

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Unit 1 Market Square,
BIGGLESWADE, Bedfordshire, SG18 8AP

Pharmacy reference: 1028819

Type of pharmacy: Community

Date of inspection: 28/03/2023

Pharmacy context

This NHS community pharmacy is on Market Square in the centre of Biggleswade and is open six days a week. It sells medicines over the counter and it dispenses people's prescriptions. It also delivers medicines to people who have difficulty in leaving their homes. The pharmacy supplies multi-compartment compliance packs to people who need help managing their medicines. People can get their seasonal flu vaccination at the pharmacy.

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 to help provide them safely. It records and regularly reviews any mistakes that happen during the dispensing process. It uses this information to help make its services safer and reduce future risk. It protects people's personal information well and team members understand their role in protecting vulnerable people. But its record keeping does not always comply with legal requirements.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) available. Team members had signed to say that they had read them. SOPs were regularly reviewed and updated by the head office team. Any changes or updates were highlighted at the beginning of the SOPs and team members were also made aware of these. Team members were allocated SOPs depending on their job roles.

The pharmacy consistently recorded dispensing mistakes which were identified before the medicine was handed out (near misses) and those where the medicine was handed to a person (dispensing errors). Near misses were logged on a sheet displayed in the dispensary. Head office had issued all branches with a list of medicines which sounded alike. Warning labels were used on the shelves to highlight picking errors made in the past to reduce the likelihood of similar mistakes happening. Dispensing errors were investigated and reported to head office. The team also received a monthly patient safety newsletter from head office via email and several hard copies were also sent.

The correct responsible pharmacist (RP) notice was displayed. The team members were aware of the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance. The pharmacy had a complaints procedure and it displayed a notice informing people about the procedure. Complaints were dealt with by the pharmacy manager. Where the matter could not be resolved in store it was referred to head office.

Records about controlled drug (CD) and RP records were generally well maintained. CD balance checks were carried out regularly. But the private prescription record was last filled in in September 2022 despite private prescriptions having been dispensed since that date. The pharmacy manager and regular pharmacist undertook to start recording prescriptions immediately and to write up the back log as soon as possible.

Assembled prescriptions were stored behind the counter and people's private information was not visible to others using the pharmacy. The pharmacy had an information governance policy available. Relevant team members who accessed NHS systems had smartcards. Pharmacists had access to Summary Care Records (SCR); consent to access these was gained verbally. Confidential waste was kept in a designated bag and collected by a contractor for secure destruction. All team members had also completed online training about confidentiality.

Team members had completed safeguarding training. Details were available for the local safeguarding boards. The company also had a safeguarding officer at head office who team members could contact.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has just enough team members for the services it provides. The team members work well together. And they usually do the right training for their roles.

Inspector's evidence

At the time of the inspection, the pharmacy team comprised of a pharmacist and two pharmacy technicians, both of whom were accuracy checkers. There were also two dispensers and the pharmacist manager who was working on the counter. There were three other members of the team not present during the inspection. Team members worked well together and communicated effectively to ensure that tasks were prioritised, and the workload was well managed. One member of the team was identified as needing to be given appropriate training. As soon as this was pointed out the pharmacy manager took steps to enrol them on an appropriate course.

The staff said that they were able to make suggestions about how the pharmacy was run. Recently they had suggested changing where the gabapentin and pregabalin were stored and this had reduced picking errors. Individual performance and development was monitored by the pharmacy manager. Appraisal meetings were held annually. Team members were also given on-the-spot feedback. Team members had personal access to a training site which helped them keep up to date. But there was little encouragement for them to complete the training provided.

The pharmacy team held monthly meetings. Team members felt able to feedback concerns and suggestions. Targets were in place for services provided although there was no pressure to meet these.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure and provide an appropriate environment to deliver its services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy premises were modern, large, bright, clean, and organised. The dispensary was spacious; there was ample workspace which was clutter-free and clean. Workbenches were also allocated for certain tasks. There was a sink with hot and cold water available for preparing medicines. Hand sanitiser was also available for team members to use. Cleaning was carried out by team members in accordance with a rota.

There was a large room upstairs used for dispensing both multi-compartment compliance packs for community and dispensing for seven care homes. A dedicated team worked in this space.

A consultation room was available. The room allowed a conversation at a normal level of volume to take place inside without being overheard. The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services safely. It obtains its medicines from reputable sources, and it manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use.

Inspector's evidence

There was level access to the premises from the pavement, and the automatic doors made for easy access. Team members used the internet to find details about other local services to help people. The pharmacy's services were advertised on the windows of the shop.

The pharmacy had an established workflow. Roughly 70% of items were sent to an off-site dispensary to be dispensed. These were returned to the pharmacy, usually within 48 hours. People were told to leave seven days between ordering their prescription and coming to collect it. People seemed happy with this, and the pharmacy team reported that they did not have many issues with items not being ready for the person to collect. Items dispensed in this way were dispensed into sealed, clear-plastic bags so that the pharmacist did not have to open the bag. These were then added to anything dispensed by the pharmacy, for example liquids and part packs. And all the items were put into a single bag to be given to the patient.

Colour-coded baskets were used as part of the dispensing process to separate prescriptions. Dispensed and checked-by boxes on labels were initialled by members of the team to create an audit trail for the dispensing and checking processes. The accuracy checking technician only checked items they had not been involved in dispensing. The pharmacy had a delivery driver; delivery records were kept. If a person was not home, a note was left by the driver and the medicines were returned to the pharmacy.

Warning stickers were attached to some of the prescriptions by the RP during the checking process. Stickers were used if a person needed to be counselled by a pharmacist or if there was a fridge line or CD dispensed. However, their use was not consistent, and some prescriptions which should have had applicable stickers on did not. How to improve this was discussed with the team. The RP and team members were aware of the guidance for dispensing sodium valproate. Where possible, sodium valproate was dispensed in its original packaging. Placement of the dispensing label on the container so as not to obscure important information was discussed with the team.

In the upstairs dispensary there was ample space for the activities undertaken. The team members dispensed medicines for care homes, in a mixture of original packs and multi-compartment compliance packs. They also prepared compliance packs for community patients of two other branches, some of whom were delivered to and some packs were collected from the other branches. The care homes ordered their own prescriptions, and so did some of the community patients. Sometimes they had to be reminded to do so, especially those medicines which weren't dispensed into the compliance packs. It was discussed how to highlight and check that high-risk medicines dispensed in compliance packs were being safely used and the people taking them were monitored by the surgeries. To help organise and manage the service, people were allocated to different weeks. There was a record showing which packs should be prepared in which week. Team members contacted the surgery with any queries if the GP had not informed them about prescription changes. Clinical checks were completed in store by the

pharmacist. Packs were prepared by a dispenser, or a pharmacy technician and checked by the accuracy checking technician (ACT), if they had not been involved in the dispensing process. Otherwise, they were checked by the pharmacist. All packs were checked on completion and sealed immediately. Assembled packs were labelled with product descriptions and mandatory warnings. Patient information leaflets (PILs) were supplied, meaning that people and carers could easily access the information provided by the manufacturer about their medicines.

Medicines were obtained from licensed wholesalers. Fridge temperatures were monitored daily and recorded; the records showed these were within the required range for storing temperature-sensitive medicines. CDs were held securely. Expiry date checks were carried out by one of the dispensers. Short-dated stock was highlighted with a sticker. A date-checking matrix was in place. There were no date-expired medicines found on the shelves checked. Out-of-date and other waste medicines were separated from stock and then collected by licensed waste collectors.

Drug recalls were received on the company's intranet. The team printed these and checked against stock. If the affected batches were found these were quarantined and action was taken following instructions received from head office.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And it keeps them clean. The team uses its facilities and equipment to keep people's private information safe.

Inspector's evidence

There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination. Equipment was mainly clean and ready for use. A separate tablet-counting triangle was used for cytotoxic medicines to avoid contamination. Two fridges of adequate size were available. Up-to-date reference sources were available including access to the internet. The pharmacy's computers were password protected and screens faced away from people using the pharmacy. Electrical equipment was regularly tested. Stickers were affixed to various electronic equipment and displayed the next date of testing.

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.