General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: LloydsPharmacy, Portacabin, Unit Q03, Laindon Temporary Shops, Basildon, Essex, SS15 5PS

Pharmacy reference: 9011108

Type of pharmacy: Community

Date of inspection: 27/08/2019

Pharmacy context

The pharmacy is located in a temporary unit in a car park next to a large surgery surrounded by residential premises. The people who use the pharmacy are mainly older people. The pharmacy receives around 85% of its prescriptions electronically. It provides a range of services, including Medicines Use Reviews, the New Medicine Service, stop smoking service and influenza vaccinations. It supplies medication in multi-compartment compliance packs to several people who live in their own homes to help them manage their medicines. And it provides substance misuse medications to a small number of people.

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	Good practice	2.2	Good practice	Team members are given time set aside to undertake regular and structured training. This helps them keep their knowledge and skills up to date.
		2.4	Good practice	The pharmacy team members learn from near misses and are supported with keeping their knowledge up to date. The pharmacy has a good culture of openness and learning.
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

Overall, the pharmacy identifies and manages the risks associated with its services to help provide them safely. It records and regularly reviews any mistakes that happen during the dispensing process. It uses this information to help make its services safer and reduce any future risk. It largely keeps its records up to date and accurate. It regularly seeks feedback from people who use the pharmacy and it largely protects people's personal information. Team members understand their role in protecting vulnerable people.

Inspector's evidence

The pharmacy adopted some measures for identifying and managing risks associated with pharmacy activities. These included documented, up-to-date standard operating procedures (SOPs), near miss and dispensing incident reporting and review processes. Team members had signed the SOPs to indicate that these had been read and understood.

Near misses were highlighted with the team member involved at the time of the incident; they identified and rectified their own mistakes. Team members were responsible for recording their own mistakes when possible. Near misses were recorded and reviewed regularly for any patterns. The team had 'Safer Care' briefings once a month where they discussed any patient safety issues. The accuracy checking technician (ACT) said that the pharmacist ensured that the learnings from mistakes were passed on to all team members. Medicines in similar packaging or with similar names were separated where possible. The ACT said that dispensing incidents would be recorded on a designated form and a root cause analysis would be undertaken. She confirmed that there had not been any dispensing incidents at the pharmacy since it opened around six months ago.

Workspace in the dispensary was free from clutter. There was an organised workflow which helped staff to prioritise tasks and manage the workload. Baskets were used to minimise the risk of medicines being transferred to a different prescription. The team members signed the dispensing label when they dispensed and checked each item to show who had completed these tasks. The ACT knew which prescriptions she could check; a stamp was used and the pharmacist initialled the prescriptions which had been clinically checked. The ACT said that she could only check prescriptions which had been clinically checked by one of the regular pharmacists.

Team members' roles and responsibilities were specified in the SOPs. The medicines counter assistant (MCA) said that she would contact the pharmacy's head office if the pharmacist had not turned up. She confirmed that the pharmacy would remain closed and people would be signposted to another local pharmacy. The ACT knew that she should not carry out any dispensing tasks before the pharmacist had arrived. The MCA knew that should not hand out dispensed items if the pharmacist was not in the pharmacy. She thought that she could sell some pharmacy-only-medicines if she checked with the ACT. The inspector reminded her that the pharmacist had to be in the pharmacy when sales of pharmacy-only-medicines were made.

The pharmacy had current professional indemnity and public liability insurance. Records required for the safe provision of pharmacy services were available though not all elements required by law were complete. All necessary information was recorded when a supply of an unlicensed medicine was made. The private prescription record and emergency supply record were completed correctly. Controlled

drug (CD) registers examined were filled in correctly, and the CD running balances were checked regularly. Liquid overage was recorded in the register. The recorded quantity of one item checked at random was the same as the physical amount of stock available. The responsible pharmacist (RP) log was largely completed correctly, but the RP on the day of the inspection had not completed the log. He said that he was not sure how to do this and the ACT showed him how to during the inspection. The inspector reminded the pharmacist that the record must be completed at the start of his shift. The correct RP notice was not displayed at the start of the inspection. The pharmacist printed off his notice and this was displayed for the remainder of the inspection.

Confidential waste was shredded, computers were password protected and the people using the pharmacy could not see information on the computer screens. Smartcards used to access the NHS spine were stored securely and team members used their own smartcards during the inspection. Dispensed items waiting collection could not be viewed by people using the pharmacy. The pharmacy team members had completed training about the General Data Protection Regulation. The consultation room door to the shop area was not always kept secured when not in use. Team members had a clear view of the room from the medicines counter. The MCA said that she would ensure that the door was kept locked when not being used.

The pharmacy carried out yearly patient satisfaction surveys; results from the January to March 2019 survey were displayed in the shop area and were available on the NHS website. Results were generally positive and over 99% of people who responded were satisfied with the staff overall. The complaints procedure was available for team members to follow if needed and details.

The pharmacist and the ACT had completed the Centre for Pharmacy Postgraduate Education training about protecting vulnerable people. The trainee dispenser could describe potential signs that might indicate a safeguarding concern and would refer any concerns to the pharmacist or the ACT. The ACT said that there had not been any safeguarding concerns at the pharmacy. The pharmacy had contact details available for agencies who dealt with safeguarding vulnerable people.

Principle 2 - Staffing ✔ Good practice

Summary findings

The pharmacy has enough trained team members to provide its services safely. The team discusses adverse incidents and uses these to learn and improve. They are provided with ongoing and structured training to support their learning needs and maintain their knowledge and skills. The team members are provided with time set aside for training. This means that they are able to complete this training at work. They can raise any concerns or make suggestions and have regular meetings. This means that they can help improve the systems in the pharmacy. The team members can take professional decisions to ensure people taking medicines are safe. These are not affected by the pharmacy's targets.

Inspector's evidence

There was one locum pharmacist, one ACT, one trainee dispenser, one trained MCA and one trainee MCA working during the inspection. The team members wore smart uniforms with name badges displaying their role. They worked well together and communicated effectively to ensure that tasks were prioritised and the workload was well managed.

The MCA appeared confident when speaking with people. She was aware of the restrictions on sales of pseudoephedrine containing products. She confirmed that she would refer to the pharmacist if a person regularly requested to purchase medicines which could be abused or may require additional care. Effective questioning techniques were used to establish whether the medicines were suitable for the person.

Team members had with completed an accredited course for their role or were enrolled on one. The MCA said that team members completed monthly online training modules and that this was monitored by the regular pharmacist. She said that team members were allowed time during the working day to complete training. The pharmacist and ACT were aware of the Continuing Professional Development requirement for the professional revalidation process.

The ACT said that team members had yearly appraisals and performance reviews. She said that these had been delayed this year due to the relocation of the pharmacy. Team members said that they felt comfortable about discussing any issues with the pharmacist. The ACT said that there were daily informal huddles to prioritise tasks and discuss any issues. She said that there were formal meetings held regularly. She said that these were held when the pharmacy was closed so that all team members had the opportunity to attend. The pharmacy received weekly professional standards updates from the pharmacy's head office and received updated SOPs.

Targets were set for Medicines Use Reviews and New Medicine Service (NMS); the ACT said that the pharmacy regularly met the targets. The pharmacist said that he did not feel under pressure to achieve the targets and he would not let them affect his professional judgement.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises largely provide a safe, secure, and clean environment for the pharmacy's services. But the pharmacy could do more to protect the privacy of people when using the consultation room.

Inspector's evidence

The pharmacy was secured from unauthorised access. It was bright, clean and tidy throughout; this presented a professional image. Pharmacy-only medicines were kept behind the counter. The pharmacist could hear conversations at the counter and could intervene when needed. Air-conditioning was available; the room temperature was suitable for storing medicines.

There were two chairs in the shop area and these were close to the medicines counter. The MCA said that she would offer the use of the consultation room if a person wished to have a private conversation.

The consultation room was accessible to wheelchair users and it could be accessed from the dispensary and the shop area. It was suitably equipped and kept secured when not in use. Low-level conversations in the consultation room could not be heard from the shop area. The company’s chaperone policy was displayed in the room. The window from the consultation room into the dispensary was see-through. This may pose a risk to privacy, particularly if a person removed an item of clothing.

Toilet facilities were clean but they were used for storing pharmacy items. The room was large and there was little room in the dispensary to store these items. There were separate hand washing facilities available.

Principle 4 - Services ✔ Standards met

Summary findings

Overall, the pharmacy manages its services well and provides them safely. The pharmacy gets its medicines from reputable suppliers and stores them properly. It responds appropriately to drug alerts and product recalls. This helps make sure that its medicines and devices are safe for people to use. People with a range of needs can access the pharmacy's services.

Inspector's evidence

There was step-free access to the pharmacy through a wide entrance. Team members had a clear view of the main entrance from the medicines counter and could help people into the premises where needed. Services and opening times were clearly advertised and a variety of health information leaflets were available. The MCA said that she carried out the diabetes testing service. She confirmed that she had completed all necessary training and she was in the process of training other team members.

The ACT said that monitoring record books were checked for people taking higher-risk medicines such as methotrexate and warfarin. And a record of results was attached to the order form for people who had their prescriptions managed by the pharmacy. Prescriptions for higher-risk medicines were highlighted, so there was the opportunity to speak with these people when they collected their medicines. Prescriptions for Schedule 3 and 4 CDs were highlighted. The trainee MCA knew that these were only valid for 28 days. Dispensed fridge items were kept in clear plastic bags to aid identification. The ACT said they checked CDs and fridge items with people when handing them out. The ACT said that the pharmacy supplied valproate medicines to a few people. But there were currently no people in the at-risk group who needed to be on the Pregnancy Prevention Programme. Up-to-date patient information leaflets and warning cards were available.

Stock was stored in an organised manner in the dispensary. Expiry dates were checked every three months and this activity was recorded. Stock due to expire before the end of the year was marked. There were no date-expired items found in with dispensing stock and medicines were kept in suitably labelled containers.

Part-dispensed prescriptions were checked daily. 'Owings' notes were provided when prescriptions could not be dispensed in full and people were kept informed about supply issues. Prescriptions for alternate medicines were requested from prescribers where needed. Prescriptions were kept at the pharmacy until the remainder was dispensed and collected. Uncollected prescriptions were checked weekly using a colour coded retrieval system. The MCA said that people were contacted after four weeks and allowed a further week to collect their medicines. Uncollected prescriptions were returned to the NHS electronic system or to the prescriber and the items were returned to dispensing stock where possible.

Prescriptions for people receiving their medicines in multi-compartment compliance packs were ordered in advance so that any issues could be addressed before people needed their medicines. Prescriptions for 'when required' medicines were not routinely requested; the dispenser said that the pharmacy sometimes contacted people to see if they needed them or they contacted the pharmacy. The pharmacy kept a record for each person which included any changes to their medication and they also kept any hospital discharge letters for future reference. Packs were suitably labelled and there was an audit trail to show who had dispensed and checked each pack. Medication descriptions were put on

the packs to help people and their carers identify the medicines and patient information leaflets were routinely supplied.

CDs were stored in accordance with legal requirements and they were kept secure. Denaturing kits were available for the safe destruction of CDs. CDs that people had returned and expired CDs were clearly marked and segregated. Returned CDs were recorded in a register and destroyed with a witness; two signatures were recorded.

Deliveries were made by a delivery driver. The pharmacy obtained people's signatures for deliveries where possible and these were multiple details on each sheet. The driver said that her hand-held device was not working. She confirmed that she had reported this to the driver controller recently. The driver said that she was not able to ensure that people's personal information was protected. This was discussed with the ACT during the inspection. When the person was not at home, the delivery was returned to the pharmacy before the end of the working day. A card was left at the address asking the person to contact the pharmacy to rearrange delivery.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Drug alerts and recalls were received from the pharmacy's head office. Any action taken was recorded and kept for future reference. This made it easier for the pharmacy to show what it had done in response.

The pharmacy had the equipment to be able to comply with the EU Falsified Medicines Directive but it was not yet being used. The ACT said that she had not undertaken any training on how the system worked. She said that the regular pharmacist had contacted the pharmacy's head office to find out when the equipment was to be used.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy largely has the equipment it needs to provide its services safely. It uses its equipment to help protect people's personal information.

Inspector's evidence

Suitable equipment for measuring liquids was available but not for volumes less than five millilitres. The ACT said that she would place a suitable measure on order. Separate liquid measures were marked for methadone use only. Triangle tablet counters were available and clean; a separate counter was marked for cytotoxic use only. This helped avoid any cross-contamination.

Up-to-date reference sources were available in the pharmacy and online. The blood pressure monitor had been in use for around 18 months. The MCA said that this was replaced every two years. The carbon monoxide testing machine was calibrated by an outside agency. The weighing scales and the shredder were in good working order. The diabetes testing machine was regularly calibrated. The phone in the dispensary was portable so it could be taken to a more private area where needed.

Fridge temperatures were checked daily; maximum and minimum temperatures were recorded. Records indicated that the temperatures were largely within the recommended range. But there were several occasions recently where the maximum temperature had been above the recommended range. The ACT said that the pharmacist had attempted to contact the fridge manufacturer but was not able to get through. She said that she would ensure that this was followed up. There were some occasions where any action taken had not been recorded. The ACT said that she would remind team members to report all temperature anomalies to the pharmacist on duty and to record any action taken. The fridge was suitable for storing medicines and was not overstocked.

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.