

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Penntorr Health, Trevol Business Centre, TORPOINT, Cornwall, PL11 2TB

Pharmacy reference: 1125905

Type of pharmacy: Community

Date of inspection: 09/12/2019

Pharmacy context

The pharmacy is located on a business park in Torpoint, adjacent to a GP practice and close to a large Royal Navy training establishment. It sells over-the-counter medicines and dispenses NHS and private prescriptions. And it delivers medicines to people's homes. The pharmacy team offers advice to people about minor illnesses and long-term conditions. The pharmacy offers services including Medicines Use Reviews (MURs), the NHS New Medicines Service (NMS), a minor ailments scheme, flu vaccinations and the supply of emergency hormonal contraception. The pharmacy also provides services for drug misusers. The pharmacy supplies medicines in multi-compartment compliance aids to people living in their own homes.

Overall inspection outcome

✓ **Standards met**

Required Action: None

Follow this link to [find out what the inspections possible outcomes mean](#)

Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	1.8	Good practice	Pharmacy team members know how to protect the safety of vulnerable people. And they take prompt action to do so when needed.
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 its risk appropriately. Team members usually record their errors and review them. They identify the cause of errors and try to make changes to stop them from happening again. The pharmacy has written procedures in place for the work it does. The pharmacy asks people for their views and acts appropriately on the feedback. The pharmacy has adequate insurance to cover its services. The pharmacy generally keeps the records required by law. The pharmacy keeps people's private information safe and explains how it will be used. Pharmacy team members know how to protect the safety of vulnerable people. And they take prompt action to do so when needed.

Inspector's evidence

The pharmacy had processes in place to manage and reduce its risk. Near misses were routinely recorded and entries in the near miss log contained a reflection on why the error occurred and actions taken to prevent a reoccurrence. Look-alike, sound-alike (LASA) drugs such as cyclizine and colchicine were stored in separate drawers. High risk medicines such as olanzapine were stored separately. Pharmacy team members proactively identified medicines with similar packaging and unusual pack sizes. Dispensing incidents were recorded on the Pharmacy Incident Management system and were sent to the company's head office. They were reviewed by the pharmacy team and the cluster manager. Following a handout error, all team members had reviewed the standard operating procedure (SOP) for the handout of prescriptions. And they ensured that they checked the address on both the prescription and the bag label.

A 'Safer Care' review was completed monthly and included an analysis of the type of errors that had most commonly occurred, and the timings of the errors. The safer care review was shared with members of the team through individual briefings and through a written document which was signed by the team member when they had read it. The most recent safer care review contained clear actions including to ensure all medicines are dispensed from the prescriptions to avoid dose changes being missed. The pharmacy received daily communication from head office through the 'Daily Dose' document. The team generally reviewed and discussed case studies sent by head office. The most recent had focussed on sepsis. The manager said that the team were now much more aware of the signs and symptoms requiring referral.

SOPs were up to date and had been recently reviewed and adopted by the pharmacy team. Competence and understating of the SOPs was assessed by a verbal quiz and a record of competence kept. The SOPs were signed by the appropriate staff. A dispenser could describe the activities that could not be undertaken in the absence of the responsible pharmacist (RP). Staff had clear lines of accountabilities, were clear on their job role and wore name badges.

The manager described how, before implementing a new service, she would ensure the pharmacy would be able to accommodate the work, and that it would be applicable to the local population. She would review staffing levels to ensure provision of the service could be maintained and would check that she and her staff had access to the appropriate tools and training to provide the service.

Feedback was obtained by a yearly community pharmacy patient questionnaire (CPPQ) survey. 100% of respondents to the most recent CPPQ survey had rated the service provided by the pharmacy as very

good or excellent. The pharmacy had responded to feedback about the lack of a waiting area by taking chairs from the consultation room if needed. The manager said that she occasionally signposted people to wait in the adjacent GP practice if they needed to sit or offered to deliver to the person's home. A complaints procedure was in place and was displayed in the customer charter leaflet.

Public liability and professional indemnity insurance were provided by the NPA, with an expiry date of 30 June 2020.

Records of the responsible pharmacist were maintained appropriately, and the correct RP certificate was displayed. Controlled drug (CD) registers were maintained appropriately. Balance checks were completed weekly. A random balance check was accurate. Patient returned CDs were recorded in a separate register and were destroyed promptly. Records of private prescriptions were made in a book and were in order. Emergency supplies were recorded in the private prescription book and contained the nature of the emergency. During allotted times of the year, the pharmacy provided emergency supplies on a locally commissioned service and made appropriate records on Pharmoutcomes. Specials records were maintained, and certificates of conformity were stored with all required details completed.

All staff had completed training on information governance and general data protection regulations and had signed the associated policies. Patient data and confidential waste was dealt with in a secure manner to protect privacy and no confidential information was visible from customer areas. A privacy policy and a fair data use statement were displayed in the patient area. Smart cards were used appropriately. Verbal consent was obtained before summary care records were accessed, and a record of access was made on a written log.

All staff were trained to an appropriate level on safeguarding. The RP and the manager had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training. A safeguarding policy was in place and signed by staff and local contacts were available. Staff were aware of signs of concerns requiring escalation. Local contacts for referrals were displayed prominently in the pharmacy. Pharmacy team members gave examples of when they had escalated safeguarding concerns appropriately. They also discussed how they had hand delivered medicines to vulnerable people during recent snow.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff. Team members are adequately trained for their roles. They keep their skills and knowledge up to date and are generally supported in their development. Team members suggest and make changes to improve their services. They communicate well with each other.

Inspector's evidence

Staffing was adequate on the day of the inspection consisted of the RP and two NVQ2 level dispensers, one of whom was the branch manager, and a medicines counter assistant (MCA). The manager was working towards an NVQ3 qualification. The team clearly had a good rapport and felt they could usually comfortably manage the workload with no undue stress and pressure. Pharmacy team members had clearly defined roles and accountabilities and tasks were allocated to individuals daily. They worked regular days and hours. Absences were usually covered rearranging shifts, or by part-time staff increasing their hours. In an emergency, the manager would call on support from another local branch.

Team members completed training packages on the company eLearning system. Training records were seen and were up to date. Copies of certificates of completion of relevant training courses were kept for each member of the team. Team members were seen to provide appropriate advice when selling medicines over the counter. They referred to the RP for additional information as needed.

Staff were set yearly development plans and had six-monthly performance reviews. The team gave each other regular ad hoc feedback and there was a clear culture of openness and honesty. A communications diary was used to allow team members working different shifts to communicate any issues in the pharmacy to each other. The staff felt empowered to raise concerns and give feedback to the manager, who they found to be receptive to ideas and suggestions. The dispenser reported that they were able to make suggestions for change to improve efficiency and safety. Team members were aware of the escalation process for concerns and a whistleblowing policy was in place.

The manager said the targets set were manageable. The RP was able to use her professional judgement to make decisions and described that all services undertaken were clinically appropriate.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy has a soundproofed room where people can have private conversations with members of the pharmacy team. The pharmacy is adequately secured to prevent unauthorised access.

Inspector's evidence

The pharmacy is located on a business park in Torpoint, adjacent to a GP practice and close to a large Royal Navy training establishment. There was a well-presented retail area which led to a healthcare counter and the dispensary. The pharmacy had a consultation room that was clearly advertised. It was of an adequate size and was soundproofed to allow conversations to take place in private. It was not locked when not in use. But the sharps bin and any confidential information was well secured in locked cupboards.

The dispensary was well organised and there was plenty of bench space. Stock was stored neatly in pull-out shelves. The fixtures and fittings were well maintained. The building was owned by the adjacent GP practice. Maintenance issues were resolved promptly.

Prescriptions awaiting collection were stored using a retrieval system and confidential information was not visible to waiting customers. Lighting was appropriate and the temperature was satisfactory for the provision of healthcare and the storage of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible and advertises its services appropriately. Medicines are supplied safely. The pharmacy offers a range of additional services and the pharmacy team deliver these services safely. Team members providing the services ensure that their training is up to date. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and makes checks to ensure that they are still suitable for supply. The pharmacy delivers medicines to people safely and keeps appropriate records of this. The pharmacy accepts unwanted medicines and disposes of them appropriately.

Inspector's evidence

The pharmacy had step-free access. The consultation room was wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels. A hearing loop was available. A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. Services provided by the pharmacy were advertised in the pharmacy. The RP was accredited to provide all of the promoted services. The RP described how if a patient requested a service not offered by the pharmacy, he would refer them to other nearby pharmacies, calling ahead to ensure the service could be provided there. Up-to-date signposting resources and details of local support agencies were accessed online. Records of signposting referrals were made on the patient medication record (PMR).

Dispensing tubs were used to store prescriptions and medicines to prevent transfer between patients as well as organise the workload. There were designated areas to dispense walk-in prescriptions and those collected from the GP practice. The labels of dispensed items were initialled when dispensed and checked.

Stickers were used to highlight fridge items and CDs in schedule 2 and 3. Prescriptions for schedule 4 CDs were annotated to highlight the 28-day expiry. Prescriptions containing high-risk medicines or paediatric medicines were also highlighted with stickers. Stickers were used to highlight prescriptions that had been identified by the RP as requiring additional counselling by a pharmacist. Details of significant interventions were recorded on the patient medication record (PMR). Substance misuse services were provided for 2 people. The RP described how he would liaise with the prescriber or the key worker to report erratic pick-ups and to discuss any other concerns about users of the service. The RP ensured he had a brief discussion with each person accessing the service to check on their wellbeing.

The pharmacy offered a range of additional services including flu vaccinations. The patient group directions covering these services were seen and had been signed by the pharmacists providing the service. The declaration of competence for all pharmacists administering flu vaccinations were seen. The RP had completed training on injection techniques and anaphylaxis and resuscitation within the last two years. The pharmacy was a Healthy Living Pharmacy and provided additional advice to people on living healthy lifestyles. It had a health promotion zone displaying leaflets and information on both locally and nationally relevant topics.

The pharmacy had completed the audit of people at risk of becoming pregnant whilst taking sodium valproate as part of the Pregnancy Prevention Programme (PPP). Appropriate conversations had been

had with affected people and records were made on the PMR. The pharmacy had stickers for staff to apply to valproate medicines dispensed out of original containers to highlight the risks of pregnancy to women receiving prescriptions for valproate. The pharmacy had the information booklets and cards to give to eligible women. Notes were placed on the PMR of women receiving valproate to confirm a discussion about PPP had taken place.

Multi-compartment compliance aids were prepared by the pharmacy for approximately 75 people based in the community. The workload was organised and well planned. A sample of compliance aids was inspected. Each compliance aid had an identifier on the front, and dispensed and checked signatures were completed, along with a description of tablets. Patient information leaflets (PILs) were supplied each month. 'When required' medicines were dispensed in boxes and a pharmacy advisor was aware of what could and could not be placed in trays. A record of any changes made was kept on the patient information sheet, which was available for the pharmacist during the clinical checking process.

The dispensary shelves used to store stock were generally organised and tidy. The stock was arranged alphabetically. Date checking was usually undertaken regularly and records were kept. Spot checks revealed no date expired medicines or mixed batches. The pharmacy had the hardware and software to be compliant with the Falsified Medicines Directive (FMD). But the SOPs had not yet been amended to reflect the change in process that scanning products would bring. Pharmacy team members were making visual checks on FMD compliance packs of medicines. The company was running an FMD pilot scheme across other branches before rolling out to all pharmacies in the chain. Prescriptions containing omissions were appropriately managed, and the prescription was kept with the balance until it was collected. Stock was obtained from reputable sources including Alliance and AAH. Specials were obtained from IPS Specials. Invoices were seen to this effect. Records of recalls and alerts were received by email and were annotated with the outcome and the date actioned.

The fridges in the dispensary were clean, tidy and well organised. Records of temperatures were maintained. The maximum and minimum temperatures were within the required range of 2 to 8 degrees Celsius. CDs were stored in accordance with legal requirements. Denaturing kits were available for safe destruction of CDs. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures were recorded.

Logs were kept of deliveries made to people in their own homes with appropriate signatures. Confidentiality was maintained when obtaining signatures. A pharmacy advisor described the process followed in the event of failed deliveries to ensure that patients received their delivery in a timely manner, particularly those considered to be vulnerable, and this was found to be adequate.

Patient returned medication was dealt with appropriately. Patient details were removed from returned medicines to protect people's confidentiality.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It keeps these clean and tidy. Computers and telephones are used in a way that protects people's private information.

Inspector's evidence

Validated crown-stamped measures were available for liquids, with separate measure marked for the use of controlled drugs only. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked for cytotoxics. All equipment, including the dispensary fridges, was in good working order and PAT test stickers were visible. The dispensary sink was clean and in good working order.

Reference sources were available and the pharmacy could also access up-to-date information on the internet. Computers were positioned so that no information could be seen by members of the public and phone calls were taken away from public areas. Dispensed prescriptions were stored in a retrieval system on shelves with no details visible to people waiting.

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.