General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Unit 1 Stringfellows Gallery, Holyrood Street, CHARD, Somerset, TA20 2AJ

Pharmacy reference: 1099844

Type of pharmacy: Community

Date of inspection: 08/01/2020

Pharmacy context

This is a community pharmacy located in the centre of Chard in Somerset. The pharmacy dispenses NHS and private prescriptions. It sells a range of over-the-counter (OTC) medicines, delivers medicines, offers Medicines Use Reviews (MURs), the New Medicine Service (NMS), seasonal flu and travel vaccinations.

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 risks associated with its services appropriately. Members of the pharmacy team understand the need to protect the welfare of vulnerable people. They deal with their mistakes responsibly. And, the pharmacy adequately maintains its records in accordance with the law. But it doesn't always record enough detail for all its records. This means that the team may not have enough information available if problems or queries arise in the future.

Inspector's evidence

Overall, the pharmacy was organised and well-managed. The pharmacy team ensured they kept workspaces routinely clear of clutter and there were separate, designated sections to dispense medicines for prescriptions who were waiting and calling back, for repeat prescriptions as well as a designated area for the responsible pharmacist (RP) to conduct the final accuracy check. The pharmacy held a range of documented standard operating procedures (SOPs) which provided guidance about the pharmacy's services. They had been reviewed in 2019. Staff had read and signed the SOPs and their roles were defined within them. Team members knew their responsibilities and the tasks that were permissible in the absence of the RP. The correct RP notice was on display and this provided details of the pharmacist in charge at the time.

The pharmacy was complying with the company's 'Safer Care' processes. Staff routinely recorded their near misses and reviewed them twice a week. Details of the review were shared with the team through monthly briefings. Notes were also left in the diary to ensure staff checked the log when they had not been in. This helped ensure records were routinely completed. The manager explained that they had seen trends with labelling errors happening at lunchtime. There had only been one dispensing member of staff present during this period and people often dropped off their prescriptions at lunchtime to call back after 2pm. As a result, the staffing rota was changed with one person assigned to label prescriptions and two people to dispense prescriptions. Look-alike and sound-alike (LASA) medicines were identified and separated. Details about the pharmacy's complaints procedure were initially in the consultation room but moved to the front counter when highlighted. Incidents were handled by the pharmacist and manager. Their process was in line with the company's expectations. Documented details of previous incidents were seen, this included completing root cause analyses and reflective statements to help learn from events.

The pharmacy protected people's confidentiality by ensuring no confidential information was left within areas that faced the public. Summary Care Records had been accessed for emergency supplies allergies or emergency access, consent was obtained verbally and documented records about the access had been maintained. Staff separated confidential waste before it was disposed of through the company. Sensitive details on dispensed prescriptions could not be seen from the front counter. Staff were trained to safeguard vulnerable people, they referred to the RP in the first instance, relevant contact details for the safeguarding agencies and policy information were readily available as guidance for the team. The RP was trained to level two via the Centre for Pharmacy Postgraduate Education (CPPE). The team had read, and signed information provided by the company and the company's chaperone policy was on display.

The pharmacy's records were generally maintained in line with statutory requirements. This included a

sample of registers seen for controlled drugs (CD), the RP record and emergency supplies in general. For CDs, balances were checked and documented every week. On randomly selecting CDs held in the cabinet, the quantities held matched the balances within the corresponding registers. Previous records of emergency supplies had been made using generated labels. They had faded but more recent records were documented in permanent ink. However, occasional records of unlicensed medicines had details missing and records of private prescriptions included only one date with some details of prescribers were incomplete. The team kept daily records of the minimum and maximum temperatures for the fridge and this verified that temperature sensitive medicines were stored appropriately. Staff also maintained a complete record of when CDs had been received and destroyed by them. The pharmacy's professional indemnity insurance was through the National Pharmacy Association (NPA) and due for renewal after June 2020.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are suitably trained or undertaking the appropriate training. And the company provides them with suitable online resources as part of their ongoing training. This keeps their knowledge and skills up to date.

Inspector's evidence

The pharmacy had enough staff during the inspection to manage its workload appropriately. Staff present consisted of the RP, the manager, two further trained dispensing assistants and two medicines counter assistants (MCAs) who were undertaking accredited training for dispensing. Team members wore name badges, their certificates of qualifications were not seen, but their competence was demonstrated during the inspection. Counter staff held the appropriate knowledge and asked a suitable range of questions before selling over-the-counter (OTC) medicines. To assist with training needs, staff completed training modules and knowledge checks every month through a company provided resource and some counter assistants described coaching newer members of staff by training them on a one-to-one basis and posing questions as well as scenarios to them. The team's progress was regularly checked with formal appraisals described as taking place twice a year. Staff used a diary, read emails, the company's newsletters and noticeboards in the pharmacy to keep themselves informed about relevant updates. The RP explained that there were formal targets in place to complete services. This included completing 250 Medicines Use Reviews (MURs) and administering 120 flu vaccinations. The latter had not been met, there were no repercussions as a result and the former was described as manageable.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy’s premises provide an appropriate environment to deliver healthcare. The pharmacy has enough space to provide its services safely.

Inspector's evidence

The pharmacy’s retail area and dispensary were spacious and there was plenty of space to dispense prescriptions safely. There were some issues with the roof which had been temporarily patched, staff explained that the landlord was dealing with this, there were also several tote boxes stored in one side of the dispensary. The latter could not be seen from the retail space and the former did not detract from the professional appearance of the pharmacy. The pharmacy’s stock room was somewhat untidy. The pharmacy was generally clean overall. It was appropriately lit and suitably ventilated. Pharmacy (P) medicines were stored within unlocked Perspex units in the retail space and marked to ask for staff assistance. Staff explained that people did try to help themselves to these medicines, but counter staff intervened when they saw this happen. A signposted consultation room was available for people using the pharmacy’s services or requiring privacy. The room was kept unlocked and open, cabinets in here were kept locked and there was no confidential information present. The room was of a suitable size for its intended purpose.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy generally provides its services in a safe manner. Its team members are helpful. The pharmacy obtains its medicines from reputable sources. It generally manages and stores them appropriately. Team members identify prescriptions that require extra advice. But they don't always record any information. This makes it difficult for them to show that appropriate advice has been provided when these medicines are supplied.

Inspector's evidence

People with restricted mobility or those using wheelchairs could easily access the pharmacy's services. This was from the automatic front door and via the ramped entry from the street. The retail space was made up of clear space and wide aisles which further assisted this. There were three seats available for people waiting for prescriptions. Staff described using the consultation room to hold conversations with people who were partially deaf and they physically assisted people who were visually impaired. The pharmacy's opening hours were on display and some leaflets about the company's services were available in the consultation room. Staff could use their own knowledge, online resources and documented signposting information available to help the team to refer people to other organisations or healthcare providers if needed.

The influenza vaccination service was described as providing the most impact. There was a high proportion of people who were elderly in the area and those who were from a lower socio-economic background. According to the RP, this service had helped provide preventative measures for people who were more prone to flu. The RP had completed the appropriate training to provide the service, this included vaccination techniques and anaphylaxis. There was also suitable equipment to safely provide the service such as a sharps bin and adrenaline in the event of a severe reaction to the vaccine. The RP obtained informed consent from people before vaccinating and details were sent to their GP. In addition to the SOPs, the pharmacy held service specifications as guidance for the team and paperwork for the Patient Group Directions (PGDs). The latter had been signed by the RP and the pharmacist's declaration of competence for the influenza vaccination service was also seen.

The pharmacy provided a delivery service and audit trails to demonstrate this service were maintained. CDs and fridge items were highlighted and checked prior to delivery. The drivers obtained people's signatures when they were in receipt of their medicines with a handheld device. Failed deliveries were brought back to the pharmacy, notes were left to inform people about the attempt made and medicines were not left unattended.

During the dispensing process, baskets were used to hold prescriptions and medicines, and this helped to prevent the inadvertent transfer of items. They were colour co-ordinated to highlight priority. A dispensing audit trail was used by the team to identify staff involved and this was through a facility on generated labels. Prescriptions when assembled were held within an alphabetical retrieval system. Staff could identify fridge items and CDs (Schedules 2 to 4) when handing out prescriptions from stickers. Uncollected items were removed every six weeks. Assembled CDs and medicines that required cold storage were held within clear bags, this helped to assist with accuracy and their contents upon hand-out.

Staff were aware of the risks associated with valproates, these medicines were stored inside a separate drawer and there was literature available to provide to people at risk. Prescriptions for people prescribed higher-risk medicines were identified and marked for additional counselling when they came in to the pharmacy to collect their medicines. This involved checking relevant details such as blood tests results, doses and checking the International Normalised Ratio level for people prescribed warfarin. However, this information was not documented. This limited the ability of the pharmacy to verify this process.

Licensed wholesalers such as Alliance Healthcare and AAH were used to obtain medicines and medical devices. The latter was used to obtain unlicensed medicines. Staff were unaware of the process involved for the European Falsified Medicines Directive (FMD), they had not yet been trained on this, relevant equipment was present, but this was not functioning at the point of inspection. The pharmacy was therefore not yet complying with the decommissioning process.

Medicines were stored in an organised manner. There were no date-expired medicines or mixed batches seen. According to staff, they date-checked medicines for expiry every three months and used a schedule to verify when this process had taken place. However, this could not be located during the inspection. Short-dated medicines were identified using stickers. Medicines were stored appropriately in the fridge and CDs were stored under safe custody. Keys to the cabinet were maintained in a manner that prevented unauthorised access during the day as well as overnight. Drug alerts were received via email, staff checked stock, acted as necessary and maintained an audit trail to verify this.

The pharmacy used designated containers to store medicines returned by the public for disposal and there was a list available to assist the team in identifying cytotoxic and hazardous medicines. People returning sharps for disposal were referred to the local council. Returned CDs were brought to the attention of the RP, details were noted, the CDs were segregated and stored in the cabinet prior to destruction.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities it needs to provide its services safely. Its equipment is clean and used in a way that helps to protect people's privacy.

Inspector's evidence

The pharmacy was equipped with the facilities and equipment it needed to provide services. This included current reference sources, a range of clean, crown stamped conical measures for liquid medicines and counting triangles. The dispensary sink used to reconstitute medicines was clean, there was hot and cold running water available here. The CD cabinets were secured in line with statutory requirements and the medical fridge was operating appropriately. Computer terminals were password protected, positioned in a manner that prevented unauthorised access and there were cordless phones available to help with private or sensitive telephone conversations. Staff used their own NHS smart cards to access electronic prescriptions and took them home overnight.

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.