

# Registered pharmacy inspection report

**Pharmacy Name:** Lloyds pharmacy, 74-76 Hollway Road, Stockwood,  
BRISTOL, Avon, BS14 8PG

**Pharmacy reference:** 1028651

**Type of pharmacy:** Community

**Date of inspection:** 20/08/2020

## Pharmacy context

This is a community pharmacy in a residential shopping area in the south-eastern suburbs of the city of Bristol. Most people who use the pharmacy are elderly. The pharmacy team members dispense prescriptions, sell over-the-counter medicines and give advice. They also supply several medicines in multi-compartment compliance packs to help vulnerable people in their own homes to take their medicines. The pharmacy offers several services including Medicines Use Reviews (MURs), the New Medicine Service (NMS), seasonal flu vaccinations and the Community Pharmacy Consultation Service (CPCS). The inspection was carried out during the COVID-19 pandemic.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy's working practices are generally safe and effective. It has made changes to its written procedures as a result of COVID-19. And, some physical measures are in place to reduce the risk of transmission of the disease. The pharmacy is appropriately insured to protect people if things go wrong. It keeps the required records. The pharmacy team members keep people's private information safe and they know how to protect vulnerable people.

### Inspector's evidence

The pharmacy team members identified and managed most risks associated with providing its services. It had put some changes in place, as a result of the COVID-19 pandemic, to reduce the risk of transmission of coronavirus. But, there were only two small Perspex screens on the medicine counter. There were significant gaps. And there was no screen at all on the fragrance counter.

The pharmacy had updated its standard operating procedures (SOPs) with changes relating to the pandemic. The team members were in the process of reading these. The company had updated its business continuity plan to accommodate any potential issues relating to the current NHS 'test and trace' scheme. But, the team members had not read the updated plan and they were not aware that pharmacy team members were in 'category 1' with regard to the 'test and trace' scheme. They also did not know who they would liaise with to ensure that there was no disruption in the supply of medicines to their patients if the pharmacy had to close. The manager said that she would look into this. The manager had conducted risk assessments of the premises and occupational risk assessments of all the staff. The team members were asked about any potentially vulnerable people in their households and about their mental health. A couple of team members were at increased risk. Because of this, they had little face-to-face contact with customers.

The pharmacy team members recorded near miss mistakes, that is, mistakes that were detected before they had left the premises. They documented learning points and actions to prevent future recurrences. The dispensary team reviewed and discussed the near miss log each month. As a result of the latest review, they had identified that many common mistakes were drug form errors. Because of this, the pharmacist had given the dispensary team training on the different forms of medicines. The pharmacy had omitted a controlled drug (CD) from a multi-compartment compliance pack. It had insufficient space to store compliance packs containing CDs in the cabinet and so they were added immediately prior to delivery or collection. The incorrect pack was delivered. The error happened early in the pandemic when the pharmacy was very busy. Because of the error, the pharmacy now placed a prominent sticker on any compliance pack prescriptions stating that the CD needed to be added.

The dispensary was large. And, there were dedicated working areas. The staff were assembling the compliance pack prescriptions in the main dispensary because the dedicated compliance pack room upstairs was too warm. The regional manager gave assurances that he would get the pharmacy a suitable cooling device. The pharmacist was aware of the increased risk of assembling and checking the compliance packs in the main dispensary. He only placed one pack in his checking area at one time to reduce the risk of errors.

All the staff were clear about their roles and responsibilities. A NVQ2 trained dispenser knew that codeine-containing medicines should not be used for more than three days. The staff referred sales of pseudoephedrine-containing medicines to the pharmacist.

The pharmacy team members were clear about their complaints procedure. They had not received any complaints since the beginning of the pandemic. The members said that most of the recent feedback about their service had been positive.

The pharmacy had current public liability and indemnity insurance provided by the National Pharmacy Association (NPA). It kept the required up-to-date records: the responsible pharmacist (RP) log, controlled drug (CD) records, private prescription records, emergency supply records and specials records. The pharmacy also had fridge temperature records, date checking records, patient-returned CD records and cleaning rotas.

All the staff understood the importance of keeping people's private information safe. They stored all confidential information securely. The computers, which were not visible to the customers, were password protected. The correct NHS smartcards were seen in the appropriate computers. The pharmacy's confidential wastepaper was collected. The pharmacy offered face-to-face services. These were done in the consultation room. People could not be overheard or seen in the consultation room. But, the room was small. People could not sit two metres apart from one another. And, there was no screen to reduce the risk of them contracting coronavirus.

The pharmacy team understood safeguarding issues. The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) module on safeguarding. The pharmacy had local telephone numbers to escalate any concerns relating to both children and adults. The pharmacist was aware of the national 'safe space' initiative for victims of domestic violence. The inspector told him where to find the information to register the pharmacy as a 'safe space'.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy generally has enough staff to manage their workload safely. The team members are flexible and cover sickness. They are encouraged to keep their skills and knowledge up to date. The pharmacy team work well together and are comfortable about providing feedback to their immediate manager. But, the team could be better supported from the higher management to accommodate staff members on holiday.

### Inspector's evidence

The pharmacy's current staffing profile was: one pharmacist, one accuracy checking technician (on long term leave and not replaced), one full-time NVQ2 qualified dispenser (but also the store manager), three part-time NVQ2 trained dispensers, two part-time one full-time NVQ2 trainee dispensers and two part-time medicine counter assistants. The part-time staff were flexible and generally covered any unplanned absences. Planned leave was booked well in advance and only one member of the dispensary staff could be off at one time. But, the manager could only request 14 hours a week of overtime to cover holidays. This meant that the team was put under some pressure to cope with the workload in these circumstances.

The staff worked well together as a team. The manager monitored the performance of the team members. They had an annual appraisal with a six-monthly review where any learning needs could be identified. Review dates would be set to achieve this. They had monthly staff meetings and the manager held regular one-to-one meetings with all the team members. The staff felt able to raise any issues or concerns with her. But, the manager has asked for additional help from higher management and this has not been provided.

The staff were encouraged with learning and development. Since the outbreak of the pandemic, most of their learning was related to coronavirus. They received regular updates from their head office. The dispensary staff, enrolled on accredited training courses, were not currently having dedicated learning time towards their courses. All the team members were doing some, non-COVID-19 related ongoing learning, such as recently on Saxenda. They did do this in work time. All the dispensary staff reported that they were supported to learn from errors. The pharmacist documented all learning on his continuing professional development (CPD) records. No targets or incentives were currently set.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy looks professional and is suitable for the services it offers. It is clean, tidy and organised. The premises are thoroughly cleaned to reduce the likelihood of transmission of coronavirus. The pharmacy signposts its consultation room and so it is clear to people that there is somewhere private for them to talk.

### Inspector's evidence

The pharmacy was spacious and presented a professional image. The dispensing benches and floors were largely uncluttered. There was a large amount of underutilised space upstairs. The pharmacy was clean. As a result of COVID-19, it was cleaned three times a day. The hard surfaces were seen to be wiped over more frequently than this.

The consultation room was limited in size. Two people could not sit two metres apart from one another. There was no protective barrier and no sink. The room was well signposted. People could not be seen or overheard in the consultation room. The pharmacy's computer screens were not visible to customers. The telephone was cordless and the staff took all sensitive calls out of earshot.

The temperature in the dispensary was below 25 degrees Celsius. There was air-conditioning. The air was not re-cycled and it was air from outside that was cooled. The temperature in the storeroom and the dedicated compliance pack room upstairs was above 25 degrees Celsius on the day on the visit. The regional manager has given assurances that this will be urgently addressed. The entire pharmacy was well lit.

## Principle 4 - Services ✓ Standards met

### Summary findings

Everyone can access the services the pharmacy offers. And it offers a good range of services. The pharmacy has planned for the safe delivery of the upcoming flu season. It manages its services effectively to make sure that they are delivered safely. The team members make sure that people have the information they need to use their medicines properly. They intervene if they are worried about anyone. The pharmacy gets its medicines from appropriate sources and stores them safely. The pharmacy makes sure that people only get medicines or devices that are safe.

### Inspector's evidence

All people could access the pharmacy and the consultation room. There was a push-button opening front door. The pharmacy team members could access an electronic translation application for any non-English speakers. The team members could print large labels for sight-impaired people.

The pharmacy was located in a residential shopping area in the south-eastern suburbs of the city of Bristol. Most of its prescriptions were electronically transferred from local surgeries and most were for local residents. Most of the regular repeat prescriptions were dispensed off-site. The dispensary staff initialled the 'dispensed by' and 'checked by' boxes on the labels, so providing a clear audit trail of the dispensing process.

In addition to the essential NHS services, the pharmacy offered several additional services, both NHS and private: Medicines Use Reviews (MURs), New Medicine Service (NMS), the NHS emergency hormonal contraception (EHC) service, Community Pharmacy Consultation Service (CPCS), flu vaccination service, detection and treatment of urinary tract infections, the use of hydrocortisone on the face, detection and treatment of impetigo and the treatment of bacterial conjunctivitis in children under two.

The pharmacist had ordered the stock for the upcoming 2020 flu season. He planned to only offer the service by appointment, either made in person, or, online. People will be asked to complete the pre-assessment form when they made the appointment. This will reduce the contact time between the person and the pharmacist in the consultation room and hence reduce the risk of transmission of coronavirus. Everyone who receives the vaccine will wear a face covering. The pharmacist will wear full personal protective equipment (PPE): type 2R fluid resistant mask, face shield, apron and gloves. He will use alcohol gel or wash his hands before and after the vaccination. The appointment slots will be 30 minutes apart to allow the room to be thoroughly cleaned between appointments.

The pharmacy had a few substance misuse clients who usually had their medicines supervised. Due to COVID-19, most of these clients now collected their medicines. One person was supervised. This took place in the consultation room. The client disposed of the container into a paper bag which was then disposed of. The supervising pharmacist washed his hands after the supervision.

The pharmacy had several domiciliary people who had their medicines in compliance packs. The staff kept dedicated sheets for these people where they recorded any changes in dose or other issues. The pharmacist referred to these when doing the final accuracy check but several changes had no date

recorded. The dispensary team mainly assembled the compliance packs downstairs at present, despite the pharmacy having a dedicated room upstairs. The temperature in the compliance pack room was over 25 degrees Celsius on the day of the inspection. The regional manager has given assurances that this will be urgently addressed. The assembled compliance packs were stored tidily but in the very warm room upstairs.

The dispensary team highlighted any prescriptions containing potential drug interactions, changes in dose or new drugs to the pharmacist. The pharmacist targeted anyone he was concerned about for counselling. He routinely counselled people prescribed high-risk drugs such as warfarin and lithium and also those prescribed antibiotics, complex doses and new medicines. All pharmacy team members were aware of the pregnancy protection programme regarding sodium valproate. All sodium valproate for 'at risk' patients had guidance cards included with their medicine.

The pharmacy delivered several medicines to people. Because of the pandemic, the delivery driver did not currently ask people to sign for their medicines to indicate that they had received them safely. He knocked or rang the doorbell and left the medicines on the doorstep. The driver retreated and waited until the medicines had been taken safely inside. The driver annotated the delivery sheets accordingly.

The pharmacy got its medicines from AAH and Alliance Healthcare. Invoices for all these suppliers were available. The pharmacy had a scanner to check for falsified medicines as required by the Falsified Medicines Directive (FMD) but this was not yet operational. It stored its CDs tidily in accordance with the regulations and access to the cabinet was appropriate. The pharmacy had no out-of-date CDs and one patient-returned CD. This was clearly labelled and separated from usable stock. Appropriate CD destruction kits were on the premises. The pharmacy stored its fridge lines correctly and it had date checking procedures. The pharmacy team members were accepting patient-returned medicines. These were double bagged. The staff member who accepted the returned medicines wore gloves and washed their hands after disposing of the medicines into a dedicated waste bag. The team members placed any medicines, considered hazardous for waste purposes, into a separate dedicated waste bin.

The pharmacy had procedures for dealing with concerns about medicines and medical devices. The pharmacy received drug alerts electronically. They were printed off and the stock was checked. The pharmacy had received a recent alert about medicines manufactured by Aspar Pharmaceuticals. It had none of the affected batches in stock and this was recorded.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment and facilities for the services it provides. And, the team members make sure that it is clean and fit-for-purpose. The pharmacy has taken some actions to reduce the spread of coronavirus but these could be more robust.

### Inspector's evidence

As a result of the pandemic, the pharmacy had made some changes to reduce the risk of transmission of the disease. It had two Perspex screens on the medicine counter. But these were small and there were significant gaps between them. In addition, no protective screen had been erected across the fragrance counter at the front of the retail area. The retail area of the pharmacy was large and, whilst the staff had placed foot marks on the floor indicating that people should remain two metres apart from one another, there was no marked one-way direction of flow of people. The pharmacy was conducting face-to-face consultations, but the consultation room was small and there was no protective barrier in here. All the staff were wearing Type 2R fluid resistant face masks and they used alcohol gel after each interaction with people.

The pharmacy used several ISO marked British Standard crown-stamped conical measures. There were tablet-counting triangles, one of which was kept specifically for cytotoxic substances. These were cleaned with each use. The pharmacy had up-to-date reference books, including the British National Formulary (BNF) 78 and the 2019/2020 Children's BNF. The staff could access to the internet.

The fridges were in good working order and maximum and minimum temperatures were recorded daily. The pharmacy computers were password protected and not visible to the public. There was a cordless telephone and the staff took any sensitive calls out of earshot. The pharmacy's confidential waste information was collected for appropriate disposal.

## What do the summary findings for each principle mean?

Finding	Meaning
✓ <b>Excellent practice</b>	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.
✓ <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.