General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 14 Mill Street, Driffield, East Riding of Yorkshire, YO25 6TS

Pharmacy reference: 9011720

Type of pharmacy: Community

Date of inspection: 08/02/2023

Pharmacy context

This community pharmacy is in Driffield town centre and relocated in 2021 from another site nearby. The pharmacy's main activities are dispensing NHS prescriptions and selling over-the-counter medicines. And it delivers medication to some people in their homes. The pharmacy sends several of the NHS prescriptions to the company's offsite hub pharmacy.

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 the risks associated with its services well. It completes the records it needs to by law and has comprehensive procedures in place to support the safe delivery of its services. Team members respond correctly when errors occur and they suitably protect people's confidential information. They provide people with information on how to raise a concern and they take appropriate action to follow up on concerns. Team members have training and guidance to help them understand their role in protecting vulnerable people.

Inspector's evidence

The pharmacy had a range of up-to-date standard operating procedures (SOPs) that provided the team with information to perform tasks supporting the delivery of its services. The SOPs were kept electronically for team members to access through personal logins. They answered a few questions related to each SOP to demonstrate they'd understood the SOP and would follow it and they had protected time to do this. The completion of this process was monitored by the pharmacy manager who received notification of new SOPs or when changes were made to existing SOPs. Team members demonstrated a clear understanding of their roles and worked within the scope of their role.

On most occasions the pharmacist when checking dispensed prescriptions and spotting an error asked the team member involved to find and correct the error. The pharmacy kept records of these errors known as near misses which were completed by the team member involved. The details recorded enabled the team to identify patterns, learn from the error and take action to prevent the error happening again. Errors that occurred when the team entered data from prescriptions that were to be dispensed at the company's offsite pharmacy were also classified as near miss errors. And as with the other near miss errors the team member involved was asked to identify the error and record it. The pharmacy had a separate process for recording errors that were identified after the person received their medicines, known as dispensing incidents. Team members regularly reviewed the near miss errors and dispensing incidents to identify patterns and they discussed the actions they could take to prevent the errors from happening again. Recent reviews identified errors with incomplete dosage instructions that had occurred when entering the prescription data to send to the offsite pharmacy hub. And as a result, the team was reminded to check the dose on the prescriptions and amend it when necessary so it was clear to read. For example, if the dose on the prescription was '1od' to change it to 'one to be taken daily'. The team members highlighted the doses on the prescriptions to prompt them to complete this check and make any necessary amendments.

The pharmacy had a procedure for handling complaints raised by people using the pharmacy services. And a leaflet provided information on how to raise concerns with the team who responded to these concerns appropriately. Team members supported people who raised concerns with the team about the Lloyds Direct service. This was a service where people received their medicines directly to their homes from another of the company's pharmacies. The concerns often related to delays with the supply of the person's prescribed medicines. So, the team was able, with the person's permission, to arrange for the prescription to be sent to the pharmacy for dispensing. Comments left by people who had used the pharmacy were displayed in the staff room for the team to see. And included feedback such as a prompt service by a professional team.

The pharmacy had current indemnity insurance. A sample of records required by law such as the Responsible Pharmacist (RP) records and controlled drug (CD) registers met legal requirements. Team members recorded the receipt and destruction of CDs returned by people. And they regularly checked the balance of the CD registers to identify errors or missed entries. The pharmacy displayed details on the confidential data it kept and how it complied with legal requirements. It also displayed a separate privacy notice. Team members completed training about General Data Protection Regulations (GDPR) and they separated confidential waste for shredding offsite.

The pharmacy had safeguarding procedures and guidance for the team to follow. And the pharmacist had recently completed level 2 training from the Centre for Pharmacy Postgraduate Education (CPPE) on protecting children and vulnerable adults. The team members were aware of the Ask for ANI (action needed immediately) initiative which supported people experiencing domestic abuse. They hadn't had the occasion to report a safeguarding concern.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has a team with an appropriate range of experience and skills to safely provide its services. Team members work very well together, and they are good at supporting each other in their day-to-day work. They discuss ideas and identify ways to support the effective delivery of the pharmacy's services. And they completed ongoing training to help them develop their knowledge and skills.

Inspector's evidence

A full-time locum pharmacist covered most of the opening hours. The pharmacy team consisted of a full-time pharmacy manager who was a dispenser, one full-time dispenser and three part-time dispensers. At the time of the inspection all the team members were on duty. They worked very well together and supported each other particularly to ensure people presenting at the pharmacy counter were not kept waiting. They rotated key tasks to ensure they all knew how to complete these tasks especially at times of unplanned absence which may impact on the team's workload.

Team members used company online training modules to keep their knowledge up to date. And they had protected time at work to complete the training. The pharmacy had undergone a planned IT system upgrade which the team had received training on. A company trainer had also attended the pharmacy for a few days to provide onsite advice and support. The pharmacy provided team members with formal performance reviews to give them a chance to receive individual feedback and discuss their development needs. And they received informal feedback from the pharmacy manager when appropriate.

The pharmacy held regular meetings which team members used to discuss matters such as learning from dispensing errors and updates from the company head office. They felt comfortable to suggest changes to processes or new ideas of working. Some team members had recently learnt how to access the Lloyds Direct pharmacy service to help a person who had a query about their prescription. And they had ensured all team members were advised of this process so they could help people with similar queries. They used an online communication tool to share information and updates with each other and other Lloyd's pharmacy teams.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are generally secure and suitable for the services provided. And the pharmacy has good facilities to meet the needs of people requiring privacy when accessing services.

Inspector's evidence

The pharmacy premises were finished to a high standard. The team kept the pharmacy tidy and hygienic and had separate sinks for the preparation of medicines and hand washing. In response to the COVID-19 pandemic the pharmacy had installed a clear plastic screen on the pharmacy counter. And there was hand sanitising gel for the team and people to use.

The dispensary was large with plenty of bench space for the team members to work from. They kept the floor spaces clear to reduce the risk of trip hazards. There was a defined professional area and items for sale in this area were healthcare related. The pharmacy had a large, soundproof consultation room that the team used for private conversations with people and when providing services. The pharmacy had restricted public access to the dispensary during the opening hours.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides a range of services which are easily accessible and help people to meet their healthcare needs. And it manages its services well to make sure people receive their medicines when they need them. The pharmacy gets its medicines from reputable sources and it stores them properly. Team members carry out checks to make sure medicines are in good condition and appropriate to supply.

Inspector's evidence

People accessed the pharmacy via a step free entrance and an automatic door operated with a press pad. The pharmacy had an information leaflet that provided people with details of the services it offered and the contact details of the pharmacy. There was a range of healthcare information leaflets and team members provided people with information on how to access other healthcare services when requested. They wore name badges so people using the pharmacy knew who they were speaking to. And in the retail area details of the team on duty each day was displayed for people to refer to.

Team members provided people with clear advice on how to use their medicines and they asked appropriate questions when selling over-the-counter (OTC) products. They monitored people's request for OTC medicines to ensure the supplies were appropriate. The team marked prescriptions for higher risk medicines to prompt the pharmacist to ask for information from the person such as their latest blood test results. The team members were aware of the criteria of the valproate Pregnancy Prevention Programme (PPP) and they monitored people prescribed valproate to identify anyone who met the criteria. They contacted people who met the criteria but hadn't presented at the pharmacy to ensure they received the appropriate advice and support. The pharmacy supplied medicine to some people as supervised and unsupervised doses which were prepared in advance to reduce the workload pressure of dispensing at the time of supply. The doses were securely stored separately in the CD cabinet in clear bags with the prescription attached.

The pharmacy sent many prescriptions to the company's offsite pharmacy hub. The team followed procedures on how to process prescriptions in this way. This involved the team entering the prescription data which was checked for accuracy by the pharmacist who also clinically checked the prescribed medicines before the data was submitted. When a number of errors occurred at the data input stage the team had to complete several entries without error for the continued use of the offsite pharmacy hub. And it kept a record of the completion of the accurate entries as part of the pharmacy's compliance audit. The team scanned the prescriptions returned by the offsite hub to confirm receipt and to identify any incomplete prescriptions that were to be dispensed at the pharmacy. The completed prescriptions were returned in sealed bags to the pharmacy usually within 48 hours of the prescription data being sent. Any medicines that were dispensed at the pharmacy were bagged separately to the sealed bag.

The pharmacy provided separate areas for labelling, dispensing and checking of prescriptions. Baskets were used during the dispensing process to isolate individual people's medicines and to help prevent them becoming mixed up. There were checked by and dispensed by boxes on the dispensing labels to record who in the team had dispensed and checked the prescription. And a sample found that the team completed both boxes. The pharmacy used clear bags to hold dispensed CDs and fridge lines to allow

the team, and the person collecting the medication, to check the supply. Team members marked the prescription for CDs to prompt them to check that supplies were within the 28-day legal limit. When the pharmacy didn't have enough stock of a person's medicine, it provided the person with a printed slip detailing the owed item. The pharmacy kept a record of the delivery of medicines to people for the team to refer to when queries arose.

The pharmacy obtained medication from several reputable sources. Team members stored medicines tidily on shelves and in drawers. And they used separate, marked drawers to store higher-risk medicines. They checked the expiry dates on stock and kept a record of this. Medicines with a short expiry date were marked to prompt the team to check the medicine was still in date. The dates of opening were recorded for medicines with altered shelf-lives after opening, so the team could assess if the medication was still safe to use. Team members checked and recorded fridge temperatures each day and a sample of these records found they 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 CDs separate from in-date stock in CD cabinets that met legal requirements. The team used appropriate denaturing kits to destroy CDs. The pharmacy received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via an internal communication platform. The alerts were actioned by the team and a record kept of this activity.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services and it uses its facilities to suitably protect people’s private information.

Inspector's evidence

The pharmacy had reference sources and access to the internet to provide the team with up-to-date clinical information. It had equipment available for the services provided including a range of CE equipment to accurately measure liquid medication. And two large fridges with glass doors that enabled the team to view the stock held without prolong opening of the door.

The pharmacy computers were password protected and access to people’s medication records restricted by the NHS smart card system. And they were positioned in a way to prevent disclosure of confidential information. The pharmacy stored completed prescriptions away from public view and it held private information in the dispensary and rear areas, which had restricted public access.

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.