

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Beacon Medical Centre,
Sedemuda Road, Sidford, Sidmouth, Devon, EX10 9YA

Pharmacy reference: 9010078

Type of pharmacy: Community

Date of inspection: 03/05/2019

Pharmacy context

The pharmacy is located in a medical practice on the outskirts of Sidmouth. The pharmacy dispenses NHS and private prescriptions. It also supplies multi-compartment compliance aids for people to use in their own homes. The pharmacy offers advice on the management of minor illnesses and long-term conditions. It also offers flu vaccinations, a minor ailments scheme and supplies emergency hormonal contraception.

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	1.2	Good practice	The pharmacy regularly reviews the safety and quality of its services.
2. Staff	Standards met	2.2	Good practice	The pharmacy regularly reviews the skill mix of its team. Staff are given time to learn at work and are well supervised when they are in training.
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 risk appropriately. Team members record their errors and review them. They learn from their mistakes and 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 suitably on the feedback. The pharmacy has adequate insurance to cover its services. The pharmacy 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 take prompt action to do this when needed.

Inspector's evidence

The pharmacy had processes in place to manage and reduce 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. Dispensing incidents were recorded on the pharmacy incident management system and were sent to the company's head office. They were reviewed by staff in the pharmacy and the cluster manager. Following an incident, stock of diazepam had been clearly separated in the drawers.

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. Further reviews were completed by a dispenser. 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. Key actions were also added to the safer care notice board. The most recent safer care review had encouraged staff to make additional checks on the quantity of tablets dispensed. Following an increase in errors when dispensing multi-compartment compliance aids due to multiple prescribing changes, staff had been briefed not to pick stock in advance.

The pharmacy received daily communication from head office through the 'Daily Dose' document. They also received a services and standards newsletter which identified companywide issues.

Standard operating procedures (SOPs) were up to date and had been recently reviewed and adopted by the regular responsible pharmacist (RP). Competence and understating of the SOPs was assessed by a verbal quiz and a record 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 RP. Staff had clear lines of accountabilities, were clear on their job role and wore name badges.

The dispenser manager described how, before implementing a new service, he would ensure the pharmacy would be able to accommodate the work, and that it would be applicable to the local population. He would review staffing levels to ensure provision of the service could be maintained and would check that he and his 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 had rated the pharmacy as good or excellent overall. Following feedback about the time

taken for prescriptions to be ready, the pharmacy team had reviewed the staffing levels and made changes to ensure that all prescriptions were dispensed on the day that they were received. A complaints procedure was in place and was displayed in the customer charter leaflet.

Indemnity insurance was provided by the NPA, expiring on 30 June 2019. 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 and all pharmacy team members took turns to do this as an additional check. A random stock balance check of a CD was found to be accurate. Patient returned CDs were recorded in a separate register and were destroyed promptly. Records of private prescriptions and emergency supplies were made in a book and were in order. Specials records were maintained, and certificates of conformity were stored with all required details completed.

All staff had completed training on information governance and the General Data Protection Regulation 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 kept on a log.

All staff were trained to an appropriate level on safeguarding. The RP had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 safeguarding training, and the remaining staff completed yearly safeguarding training on the company 'MyLearn' system. A safeguarding policy was in place and signed by staff, although local contacts were not readily available. The manager said that he would source these from the adjoining GP practice if needed. Staff were aware of signs of concerns requiring escalation.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff. Team members are well trained for their roles and they keep their skills and knowledge up to date. Team members suggest and makes 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, three NVQ2 trained dispensers, one of whom was the branch manager, and a medicines counter assistant.

The team clearly had a good rapport and felt they could usually comfortably manage the workload with no undue stress and pressure. The staff had clearly defined roles and accountabilities and tasks were allocated to individuals daily.

Staff worked regular days and hours. Absences were usually covered by rearranging shifts, or by part-time staff increasing their hours. In an emergency, the manager would call on support from another local branch.

Staff completed training packages on the company eLearning system, MyLearn. Training records were seen and were up to date. Copies of certificates of completion of relevant training courses were kept for each member of staff. The MCA had recently returned to pharmacy and was allocated training time within working hours to update her knowledge. She was observed providing appropriate advice when selling medicines and referred to the RP when unsure.

Staff were set yearly development plans. One dispenser described that as there had been three different managers in the last six months, she had had extra performance reviews. The team gave each other regular ad hoc feedback and there was a clear culture of openness and honesty. A communications board was installed where the team members working different shifts communicated any issues in the pharmacy to each other.

The staff felt empowered to raise concerns and give feedback to the branch manager, who they found to be receptive to ideas and suggestions. It was noted that support from the area manager was limited as they covered approximately 50 stores. However, the manager reported that he was in regular contact with the cluster manager, who was more local. The manager felt able to make changes to processes as he saw fit, for example stopping 'smart dispensing' when he had noticed a significant increase in errors.

Staff were aware of the escalation process for concerns and a whistleblowing policy was in place.

The RP said the targets set were manageable and that they did not impede his professional judgement. He 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.

Inspector's evidence

The pharmacy was located within a purpose-built GP practice on the outskirts of Sidmouth. A large retail area led to the healthcare counter and the dispensary. A separate room to the side of the dispensary was used as an office and a tea room. The lavatory was filled with pharmaceutical waste bins awaiting collection.

It was noted prior to the inspection that the advertised opening hours on the pharmacy's NHS.uk webpage were incorrect, stating that it closed at 6pm rather than 6.30pm.

A large consultation room was available which presented a professional image and had health-related posters and information displayed. The room was locked when not in use.

The dispensary stock was well organised and tidy. Most of the stock was stored in pull-out drawers. Fast moving lines, larger items, creams and liquids were stored on shelves. No stock or prescriptions were stored on the floor, and there were dedicated areas for dispensing and checking. Prescriptions awaiting collection were stored in a retrieval system.

Cleaning was undertaken each day by dispensary staff and a cleaning rota was displayed. Cleaning products were available, as was hot and cold running water. The pharmacy was well maintained, although there were a handful of stained ceiling tiles in the dispensary following a historical leak.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible and advertises its services well. Medicines are supplied safely and the pharmacy gives additional advice to people receiving high-risk medicines, although it does not always make a record of this. This may make it difficult to demonstrate the appropriate checks and counselling have been given. The pharmacy obtains its medicines from reputable suppliers. They are stored securely and regularly checked that they are still suitable for supply. The pharmacy deals with medicines returned by people. But it does not remove people's personal information from the medicines when disposing of them which may lead to breaches of confidentiality.

Inspector's evidence

The pharmacy was wheelchair accessible, as was the consultation room. Services provided by the pharmacy were advertised on the wall of the consultation room. The pharmacy could make adjustments for those with disabilities including printing large print labels. A hearing loop was available from the GP practice reception.

The manager explained that if a person requested a service not available at the pharmacy, she would refer them to a nearby pharmacy, phoning ahead to ensure it could be provided there. A range of leaflets advertising company and local services were available, as was a folder containing details of local organisations offering health-related services.

Baskets 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 owings. The labels of dispensed items were initialled when dispensed and checked.

Coloured labels were used to highlight fridge items and CDs including those in schedule 3 and 4. Prescriptions were also labelled if they contained items that may require additional advice from the RP, such as high-risk medicines. Each high-risk medicine, such as warfarin, lithium and methotrexate, had an SOP to cover the handout process. Blood levels and dosages were checked and additional counselling and support materials were offered to the patient. Records of these conversations were not made on the PMR.

The RP had completed the audit of people who may become pregnant receiving sodium valproate as part of the Valproate Pregnancy Prevention Programme. Stickers were available for staff to highlight any people who may become pregnant receiving prescriptions for valproate, and information booklets were given to eligible patients.

Prescriptions containing owings were appropriately managed, and the prescription was kept with the balance until it was collected.

The patient group directions covering the locally commissioned minor ailments scheme were found to be in date and had been signed by the RP.

Stock was obtained from reputable sources including Alliance, and AAH. Specials were obtained from both Alliance Specials and AAH Specials.

The dispensary shelves were tidy and organised. The stock was arranged alphabetically and was date checked each week and the entire dispensary would be checked every three months and recorded on a matrix. Spot checks revealed no out of date stock on the shelves, or split boxes containing mixed batches.

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. Staff were aware of the steps taken if the fridge temperature was found to be out of range, which was to monitor every 30 minutes until back in range.

The process for the dispensing of muklti-compartment compliance aids provided for patients in the community was acceptable. Each compliance aid had an identifier on the front, and dispensed and checked signatures were available, along with a description of tablets. Patient information leaflets were supplied at each dispensing, or with the first pack of four in the case of weekly supply. When required medicines were dispensed in boxes and the dispenser was aware of what could and could not be placed in compliance aids. A record of any changes made was kept on the patient information sheet, which was available for the pharmacist during the checking process.

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.

Patient returned medication was dealt with appropriately, although there was no hazardous waste bin. Patient details were not removed from returned medicines to protect people's confidentiality.

The pharmacy did not have the hardware, software or amended SOPs to be compliant with the Falsified Medicines Directive. Drug recalls were dealt with promptly and were annotated with details of the person actioning and the outcome.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to a range of equipment and facilities used in the provision of pharmacy services.

Inspector's evidence

Validated crown-stamped measures were available for liquids. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked for cytotoxics. Reference sources were available and the pharmacy had online access to online materials for the most up to date information.

The dispensary sink was clean and in good working order. All equipment including the dispensary fridge was in good working order and PAT test stickers were visible. The blood pressure and blood glucose meters were replaced or calibrated yearly.

Dispensed prescriptions were stored in a retrieval system with the corresponding bagged items stored in numbered boxes in the dispensary, out of sight of customers. Computers were positioned so that no information could be seen by customers, and phone calls were taken away from public areas.

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.