

Registered pharmacy inspection report

Pharmacy Name: Living Care Pharmacy, 23 Old Lane, Leeds, West Yorkshire, LS11 7AB

Pharmacy reference: 9011110

Type of pharmacy: Community

Date of inspection: 03/09/2019

Pharmacy context

This community pharmacy is close to a small shopping centre and a large GP surgery in a suburb of Leeds. The pharmacy relocated from older premises around six months ago. The pharmacy dispenses NHS and private prescriptions. And it provides medication in multi-compartmental compliance packs to help people take the medicines. The pharmacy orders people's prescriptions. And it delivers people's medicines to their homes. The pharmacy supplies emergency hormonal contraception and over-the-counter products via two minor ailments schemes.

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	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 the risks associated with its services. And it keeps the records it needs to by law. The pharmacy has written procedures that the team follows. And it has appropriate arrangements to protect people's private information. People using the pharmacy can raise concerns and provide feedback. The pharmacy team members have training and guidance to help them correctly respond to safeguarding concerns. So, they can help protect the welfare of children and vulnerable adults. The pharmacy team members respond appropriately when errors happen. The team members discuss what happened and they act to prevent future mistakes. But they don't record all details of the errors or the outcome from reviewing the errors. This means the team does not have up-to-date information to identify patterns and reduce mistakes.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs). The SOPs provided the team with information to perform tasks supporting the delivery of services. And they covered areas such as dispensing prescriptions and controlled drugs (CDs) management. The company had recently reviewed the SOPs. And transferred them to an electronic format. The team members were reading and signing off the reviewed SOPs to show they understood and would follow them. Most team members had read and signed the previous versions of the SOPs. The pharmacy had up-to-date indemnity insurance.

Usually the pharmacist, when checking prescriptions and spotting an error, asked the team member involved to find and correct the mistake. The pharmacy had a template to record these errors. A sample of records looked at found the team members captured what had been prescribed and dispensed to help identify patterns. But rarely recorded the cause of the error and the actions they had taken to prevent the mistake happening again. The team had a template to record dispensing incidents. And the pharmacist manager gave an appropriate description of how to handle a dispensing incident. The pharmacy had a process to complete a monthly patient safety review. But the last review was October 2018. The pharmacy completed an annual patient safety report. The team discussed products that looked and sounded alike (LASA). The team had moved lorazepam and loratadine after identifying that they had similar packaging. To reduce the risk of picking the wrong medicine. The team members discussed the importance of taking care when processing prescriptions that needed a manual selection of the person's name from the electronic record (PMR). To ensure they picked the correct person. And to be careful when they processed the paperwork for the multi-compartmental compliance packs.

The pharmacy had a procedure for handling complaints raised by people using the pharmacy. And it had a poster providing people with information on how to raise a concern. The pharmacy team used surveys to find out what people thought about the pharmacy. The pharmacy published the results from the survey on the NHS.uk website. And displayed them in the retail area.

A sample of controlled drugs (CD) registers looked at found that they met legal requirements. The pharmacy regularly checked CD stock against the balance in the register. This helped to spot errors such as missed entries. The pharmacy recorded CDs returned by people. A sample of Responsible Pharmacist records looked at found that they met legal requirements. Records of private prescription supplies, and emergency supply requests met legal requirements. A sample of records for the receipt and supply of

unlicensed products looked at found that they met the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA). The team had received training on the General Data Protection Regulations (GDPR). The pharmacy did not display a privacy notice in line with the requirements of GDPR. Laminated posters clearly displayed in the dispensary provided the team with guidance when using people's private information. The posters covered activities such as using the phone, a fax machine or postal services. The pharmacy had a folder containing several information governance (IG) documents. These included confidentiality agreements signed by the team. The team separated confidential waste for shredding offsite.

The pharmacy team members had access to contact numbers for local safeguarding teams. The pharmacist had completed level 2 training two years ago from the Centre for Pharmacy Postgraduate Education (CPPE) on protecting children and vulnerable adults. And last year the team had completed Dementia Friends training. The team had not had the occasion to report a safeguarding concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a team with the qualifications and skills to support the pharmacy's services. And the team members support each other in their day-to-day work. The pharmacy offers team members opportunities to complete more training. And it provides informal feedback to team members on their performance. The team members usually share information and learning particularly from errors when dispensing. So, they can improve their performance and skills.

Inspector's evidence

The full-time pharmacist manager covered most of the opening hours. Locum pharmacists provided support when required. The pharmacy team consisted of a full-time trainee pharmacy technician, and a full-time dispenser. The team covered each other's holidays. And received further support from dispensers within the company. Three delivery drivers covered the local branches. At the time of the inspection the pharmacist manager and full-time dispenser were on duty.

The pharmacy provided additional training to the team on subjects such as new legislation. The pharmacy didn't provide the team members with formal performance reviews. So, they didn't have a chance to receive feedback or discuss development needs. The pharmacist manager gave the team informal feedback as and when it arose. The team shared ideas and discussed how to prevent mistakes. The pharmacy had targets for services such as Medicine Use Reviews (MURs). There was no pressure to achieve them. The pharmacist offered the services when they would benefit people.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, secure and suitable for the services provided. And it has adequate arrangements for people to have private conversations with the team.

Inspector's evidence

The pharmacy was clean, tidy and hygienic. It had separate sinks for the preparation of medicines and hand washing. The consultation room contained a sink and alcohol gel for hand cleansing. Notices advising of the correct hand washing techniques were displayed. The team kept floor spaces clear to reduce the risk of trip hazards. The pharmacy had enough storage space for stock, assembled medicines and medical devices.

The pharmacy had a consultation room. The team used this room for private conversations with people. But the team also used the room as an office for storing several box files of paperwork and cardboard boxes. This gave the room a slightly untidy appearance. The premises were secure. The pharmacy had restricted access to the dispensary during the opening hours. The window displays detailed the services offered. But not the opening times. The pharmacy had a defined professional area. And items for sale in this area were healthcare related.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services that support people's health needs and manages its services well. The pharmacy gets its medicines from reputable sources. And it generally stores and manages its medicines appropriately. The pharmacy keeps its records about prescription requests and deliveries up to date. So, the team can deal with any queries. But the team members do not fully record the descriptions of the medicines they dispense in to the multi-compartmental compliance packs or supply information leaflets with the medication to help people take their medicines safely.

Inspector's evidence

People accessed the pharmacy via a small step. There was no facility such as a temporary ramp to help people enter the pharmacy. The pharmacy did not have a door bell, so people knocked on the door or opened it slightly. This triggered a buzzer to alert the team that someone had opened the front door. The team had access to the internet to direct people to other healthcare services. The pharmacy kept a small range of healthcare information leaflets for people to read or take away. The pharmacy provided the emergency hormonal contraception (EHC) service against up-to-date patient group directions (PGDs). These gave the pharmacist the legal authority to supply the medicine. The minor ailments schemes were popular. The team received referrals from the staff at the local primary school. And the receptionists from the GP surgery. The two schemes provided a range of products for the team to make supplies from.

The pharmacy provided multi-compartmental compliance packs to help around 80 people take their medicines. The team worked together to provide the service. People received monthly or weekly supplies depending on their needs. The team kept a list of people who received the packs and when their supplies were due. To manage the workload the team divided the preparation of the packs across the month. The team usually ordered prescriptions two weeks before supply. This allowed time to deal with issues such as missing items. And the dispensing of the medication in to the packs. Each person had a record listing their current medication and dose times. The team checked received prescriptions against the list. And queried any changes with the GP team. The team used a section of the main dispensary to dispense the medication. The team recorded the descriptions of the products within the packs. But many descriptions were limited to tablets or capsules rather than the colour or markings on the medication. The team did not always supply the manufacturer's patient information leaflets. The team placed completed packs in separate bags for each week's supply. And stored them in baskets labelled with the person's name and address. The pharmacy received copies of hospital discharge summaries via the NHS communication system, PharmOutcomes. The team checked the discharge summary for changes or new items. And contacted the GP to request prescriptions when required.

The pharmacy team members provided a repeat prescription ordering service. They used a recently installed electronic system to remind them when they had to request the prescription. And to record when they had placed the requests. So, the requests could be tracked. The team also used a paper record of requests alongside the electronic method. So, they didn't lose this information if the electronic system didn't work. The team usually ordered the prescriptions two to three days before supply. This gave time to chase up missing prescriptions, order stock and dispense the prescription. The team regularly checked the request list to identify missing prescriptions. And chased them up with the

GP teams. The electronic system also identified if the person received multi-compartmental compliance packs or had their medicines delivered. The pharmacy supplied methadone as supervised and unsupervised doses. And it prepared the methadone doses before supply. This reduced the workload pressure of dispensing at the time of supply. The pharmacy team had completed checks to identify people who met the criteria of the valproate Pregnancy Prevention Programme (PPP). The team members used the electronic patient record (PMR) to record the actions they had taken after finding one person who met the PPP criteria.

The pharmacy provided separate areas for labelling, dispensing and checking of prescriptions. The pharmacy team used baskets when dispensing to hold stock, prescriptions and dispensing labels. This prevented the loss of items and stock for one prescription mixing with another. The team members referred to the prescription when selecting medication from the storage shelves. The pharmacy used fridge stickers on bags and prescriptions to remind the team when handing over medication to include these items. The pharmacy had a system to prompt the team to check that supplies of CD prescriptions were within the 28-day legal limit. The pharmacy had checked by and dispensed by boxes on dispensing labels. These recorded who in the team had dispensed and checked the prescription. A sample looked at found that the team completed the boxes. When the pharmacy didn't have enough stock of someone's medicine, it provided a printed slip detailing the owed item. And kept a separate one with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy had a text messaging service to inform people when their repeat prescriptions or omissions were ready. The pharmacy kept a record of the delivery of medicines to people. This included a signature from the person receiving the medication.

The pharmacy team checked the expiry dates on stock. And kept a record of this. The last date check was on 11 July 2019. The team marked medicines with a short expiry date with a coloured sticker or a cross on the box. No out of date stock was found. The team members recorded the date of opening on liquids. This meant they could identify products with a short shelf life once opened. And check they were safe to supply. The pharmacy had a template to record fridge temperatures each day. A sample of records looked at found the team recorded the temperatures on all but two days. The records showed the temperatures were within the correct range. The pharmacy had medicinal waste bins to store out of date stock and patient returned medication. And it stored out of date and patient returned controlled drugs (CDs) separate from in date stock in a CD cabinet that met legal requirements. The team used appropriate denaturing kits to destroy CDs.

The pharmacy had scanning equipment and guidance to meet the requirements of the Falsified Medicines Directive (FMD). But the computer was not upgraded to support the scanning of FMD medicines. The pharmacy obtained medication from several reputable sources. And received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via email. The team printed off the alert, actioned it and kept a record.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services and the team mostly protects people's private information.

Inspector's evidence

The pharmacy had references sources and access to the internet to provide the team with up-to-date clinical information. The pharmacy used a range of CE equipment to accurately measure liquid medication. And it used separate, marked measures for methadone. The pharmacy had a fridge to store medicines kept at these temperatures.

The pharmacy computers were password protected and access to people's records restricted by the NHS smart card system. The pharmacy stored completed prescriptions away from public view. And it held most private information in the dispensary and rear areas, which had restricted access. The team stored some confidential information such as the medication sheets for people using the multi-compartment compliance pack service in files on open shelves in the consultation room. So, there was a slight risk people could access this information when in the consultation room. The team used cordless telephones to make sure telephone conversations were held in private.

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.