

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 8-10 Horseshoe Lane, Thornbury,
BRISTOL, Avon, BS35 2AZ

Pharmacy reference: 1028659

Type of pharmacy: Community

Date of inspection: 25/02/2020

Pharmacy context

This is a community pharmacy in a shopping centre close to the centre of the town of Thornbury. Most people who use the pharmacy are elderly. It dispenses NHS and private prescriptions and sells over-the-counter medicines. The pharmacy also supplies several medicines in multi-compartment compliance aids to help vulnerable people in their own homes to take their medicines.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.3	Standard not met	Some team members do not understand their roles and responsibilities, including the sale of medicines and the disposal of confidential information.
		1.6	Standard not met	The pharmacy does not keep all the records that it must by law.
		1.7	Standard not met	The pharmacy team members do not understand how to dispose of all patient-sensitive information.
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 not all met	4.4	Standard not met	The pharmacy team cannot provide adequate assurance that people only get medicines or devices that are safe.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy's working practices are mainly safe and effective. But, some team members do not understand their roles and responsibilities, including the sale of medicines and the safe disposal of confidential information. Not all the team members are clear about changes to the protection of people's private information. And, the pharmacy does not keep all the records that it must by law.

Inspector's evidence

The pharmacy had suffered some difficulties in the recent past. This was largely caused by the closure of a nearby branch and the subsequent large increase in workload at the pharmacy. Over the last three months the cluster manager had been based at the branch. A new pharmacist had been very recently employed and other experienced staff had been seconded to the branch for a period of six months. This meant that the situation at the pharmacy had stabilised and allowed a sufficient period for the pharmacy to engage suitable permanent staff. However, there still were some staff issues, such as inadequate knowledge of some long-standing team members (see further below).

The cluster manager had identified several controlled drug (CD) discrepancies when she started working at the branch. No CD balance checks had been done for three months prior to this. The discrepancies had all been reported to the Accountable Officer and were now largely resolved. Near misses had not been recorded for some time until very recently when the new permanent pharmacist had been appointed. Plans were in place to fully implement the company's 'Safer Care' procedures for dealing with these.

The dispensary was organised with labelling, assembly and checking areas. There was also a separate area used for the multi-compartment compliance aids. The workload for these was behind a desired schedule of being one week in advance of when they were required. But, measures were in place to get these back on track (see further under principle 4). Coloured baskets were used and distinguished prescriptions for patients who were waiting, those calling back, those for collection and those for delivery. There was a clear audit trail of the dispensing process and all the 'dispensed by and checked by' boxes on the labels examined had been initialled.

Up-to-date, signed and relevant standard operating procedures (SOPs), including SOPs for services provided under patient group directions were in place and these were continually reviewed by the superintendent pharmacist. The roles and responsibilities were set out in the SOPs and the staff were mainly clear about their roles. The company's sales protocol was displayed and included questions to be asked of customers requesting to buy medicines and when customers should be referred to the pharmacist, such as specific patient groups and those requesting multiple sales. The newly appointed pharmacist (not seen) had added some additional items, such as Phenergan. But, a long-standing qualified medicine counter assistant (MCA) was not aware of 'prescription only medicine' (POM) to 'pharmacy only medicine' (P) switches, or, that fluconazole capsules should not be sold to women over the age of 60 for the treatment of vaginal thrush. This showed lack of understanding and training for her role.

The pharmacy did have a complaints procedure. They completed the annual community pharmacy questionnaire (CPPQ). In 2019, 78% of people who completed the questionnaire rated the pharmacy as

excellent or very good overall. However, 10% of people had cited issues with waiting times. As mentioned above, this was largely due to the recent staffing issues. The measures put in place by the cluster manager should address these.

Current public liability and indemnity insurance was in place. The responsible pharmacist log, private prescription records, emergency supply records and fridge temperature records were in order. The CD registers were now mainly in order (see above), but there were still three outstanding discrepancies. The patient-returned CD records were in order. Date checking had not been done until very recently. The cluster manager had ensured that all the stock at the pharmacy had been date checked. This was completed a week before the visit. A date checking matrix had now been put in place. However, the specials records were chaotic. No recent certificates of conformity had been completed with the patient details as required by law. The cluster manager was aware of this. But, failure to complete these also demonstrated that the long-standing pharmacy dispensary team members have not acted according to their roles and responsibilities.

An information governance (IG) procedure was in place but not all the team members were clear about this and also, to the changes to the data protection regulations. The cluster manager was aware of this and it was planned that all staff would re-do the company's training. They will also do training on the general data protection regulations (GDPR). The pharmacy computers, which were not visible to the customers, were password protected. Confidential waste paper information was collected for appropriate disposal. But, patient-returned medicines, still containing the labels, were seen in the bins used for medicine waste. Some of the dispensary staff were not aware that these patient details should be obscured or removed. No conversations could be overheard in the consultation room.

As with the IG policy, not all the staff understood safeguarding issues. Re-training on this was also planned. The cluster manager had set up a clear action plan which was displayed. This included all required training. The pharmacist and technicians had completed the Centre for Pharmacy Postgraduate Education (CPPE) module on safeguarding. Local telephone numbers were available to escalate any concerns relating to both children and adults.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy currently has enough staff to manage its workload safely. But, some of these team members are on a six-month secondment from other branches. The company's higher management has put measures in place to address recent issues with staffing. And, it is to the credit of the cluster manager, that procedures such as, allocating tasks to team members and identifying any gaps in their skills and knowledge, are now in place.

Inspector's evidence

The pharmacy was in a shopping centre close to the centre of the town of Thornbury. They mainly dispensed NHS prescriptions with the majority of these being repeats. The pharmacy also assembled medicines into multi-compartment compliance aids for several domiciliary patients.

As mentioned under principle 1, the pharmacy had suffered with staffing issues in the recent past, with four vacancies including a regular pharmacist and manager. A new pharmacist (not seen) was very recently employed. The cluster manager had seconded two experienced members of staff from other branches. It was planned that they would work at the pharmacy for six months. This should provide stability and also time to recruit suitable permanent staff. A qualified locum dispenser had also been employed.

The current staffing profile there was: one pharmacist, one full-time NVQ3 qualified technician (on secondment), one part-time NVQ3 qualified technician, three full-time NVQ2 qualified dispensers (one the manager on secondment and one a locum), one full-time medicine counter assistant (MCA) and one full-time MCA trainee. A staffing rota had been set up to ensure appropriate staffing levels with the desired skill mix. The cluster manager had also set up a clear action plan, including specific allocated tasks.

Because of the recent staffing issues, formal appraisals were behind schedule. The manager planned to start these soon. The team members' capabilities and competencies will be assessed to identify any gaps in their knowledge. A formal training rota will be set up. The manager said that she would allocate two hours each week, in the first instance, to allow the staff to catch up with their required learning. After this, 30 to 60 minutes would be allocated to learning each week to ensure on-going learning and development and to encourage a culture of learning throughout the team. Extra dedicated learning time will be allocated to the MCA trainee to ensure that she completed her course within a suitable timeframe. The GPhC registrants reported that all learning was documented on their continuing professional development (CPD) records.

No current targets or incentives were set. The cluster manager had suspended all advanced NHS services to allow the team to concentrate on the safe delivery of the essential NHS services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy looks professional and is suitable for the services it provides. It signposts its consultation room well, so it is clear to people that there is somewhere private for them to talk.

Inspector's evidence

The pharmacy was well laid out and presented a professional image. The dispensing benches were uncluttered and the floors were clear. The premises were clean and well maintained.

The consultation room was spacious and well signposted. It contained a computer, a sink and four chairs. Three chairs were covered with fabric which may make them difficult to clean. Conversations in the consultation room could not be overheard. The pharmacy computer screens were not visible to customers. The telephone was cordless and all sensitive calls were taken in the consultation room or out of earshot.

There was air conditioning and the temperature in the pharmacy was below 25 degrees centigrade. There was good lighting throughout. Most items for sale were healthcare related.

Principle 4 - Services Standards not all met

Summary findings

Everyone can access the services the pharmacy offers but, it is currently offering few services. The pharmacy has new measures in place. This should mean that overall, the pharmacy will manage its services more effectively to make sure that they are delivered safely. However, the pharmacy team cannot provide adequate assurance that people only get medicines or devices that are safe. The pharmacy team members make sure that people have the information that they need to use their medicines properly. But, they could be better at identifying anyone who may not be taking their medicines as prescribed by their doctor.

Inspector's evidence

There was wheelchair access to the pharmacy and the consultation room with a push-button opening front door. The staff could access an electronic translation application for use by non-English speakers. The pharmacy could print large labels for sight-impaired patients. Hearing loops for hearing-impaired patients were available.

As mentioned under principle 2, advanced NHS services and some enhanced NHS services had currently been suspended at the pharmacy. There were a few supervised substance misuse patients. These patients were offered water or engaged in conversation to reduce the likelihood of diversion.

A large proportion of the business at the pharmacy was the assembly of medicines into compliance aids for domiciliary patients. There had been some recent issues with these and a delay in the supply of medicines to three patients was the precipitating reason for the visit. However, the cluster manager had liaised with the local surgery about this. The surgery had been very supportive and were currently doing clinical assessments of all the compliance aid patients. They were also issuing green FP10 prescriptions to allow the pharmacy to catch up with their workload. The cluster manager said that the aim was for the pharmacy to get at least one week ahead. A locum dispenser had been engaged to facilitate this. On the day of the visit, four compliance aids were being assembled for delivery or collection that day. Five were needed for the next day. Because of the recent issues with staffing (see under principle 1 and 2), and, the workload for the compliance aids, a clear compliance aid progress log had been set up. This meant that the pharmacy should, with the services of the locum dispenser, be able to get comfortably ahead in the very near future with the assembly and checking of the compliance aids. The pharmacy had four dedicated folders for these patients where information such as hospital discharge sheets and changes in dose were kept. But, there was no concise chronological audit trail of changes for easy reference by the pharmacist at the checking stage. A technician, on secondment, said that she would implement this. The pharmacy also currently did not have an audit trail of the items ordered by them on behalf of these patients. The technician said that this too would be implemented. The pharmacy currently had no procedures in place to ensure that patients who had their medicines in compliance aids and were prescribed high-risk drugs, were having the required blood tests. The staff said that they would discuss this issue with the local surgery.

There was a good audit trail for all items dispensed by the pharmacy. The pharmacist seen, a locum, said that he routinely counselled patients prescribed high-risk drugs such as warfarin and lithium. He asked about international normalised ratios (INR). He also counselled patients prescribed amongst others, antibiotics, new drugs and any changes. CDs and insulin were packed in clear bags and these

were checked with the patient on hand-out. Some of the staff were aware of the sodium valproate guidance relating to the pregnancy protection programme. An audit had been done and the pharmacy currently had no 'at risk' patients.

All prescriptions containing potential drug interactions, changes in dose or new drugs were highlighted to the pharmacist. Signatures were obtained indicating the safe delivery of all medicines and owing slips were used for any items owed to patients. Suitable patients were encouraged to use the company's managed repeat prescription service to reduce wastage, to optimise the use of medicines and to identify any non-adherence concerns. But, whilst patients were asked to check if they still needed all the items that they had ordered the month before, patients not wanting a particular regularly prescribed item were not routinely referred to the pharmacist. Potential non-adherence concerns may therefore go undetected.

Medicines and medical devices were obtained from AAH and Alliance Healthcare. Specials were obtained from AAH Specials. Invoices for all these suppliers were available. CDs were stored in accordance with the regulations and access to the cabinet was appropriate. There were two patient-returned CDs but many out-of-date CDs. These were clearly labelled and separated from usable stock but were occupying valuable space in the cabinet. Appropriate destruction kits were on the premises. Fridge lines were correctly stored with signed records. Date checking procedures had just been set up. Designated bins were available for medicine waste and used. But, as mentioned in principle 1, medicines were seen with the patient details still attached. A technician went through all of these during the visit and obscured all those labels that were still attached to the medicines. There was a separate bin for cytotoxic and cytostatic substances and a list of such substances that should be treated as hazardous for waste purposes. However, some staff had not been adequately trained on these procedures. The cluster manager and store manager gave assurances that this would be addressed.

There was a company procedure for dealing with concerns about medicines and medical devices. However, no one had checked for any alerts or concerns on the day of the visit and there was no dedicated folder to demonstrate that past alerts had been acted on appropriately.

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 generally make sure that they are clean and fit-for-purpose.

Inspector's evidence

The pharmacy used British Standard crown-stamped conical measures (50 - 500ml) and ISO stamped straight measures (10 - 50ml). There were tablet-counting triangles, one of which was kept specifically for cytotoxic substances. These were cleaned with each use. There were up-to-date reference books, including the British National Formulary (BNF) 78 and the 2019/2020 Children's BNF. There was access to the internet.

The fridge was in good working order and maximum/minimum temperatures were recorded daily. The blood glucose machine was said to be calibrated very 13 weeks but there was no evidence that this was the case. The pharmacy computers were password protected and not visible to the public. There was a cordless telephone and any sensitive calls were taken in the consultation room or out of earshot. Confidential waste information was collected for appropriate disposal (but see under principle 1). The door was always closed when the consultation room was in use and no conversations could be overheard.

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.