General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Churchfield Medical Centre, 322 Crawley Green Road, LUTON, Bedfordshire, LU2 9SB

Pharmacy reference: 1096601

Type of pharmacy: Community

Date of inspection: 30/06/2022

Pharmacy context

The pharmacy is adjacent to a medical centre in a residential area in Luton. The pharmacy dispenses NHS and private prescriptions, sells medicines over the counter 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, stop smoking, new medicines service, health checks, weight management, community pharmacist consultation service (CPCS), seasonal flu vaccination and supervised consumption.

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's working practices are mostly safe and effective. It has satisfactory written instructions for the pharmacy's team members to follow so they work safely. Members of the pharmacy team understand their roles and responsibilities. And they generally keep the records they need to up to date so they can show the pharmacy is supplying its services safely. They protect people's private information, and they are trained in how to protect the welfare of vulnerable people. The pharmacy asks people for their views so it can improve its services.

Inspector's evidence

The pharmacy had systems to review dispensing errors and near misses. The responsible pharmacist (RP) discussed near misses at the time they were identified. The team recorded near misses and the lessons they learnt from the mistakes they made. But there were some gaps in the record sheet where all the required fields were not always completed. The RP did ask the pharmacy team what actions they could take to reduce the chances of the same mistake happening again. And a regular patient safety review was compiled from the records. The RP explained that medicines involved in incidents, or were similar in some way, such as valproate and valproate chrono, were generally separated from each other in the dispensary. The pharmacy team completed the weekly sections in the 'Safer Care' folder and shared the Safer Care information such as the case studies which were sent by the pharmacy's head office. They reported concerns and incidents on the pharmacy incident reporting system (PIMS) which were forwarded to the pharmacy's head office and area manager.

The pharmacy had standard operating procedures (SOPs) for most of the services it provided. And these were due for review July 2023. The most recent SOPs were dispensing controlled drugs (CDs) and handing out procedures and providing CPCS. Members of the pharmacy team were required to read the SOPs relevant to their roles and update training records to show they understood them and would follow them. Team members knew what they could and couldn't do, what they were responsible for and when they might seek help from the RP. And their roles and responsibilities were described in the SOPs. One team member explained that when a pharmacist wasn't present, they wouldn't hand out prescriptions or sell medicines. And described the protocol for over-the-counter (OTC) sales and when they would refer a request to purchase medicines which may be liable to abuse, misuse or overuse, to the pharmacist. The pharmacy had a complaints procedure and people could leave feedback about the pharmacy and its services online or via a 'let's talk' leaflet. The pharmacy displayed a practice leaflet with information on available services.

Members of the pharmacy team responsible for making up people's prescriptions used coloured baskets to separate each person's medication and to help them prioritise their workload. They referred to prescriptions when labelling and picking medicines. And assembled prescriptions were not handed out until they were checked by the RP. A member of the pharmacy team described how interactions between medicines prescribed for the same person were referred to the pharmacist. And interventions were recorded on the patient medication record (PMR) or PharmOutcomes depending on the service being provided. The pharmacy used highlighting stickers to identify prescriptions for high-risk medicines to alert team members to check with the RP before giving the prescription out. There were warning cards to give out with some high-risk medicines.

The pharmacy displayed a notice that told people who the RP was and 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. The pharmacy had CD registers. And the stock levels recorded in the CD register were checked weekly. A random check of the actual stock of one CD did not match the amount recorded in the CD register but the RP later confirmed that the discrepancy had been resolved. The pharmacy kept records for the supplies of the unlicensed medicinal products it made. And it recorded the supplies it made on private prescriptions manually. And these generally were in order, and up to date. The pharmacy supplied some medicines via patient group directions (PGDs) and the PGDs and records of supplies were on PharmOutcomes.

The pharmacy team had risk assessed the impact of COVID-19 upon its services, its pharmacy team members and the people who used the pharmacy. To help control the risk of infection with COVID the pharmacy had fitted screens at the medicines counter and there were marks on the floor to tell people where to stand to be two metres apart. Members of the pharmacy team were self-testing for COVID-19 twice regularly and pharmacy team members could access personal protective equipment if needed. They used hand sanitising gel when they needed to. The pharmacy's head office usually provided details of audits to be completed in line with the pharmacy quality scheme (PQS) such as asthma referrals, blood pressure monitoring and anti-coagulants. The audit highlighted the need to supply safety cards with the anti-coagulant medication.

The pharmacy team completed information governance training on 'myLearn'. The team tried to make sure people's personal information couldn't be seen by other people and was disposed of securely. They mostly used their own NHS smartcards but some of the smartcards were blocked. Ensuring the smartcards were unblocked to avoid sharing was discussed as sharing smartcards was not in line with conditions of their use. The pharmacy had a safeguarding SOP and it had safeguarding templates for members of the pharmacy team to use. The pharmacy team 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 effectively together and deliver its services safely. They manage the workload and are supported with ongoing training appropriate to their roles. Team members are able to provide feedback about the pharmacy and its services.

Inspector's evidence

The pharmacy team consisted of one full-time pharmacist manager (the RP) who covered four days per week and every other Friday, and a locum pharmacist to cover the remaining days. The team also included three part-time trainee dispensing assistants and three part-time medicines counter assistants (MCAs) one of whom was newly recruited. A delivery driver was shared with other branches of the pharmacy. The pharmacy’s weekday staff covered the hours each Saturday when the pharmacy was open. The pharmacy was due to provide training for a trainee pharmacist and an accuracy checking dispenser and both would be allocated protected learning time.

Members of the pharmacy team were provided with training via ‘myLearn’ on the pharmacy’s computer system. Each team member had their own training profile, and it was monitored by the pharmacy’s head office. They sent regular training topics such as those required by the pharmacy quality scheme and the prescription service through Lloydspharmacy Direct App. The pharmacy team trained in health and safety procedures and in products linked to the current sales plan. Team members studied in their own time. The RP had regular 1:1 discussions individually or with the team although it was not always practical to organise a meeting due to team’s work patterns.

The pharmacy team members worked well together. The RP was responsible for managing the pharmacy and its team, supervising and overseeing the supply of medicines and advice given by the pharmacy team. The pharmacy had an over-the-counter (OTC) sales SOP which its team needed to follow. This described the questions the team member needed to ask people when making OTC recommendations. And when they should refer requests to the pharmacist. Members of the team were 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. And there was a whistleblowing policy if needed.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy’s premises are clean, bright and generally suitable for the provision of healthcare services. Its public facing areas are tidy. The pharmacy prevents people accessing its premises when it is closed so that it keeps its medicines safe and protects people's information.

Inspector's evidence

The registered pharmacy’s premises were bright and secure. Steps were taken to make sure the pharmacy and its team didn’t get too hot. The pharmacy had a retail area, a medicines counter, a dispensary, storerooms and a kitchen area for the team. The pharmacy’s consultation room was signposted and protected people’s privacy. It was tidy, displayed health information posters, a chaperone policy and equipment could be stored in a lockable cupboard. The dispensary had a long workbench, which was cleared regularly as the pharmacy team dispensed, checked and bagged prescriptions. Members of the pharmacy team were responsible for keeping the pharmacy’s premises clean and tidy. And they kept records to show when they had cleaned. To help protect against infection, there was hand sanitizer, screens at the medicines counter and floor markings so people knew where to stand.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy displays service information and its opening times so people with different needs can easily access its services. Its working practices are generally safe and effective. The pharmacy obtains its stock from reputable suppliers and stores it appropriately so the medicines it supplies are fit for purpose. The pharmacy team members respond to alerts and product recalls and keep records of any medicines or devices returned to the suppliers. They make sure people have the information they need to use their medicines safely.

Inspector's evidence

The pharmacy’s entrance was step-free, and accessible to people who found it difficult to climb stairs, such as someone who used a wheelchair. The pharmacy team tried to make sure people could use the pharmacy services. They could speak Hindi and Romanian to help people whose first language was not English. There was a hearing loop. The pharmacy displayed notices at the entrance which told people about its opening hours and the services it offered. The pharmacy had seating for people to use if they wanted to wait.

The RP completed initial, and follow-up calls for the new medicines service (NMS) by phone and this helped people to take their new medicines in the most effective way. The pharmacy did not receive many referrals for the discharge medicines service (DMS) for people who would benefit from the RP giving them extra guidance about prescribed medicines following a stay in hospital. People could access treatment for minor ailments or emergency supplies of medicines via the CPCS and the pharmacy received a few referrals via PharmOutcomes. People who used the online prescribing service could have their prescriptions sent to the pharmacy to be dispensed. The pharmacy offered the seasonal flu vaccination service each year. Members of the pharmacy team were helpful, and they signposted people to the walk-in clinic or another provider if a service wasn’t available at the pharmacy.

The pharmacy provided a delivery service to people who couldn’t attend its premises in person. And it kept an audit trail for the deliveries it made to show that the right medicine was delivered to the right person. The pharmacy supplied medicines in multi-compartment compliance aids to people who had difficulty managing their medicines. Interventions were recorded on the PMR, and people were signposted to their doctor to arrange a new prescription following a stay in hospital. The pharmacy team checked whether a medicine was suitable to be re-packaged. It provided a brief description to identify each medicine contained within the compliance aids and patient information leaflets. So, people had the information they needed to make sure they took their medicines safely. Members of the pharmacy team knew which of them had prepared a prescription. They marked prescriptions to highlight when a pharmacist needed to speak to the person about the medication they were collecting and had appropriate warning cards to give to people for certain medicines such as methotrexate and steroids. They were aware of the valproate pregnancy prevention programme. And they knew 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 contacted people if they had not collected their prescription medicines within four to six weeks of being dispensed. If there was a systems failure at the pharmacy, team members could signpost people to another branch of the pharmacy.

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. The pharmacy team checked the expiry dates of medicines on a regular basis, and it recorded when it had done a date check. The pharmacy stored its stock, which needed to be refrigerated, between two and eight degrees Celsius. And it stored its CDs securely. The pharmacy had procedures for handling and segregating different types of unwanted medicines, and these were kept separate from stock in pharmaceutical waste bins. The pharmacy had a procedure for dealing with alerts and recalls about medicines and medical devices. And the RP described the actions they took and demonstrated what records they kept when the pharmacy received a concern about a product.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy generally 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 had a plastic screen on its counter and hand sanitisers for people to use if they wanted to. And it had personal protective equipment for its team members if needed. The pharmacy had a few glass measures for use with liquids, and some were marked to be used only with certain liquids. The pharmacy team had access to up-to-date reference sources. The pharmacy had a refrigerator to store pharmaceutical stock requiring refrigeration. And its team regularly checked and recorded the maximum and minimum temperatures. Team members collected confidential waste and methadone instalment containers for safe disposal. 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.

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.