

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 62 Ridingleaze, Lawrence Weston,
BRISTOL, Avon, BS11 0QB

Pharmacy reference: 1028709

Type of pharmacy: Community

Date of inspection: 23/03/2022

Pharmacy context

This is a community pharmacy that is located on a parade on shops in the Lawrence Weston area of Bristol. It serves its local population which is mixed in age range and background. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions and supplies a small number of medicines in multi-compartment compliance packs for people to use living in their own homes. This inspection took place during the COVID-19 pandemic.

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 met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards not all met	3.1	Standard not met	The pharmacy does not present a professional image. Parts of the pharmacy require cleaning and are not adequately maintained. There is an exposed plug which represents a hazard to pharmacy staff.
4. Services, including medicines management	Standards not all met	4.4	Standard not met	The pharmacy cannot demonstrate that it has the appropriate procedures in place to raise concerns and take the appropriate action when medicines or medical devices are not fit for purpose.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has written procedures to help make sure the team works safely. Pharmacy team members had procedures in place to record and review mistakes when they happen. The pharmacy team could improve by ensuring that they utilise this information and learning to avoid future mistakes. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It generally manages and protects people's confidential information and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong.

Inspector's evidence

The pharmacy team had taken measures to mitigate the risk of transmission of COVID-19. The pharmacy team reported that assessments had been completed assessing the impact of COVID-19 on the pharmacy premises and the individual pharmacy staff members. The pharmacy suspended some of its face-to-face services during the peak of the pandemic. People were encouraged to wear face masks when attending the pharmacy.

Processes were in place for identifying and managing risks. Near misses were recorded and reviewed when they occurred and the pharmacist would discuss the incident with the members of the dispensary team. Examples of near miss error logs were seen from previous months displayed in the dispensary. The pharmacy staff had separated 'sound alike' and 'look alike' medicines such as metformin and mefenamic acid.

Dispensing incidents were recorded electronically and this included a root cause analysis as part of the error investigation. Generally, a review was carried out by the pharmacy manager and trends are looked for as well as changes that need to occur to reduce the incidence of errors occurring. Following one of these reviews, the team had a general discussion about the areas that they need to be aware of. However, this process had not always been completed in recent months due to staffing issues.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. The team used stackable containers to hold dispensed medicines to prevent the mixing up different prescriptions. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for the services provided. These were in the process of being reviewed at the time of the inspection. There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. Feedback could be submitted online on the pharmacy website. There was advice to people about how to give feedback on the medicines counter. The pharmacy team gave assurances that the pharmacy would start Community Pharmacy Patient Questionnaires (CPPQ) again in order to gather further feedback about pharmacy services. A certificate of public liability and professional indemnity insurance was displayed in the pharmacy was valid and in date until June 2022.

Records of controlled drugs (CD) and patient returned CDs were seen to be retained. CD balances were

checked weekly. A responsible pharmacist (RP) record was kept electronically and the RP notice was displayed in pharmacy where people could see it. The fridge temperatures were generally recorded daily and were within the 2 to 8 degrees Celsius range. However, these were occasionally omitted on some days and the pharmacy team agreed to address this. Date checking was carried out in a manner which meant the whole pharmacy is date checked four times in a year and records of this were seen to be completed appropriately. Stock that was short dated was marked with stickers to highlight this to dispensing staff. The private prescription records were retained but some entries omitted the date of the prescription. The specials and emergency supply records were retained and these were in order.

Confidential waste was collected in confidential waste bins and this was removed for destruction regularly. An information governance policy (IG) was in place and the healthcare team were required to complete an e-learning programme on IG. There was a smartcard located in the consultation room belonging to a staff member who was not working that day. The consultation was located behind the medicines counter and was not immediately accessible from the retail area. The smartcard was affixed with a label containing the login and password details. This was removed promptly during the inspection.

There was a safeguarding children and vulnerable adults policy in place. Staff had signed this to indicate that they had read it. The pharmacist had completed the CPPE level 2 safeguarding package. Staff were aware of the signs to look out for that may indicate safeguarding concerns. Staff could access local contact details to raise safeguarding concerns or ask for advice about them.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy staff have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

Inspector's evidence

There was one pharmacist and two dispensing assistants present during the inspection. The staff were observed to be working well together and providing support to one another when required. While there was sufficient staff to provide the services offered during the inspection, the pharmacy team recognised the need for more staff. The pharmacy currently operated mostly using locum pharmacists.

From the period between November 2020 and November 2021, the pharmacy team reported that eight of their colleagues had left the pharmacy which resulted in increased pressure on existing staff to keep up with their workload. The re-organisation of services had resolved some of these issues (see principle 4). There were currently vacancies for dispensing assistants being advertised for the pharmacy.

The staff reported that they had completed training online and had regular updates to their knowledge and understanding of the services provided. The staff reported that they also kept their knowledge up to date by reading third party materials such as pharmacy magazines. The pharmacy's head office sent updates for staff to read regularly. Staff reported that they sometimes struggled to complete training on time due to staffing pressures. During the COVID-19 pandemic, pharmacy staff reported that they had consulted some online resources from the PSNC and Public Health England. This included learning more details about the virus, how it is transmitted and the significance of testing and tracing. The pharmacy team was small and so they were always communication. They held ad-hoc meetings when significant events happened or patient safety issues would arise.

Staff explained that they felt comfortable to raise any concerns they had with the pharmacy manager or their area manager. Staff were aware of the whistleblowing procedure. There were targets in place at the pharmacy, but the pharmacy team explained that they did not feel any pressure to deliver these targets and would never compromise their professional judgement to achieve them.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy does not provide a safe and appropriate environment for the provision of pharmacy services. The pharmacy team generally protects people's private information. The pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy was located on a parade of shops. There were four large lights in the pharmacy that did not work and so some areas of the retail area were not well lit. The pharmacy dispensary area was visibly dirty and looked like it had not been cleaned in some time. There was water damage to multiple ceiling tiles. There was an exposed plug socket near a radiator that had come loose in the dispensary which could represent a hazard to staff. Some medicines were stored in baskets on the floor in the dispensary area which could represent a trip hazard to staff.

The pharmacy had a retail area towards the front of the store and a dispensary area toward the back. The dispensary area was separated from the retail area by a counter to allow for the preparation of prescriptions in private. There was a plastic screen that covered around two thirds of the medicines counter. Although pharmacy staff had access to disinfectant wipes, it was not clear if the pharmacy was regularly cleaned. There was a sink available in the dispensary with hot and cold running water with hand sanitiser to allow for hand washing. There were two staff toilets. One toilet was in a state of disrepair and had not been cleaned in some time. Plaster was peeling from the walls and was accumulating on the floor.

Medicines were generally organised in a generic and alphabetical manner. The consultation room was small but adequately soundproofed when the door was closed. There were boxes of stock that had been stored in the consultation room which did not represent a professional image to patients. The ambient temperature in the pharmacy was appropriate for the delivery of pharmaceutical services.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy makes sure that its services are accessible, effectively managed and safely delivered. It obtains, stores and supplies its pharmaceutical stock appropriately. The pharmacy team cannot demonstrate that they take appropriate action when medicines or medical devices are not fit for purpose.

Inspector's evidence

Information about the services provided were detailed in posters and leaflets around the pharmacy. Access to the pharmacy was step free. There was space for the movement of a wheelchair or pushchair in the pharmacy and seating for patients and customers who were waiting.

In January, the pharmacy staff admitted that they had been having problems keeping up to date with their workload. At one point, they were around six weeks behind on their dispensing activity. They reported that this was due to COVID related pressures and a lack of staff (see principle 2). As a result, the majority of multi-compartment compliance aids had been moved to another local branch. This had significantly reduced the workload for the existing staff and they were now up-to-date with their dispensing and service had improved. The pharmacy team now only dispensed multi-compartment compliance aids for 4 patients in their own homes. These patients collected their compliance aids from the pharmacy. One compliance aid was examined and an audit trail to demonstrate who dispensed and checked the compliance aid was complete. Descriptions were generally provided for the medicines contained within the compliance aid. Patient information leaflets (PILs) were regularly supplied.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent valproate exposure during pregnancy. Valproate patient cards and leaflets were available for use during valproate dispensing. The pharmacist reported that they would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking effective contraception.

There were destruction kits available for the destruction of controlled drugs and designated bins for storing waste medicines were available and being used for the disposal of medicines returned by patients. A hazardous medicines waste bin was also available for use. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection. Medicines were obtained from suppliers such as AAH and Alliance. Specials could be obtained from AAH specials.

Medicines and medical devices were stored within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented and up to date. Short-dated products were appropriately marked. The fridges were in good working order and the stock inside was stored in an orderly manner.

MHRA drug alerts and recalls came to the pharmacy electronically. But staff could not explain how these were actioned and the last documented MHRA drug alert and recall in the pharmacy was from August 2021.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services offered. These are used in a way that helps protect patient confidentiality and dignity.

Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Separate measures were in use for dispensing methadone. Amber medicines bottles were capped when stored. Counting triangles for tablets, including cytotoxic medicines, were available for use. However, there was visible white tablet residue on both counters. The pharmacy team agreed to address this. Electrical equipment was PAT tested annually. However, there was an exposed plug in the dispensary which could represent a hazard to staff. Pharmacy equipment was seen to be stored securely from public access.

Up-to-date reference sources were available in the dispensary and the consultation room and included a BNF, a BNF for Children and a Drug Tariff. Internet access was also available should the staff require further information sources.

There was one fridge in use which was in good working order and the maximum and minimum temperatures were generally recorded daily and were seen to be within the correct range. Designated bins for storing waste medicines were available for use and there was generally enough space to store medicines. The computers were all password protected and patient information was safeguarded.

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.