where the bendroflumethiazide and bisoprolol were stored because of previous picking errors with these. Company-wide issues, such as with olanzepine and quetiapine were identified by the Superintendent's Office. There was an annual professional standards audit and regular audits were conducted by the cluster lead and the area manager. A risk assessment had been done in September 2019 prior to the commencement of seasonal 'flu vaccination service.

The dispensary appeared spacious but there was limited bench space for the volume of dispensing. There were three labelling computers, assembly, waiting to be checked and checking areas. The waiting to be checked area contained several baskets stored on top of one another which increased the likelihood of errors. The pharmacist was aware of this risk and only placed one basket at a time in the checking area to mitigate this risk. The checking area was clearly demarked with red tape. On the other side of the dispensary was an area used for assembled prescriptions that needed to be put away on the shelves. Several of these were seen, also stored on top of one another. There was a small separate room that was used for the assembly and checking of the monitored dosage system (MDS) trays.

Coloured baskets were used and distinguished prescriptions for patients who were waiting, those calling back, prescriptions for collection and those for delivery. There was a clear audit trail of the dispensing process and all the 'dispensed by and checked by' boxes on the labels examined had been initialled. All prescriptions that were accuracy checked by the accuracy checking technician (ACT) had been previously clinically checked by the pharmacist. There was a clear audit demonstrating that this had been done.

Up-to-date, signed and relevant Standard Operating Procedures (SOPs), including SOPs for services provided under patient group directions were in place and these were continually reviewed by the Superintendent Pharmacist. The roles and responsibilities were clearly set out in the SOPs and the staff were clear about their roles. The company's sales protocol was displayed and included questions to be asked of customers requesting to buy medicines and when customers should be referred to the

pharmacist, such as specific patient groups and those requesting multiple sales. This was signed and dated and included local additions such as Viagra Connect. A NVQ2 trained dispenser said that she would refer all medicine sale requests for patients who were also taking prescribed medicines, to the pharmacist. She was aware of 'prescription only' (POM) to 'pharmacy medicines' (P) switches, such as chloramphenicol eye drops and Ella One and referred requests for these to the pharmacist. Another dispenser knew that fluconazole capsules should not be sold to women over the age of 60 for the treatment of vaginal thrush.

The staff were clear about the complaints procedure and reported that feedback on all concerns was actively encouraged. The pharmacy did an annual customer satisfaction survey but the results of the latest survey were not easily available. The store manager did report however, that there had been some feedback about there being long queues in the pharmacy during busy times. Because of this, the pharmacy tried to make sure they had sufficient staff covering the medicine counter during these times.

Current public liability and indemnity insurance was in place. The Responsible Pharmacist log, controlled drug (CD) records, including patient-returns, private prescription records, emergency supply records, specials records, fridge temperature records and date checking records were all in order.

There was an information governance procedure and the staff had also recently completed training on the new data protection regulations. The computers, which were not visible to the customers, were password protected. Confidential information was stored securely. Confidential waste paper information was collected for appropriate disposal. No conversations could be overheard in the consultation room.

The staff understood safeguarding issues and had read the SOP and completed the company's e-learning module on the safeguarding of both children and vulnerable adults. The pharmacist and technician had also completed the Centre for Pharmacy Postgraduate Education (CPPE) module on safeguarding. Local telephone numbers were available to escalate any concerns relating to both children and adults. All the staff had completed 'Dementia Friends' training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained staff to deliver its services safely. But, sometimes they must work overtime to keep on top of the workload. The staff are encouraged to keep their skills up-to-date and they do this in work time. The pharmacy team work well together and they are well supported by their managers. They proactively make suggestions to improve services and these are acted on.

Inspector's evidence

The pharmacy was in a Health Centre. They dispensed approximately 14000 NHS prescription items each month with the majority of these being repeats. But, due to the location, there were several acute 'walk-in' customers. 230 domiciliary patients received their medicines in monitored dosage systems (MDS). Few private prescriptions were dispensed.

The current staffing profile was one pharmacist, one part-time (PT) accuracy checking technician (ACT), three full-time (FT) NVQ2 qualified dispensers and three PT NVQ2 dispensers. The PT dispensers regularly did overtime to keep on top of the workload. The part-time staff were flexible and generally covered any unplanned absences. Planned leave was booked well in advance and only one member of the dispensary staff could be off at one time. A staffing rota was used to ensure appropriate staffing levels with the desired skill mix.

The staff were well qualified and clearly worked well together as a team. Staff performance was monitored, reviewed and discussed informally throughout the year. There was an annual performance appraisal with a six-monthly review where any learning needs could be identified. Review dates would be set to achieve this.

The staff were encouraged with learning and development and completed regular e-learning, such as recently on Syndol. They said that they spent about 30 minutes each month of protected time learning. All the dispensary staff reported that they were supported to learn from errors. The GPhC registrants reported that all learning was documented on their continuing professional development (CPD) records.

The staff knew how to raise a concern or make suggestions and said that this was encouraged and acted on. A qualified dispenser had recently proactively suggested, to increase the pharmacy's uptake of seasonal 'flu vaccinations, that the staff went to various locations, such as the church and coffee shops asking people if they had been vaccinated. This initiative was agreed by the manager and had resulted in a greater number of people being vaccinated. There were monthly staff meetings and all the staff were aware of the company's whistle-blowing policy.

The pharmacist reported that he was set overall targets, such as 400 annual medicine use reviews (MURs). He said that she only did clinically appropriate reviews and did not feel unduly pressured by the targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy looks professional. There is good signposting to the consultation room so it is clear to people that there is somewhere private for them to talk.

Inspector's evidence

The pharmacy was well laid out and presented a professional image. Some of the dispensing benches were cluttered but the floors were clear. The premises were clean and well maintained.

The consultation room was spacious, well signposted and well fitted. It contained a computer, a sink and three chairs. Conversations in the consultation room could not be overheard. The computer screens were not visible to customers. The telephone was cordless and all sensitive calls were taken in the consultation room or out of earshot.

There was air conditioning and the temperature in the pharmacy was below 25 degrees centigrade. There was good lighting throughout. Most items for sale were healthcare related.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a good range of services. And, people with a range of needs can access these. The pharmacy team make sure that people have the information that they need to use their medicines safely and effectively. They intervene if they are worried or think that they may not be taking or using their medicines as prescribed by their doctors. The pharmacy gets its medicines from appropriate resources. The medicines are stored and disposed of safely. The pharmacy team make sure that people only get medicines or devices that are safe.

Inspector's evidence

There was wheelchair access to the pharmacy and the consultation room with automatic opening front door. The pharmacy had on-line access to a translation service for use by non-English speakers. They also had a displayed language-line identification leaflet in the consultation room. The pharmacy could print large labels for sight-impaired patients. A portable hearing loop was available.

Advanced and enhanced NHS services offered by the pharmacy were medicine use reviews (MURs), new medicine service (NMS), sexual health services, supervised consumption of methadone and buprenorphine (seven patients), smoking cessation (nicotine replacement) and seasonal 'flu vaccinations. The latter was also offered under a private scheme as was blood pressure and diabetes monitoring. The services were well displayed and the staff were aware of the services offered.

The pharmacist had completed suitable training for the provision of seasonal 'flu vaccinations including face to face training on injection technique, needle stick injuries and anaphylaxis. The staff had acted proactively to increase their uptake of seasonal 'flu vaccinations (see under principle 2). The pharmacist had also completed suitable training for the provision of free NHS sexual health services.

Seven substance misuse patients had their medicines supervised and a further four patients who collected their medicines. At the time of the visit, methadone was seen to be not in safe custody. The pharmacist had been called away to counsel a patient. The staff reported that in the past, the ACT poured the methadone. The store manager said that they would revert to this procedure in future. The patients were offered water or engaged in conversation to reduce the likelihood of diversion.

A large proportion of the business at the pharmacy was the assembly of medicines into monitored dosage system (MDS) trays. 230 domiciliary patients received their medicines in monitored dosage systems (MDS). The domiciliary dosettes were assembled in a small separate room on a four-week rolling basis and evenly distributed throughout the week to manage the workload. There were dedicated polypockets for these patients where all the relevant information such as hospital discharge sheets and changes in dose were kept. These were referred to at the checking stage. Many of the dosettes were checked by the ACT. The prescriptions had been previously clinically checked by the pharmacist and there was an audit trail demonstrating this. The assembled dosettes were stored tidily.

Procedures were in place to ensure that all MDS patients, receiving high-risk drugs, were having the required blood tests. The pharmacy had a good relationship with the adjacent surgery. All the staff were aware of the new sodium valproate guidance. They had one female patient of child-bearing age and information leaflets and advice cards were sent to her with each prescription.

There was a good audit trail for all items ordered on behalf of patients by the pharmacy and for all items dispensed by the pharmacy. Interventions were seen to be recorded on the patient's prescription medication record. Green 'see the pharmacist' stickers were used such as one seen for methotrexate. The pharmacist routinely counselled patients prescribed high-risk drugs such as warfarin and lithium. INR levels were asked about. The pharmacist also counselled patients prescribed amongst others, antibiotics, new drugs and any changes. CDs and insulin were packed in clear bags and these were checked with the patient on hand-out.

All prescriptions containing potential drug interactions, changes in dose or new drugs were highlighted to the pharmacist. Signatures were obtained indicating the safe delivery of all medicines and owing slips were used for any items owed to patients. Suitable patients were encouraged to use the company's managed repeat prescription service to reduce wastage, to optimise the use of medicines and to identify any non-adherence concerns. Any patients giving rise to concerns were targeted for counselling. The pharmacist reported that he frequently identified during MURs that patients had poor inhaler technique. He also identified patients who were prescribed simvastatin but complained of muscle ache. He referred these patients to their doctors and the simvastatin was changed to atorvastatin.

Medicines and medical devices were obtained from AAH and Alliance Healthcare. Specials were obtained from AAH Specials. Invoices for all these suppliers were available. CDs were stored tidily in accordance with the regulations and access to the cabinets was appropriate. There were no patient-returned but several out-of-date CDs. These were clearly labelled and separated from usable stock. Appropriate destruction kits were on the premises. Medicines were stored tidily. The pharmacy had two scanners to check if medicines complied with the Falsified Medicines Directive but these had not yet been installed. Fridge lines were correctly stored with signed records. Date checking procedures were in place with signatures recording who had undertaken the task. Doop bins were available for waste and used and there was a cytotoxic bin and a list of substances that should be treated as hazardous for waste purposes.

There was a procedure for dealing with concerns about medicines and medical devices. Drug alerts received electronically, printed off and the stock checked. They were signed and dated by the person checking the alert. Any required actions were recorded. The pharmacy had received an alert on 10 April 2019 about chloramphenicol eye drops. The pharmacy had none in stock and this was recorded.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities for the services it provides.

Inspector's evidence

The pharmacy used British Standard crown-stamped conical measures (100 - 500ml) and ISO stamped straight measures (10 - 100ml). There were tablet-counting triangles, one of which was kept specifically for cytotoxic substances. These were cleaned with each use. There were up-to-date reference books, including the British National Formulary (BNF) 76 and the 2018/2019 Children's BNF. There was limited access to the internet.

The fridge was in good working order and maximum/minimum temperatures were recorded daily. The blood pressure monitor was replaced every two years and the blood glucose machine was calibrated every 13 weeks. Doop bins were available and used and there was adequate storage for all other medicines.

The pharmacy computers were password protected and not visible to the public. There was a cordless telephone and any sensitive call were taken in the consultation room or out of earshot. Confidential information was collected for appropriate disposal. The door was always closed when the consultation room was in use and no conversations could be overheard.

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.