

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 613 Hitchin Road, LUTON,
Bedfordshire, LU2 7UR

Pharmacy reference: 1028868

Type of pharmacy: Community

Date of inspection: 04/09/2019

Pharmacy context

This is a community pharmacy situated on a main road and residential area of Luton in Bedfordshire. The pharmacy dispenses NHS and private prescriptions. It offers some services such as Medicines Use Reviews (MURs), the New Medicine Service (NMS), administers travel vaccinations and flu vaccinations during the winter season. It provides treatment for chlamydia and supplies Emergency Hormonal Contraception (EHC). The pharmacy also supplies multi-compartment compliance aids to people if they find it difficult to manage their medicines. And, some people's prescriptions are assembled from another part of the company's premises.

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	2.2	Good practice	Pharmacy team members have the appropriate skills, qualifications and competence for their role and the tasks they carry out. Members of the team ensure that routine tasks are always completed so that the pharmacy can run in a safe and effective manner
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 operates in a safe manner. It identifies and manages risks appropriately. Members of the pharmacy team monitor the safety of their services by recording their mistakes and learning from them. They understand how they can protect the welfare of vulnerable people. And, they protect people's privacy well. The pharmacy generally maintains its records in accordance with the law.

Inspector's evidence

The pharmacy was operating safely. It was organised and kept clear of clutter. A steady stream of people used the pharmacy's services during the inspection and the workload was managed well by the staff present. The pharmacy team used a range of documented standard operating procedures (SOPs) to support the services. Staff had read and signed the SOPs and their roles were defined within them. Team members knew their responsibilities and the tasks that were permissible in the absence of the responsible pharmacist (RP). The correct RP notice was on display and this provided details of the pharmacist in charge at the time.

The company's Safer Care processes were in place and the Safer Care board was up to date. Staff routinely recorded their near misses and reviewed them to identify trends or patterns. Details of this were then shared through monthly briefings. Medicines that were similar sounding or with similar packaging were identified and separated. This included letrozole and loperamide, different strengths of Fostair inhaler and different flavours of Cosmocool. Caution labels were placed in front of stock as a visual alert. People were provided with information about the pharmacy's complaints procedure, as this was on display. Incidents were handled by the pharmacist and the RP's process was in line with the company's expectations. Documented details of previous incidents were seen, and a documented annual patient safety report had been completed.

Staff could identify signs of concern to safeguard vulnerable people, they referred to the RP in the first instance and relevant local contact details were readily available. The RP was trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE), the team had read information provided by the company and some were trained through previous employers. The company's chaperone policy was also on display. Staff were trained on the EU General Data Protection Regulation and they separated confidential waste which was disposed of through the company. Sensitive details on dispensed prescriptions could not be seen from the front counter. There was no confidential information left in areas that faced the public and the pharmacy informed people about how it maintained their privacy.

The pharmacy's records were usually maintained in line with statutory requirements. This included a sample of registers seen for controlled drugs (CD), the RP record, records of unlicensed medicines, private prescriptions and emergency supplies in general. For CDs, balances were checked and documented every week. On randomly selecting CDs held in the cabinet, the quantities held matched balances within corresponding registers. Some records of emergency supplies were made using generated labels. They had not faded or become detached. The team kept daily records of the minimum and maximum temperatures for the fridge and this verified that temperature sensitive medicines were stored here appropriately. Staff also maintained a record of the receipt and destruction of CDs that were returned for disposal although there was one dated entry with missing details. The pharmacy's professional indemnity insurance was through the National Pharmacy Association (NPA) and this was due for renewal after June 2020.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members understand their roles and responsibilities. And, they keep their skills and knowledge up to date by completing regular training.

Inspector's evidence

Staff present during the inspection included a locum pharmacist, two trained dispensing assistants and a medicines counter assistant (MCA). One of the dispensing assistants was managing the front workload and the other was responsible for preparing multi-compartment compliance aids. Other staff included a pre-registration pharmacist who was working in another of the company's branches for the day because they were short staffed, two further MCA's, one of whom was the supervisor, two delivery drivers and the regular pharmacist manager.

Staff asked relevant questions and used an established sales of medicine protocol before selling over-the-counter (OTC) medicines. They knew when to refer to the pharmacist. Team members wore name badges, their certificates of qualifications were seen, and their competence was demonstrated during the inspection. To assist with training needs, staff completed online modules every month through a company provided resource and they read trade publications. Team members described receiving formal appraisals every six months, they communicated verbally with updates provided by the pharmacy manager. Team meetings were held every month for the Safer Care updates with huddles first thing in the morning to discuss additional details if required.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a professional environment for the delivery of its services. The premises are clean and secure. And, there is plenty of space available for its services to be provided safely.

Inspector's evidence

The pharmacy premises consisted of a medium sized retail space and a main dispensary where the bulk of the pharmacy's workload was processed. There was also a second enclosed dispensary at the rear where staff dispensed and stored compliance aids in addition to staff and stock areas. This meant that there was plenty of space available to manage the workload safely. The pharmacy was clean, well maintained and ventilated. It was bright and professional in appearance.

Some Pharmacy (P) medicines were stored behind the front counter, the rest were within unlocked Perspex units in the retail space close to this section. They were marked to ask staff for assistance. Staff explained that people occasionally tried to help themselves and they intervened when this happened. There was a signposted consultation room available to provide services and private conversations. This was kept unlocked, cabinets and drawers here were locked and there was no confidential information accessible from this space. The size of the space was suitable for the services provided although the room was located down a side corridor that was adjacent to the front dispensary. This meant that people had to walk past the main dispensing bench to reach the room. People were ushered directly into and out of the room when it was used and due to its location, people's privacy was maintained.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy sources, stores and manages its medicines well. The pharmacy team is helpful and tries to ensure that people with different needs can easily access the pharmacy's services. Overall, the pharmacy provides its services safely and effectively. Team members highlight prescriptions that require extra advice and take care with most people who receive higher-risk medicines. But they don't record this information or routinely ensure that this happens for people with compliance aids. This makes it difficult for them to show that appropriate advice has been provided when these medicines are supplied.

Inspector's evidence

Licensed wholesalers such as Alliance Healthcare and AAH were used to obtain medicines and medical devices. The latter was used to obtain unlicensed medicines. Staff were aware of the process involved for the European Falsified Medicines Directive (FMD), they described being trained by reading updates, relevant equipment was present, and this was functioning at the point of inspection. The pharmacy was therefore complying with the decommissioning process where possible.

Medicines were stored in an organised manner. There were no date-expired medicines or mixed batches seen. The team used a date-checking schedule to demonstrate when this process took place, medicines were date-checked for expiry every week, short-dated medicines were identified using stickers and liquid medicines when opened, were marked with the date they were opened. Medicines were stored appropriately in the fridge and CDs were stored under safe custody. Keys to the cabinet were maintained in a manner that prevented unauthorised access during the day as well as overnight. Drug alerts were received via email, staff checked stock, acted as necessary and maintained an audit trail to verify this.

The pharmacy used designated containers to store medicines returned by the public for disposal and there was a list available to assist the team in identifying cytotoxic and hazardous medicines. People returning sharps for disposal were referred to the local council. Returned CDs were brought to the attention of the RP, details were entered into the CD returns register, the CDs were segregated and stored in the cabinet prior to destruction.

People with restricted mobility or those using wheelchairs could access the pharmacy's services from a wide, automatic front door and via the sloped entry from the street. The retail space was made up of clear space and wide aisles which further assisted this. There were two seats available for people waiting for prescriptions, staff described using the consultation room to hold conversations with people who were partially deaf and provided written details if required, or they faced them to allow them to lip read easily. Physical assistance was provided, and details were communicated verbally to people who were visually impaired. Some team members spoke different languages to assist people from the South Asian community or for people whose first language was not English.

The pharmacy's opening hours and some leaflets were on display. There was also documented signposting information available to help the team to refer people to other organisations or healthcare providers if needed. The pharmacy provided some people with supervised consumption of their medicines. There were documented agreements in place for this and the necessary paperwork for the services seen. The latter had been signed by the authorised regular pharmacist. This included

paperwork for the Service Specifications and Patient Group Directions that the pharmacy provided medicines against.

The pharmacy supplied 96 people with their medicines inside compliance aids. The initial set up required the RP assessing people's suitability for their medicines to be prepared in this way and the person's GP initiating them. Prescriptions were ordered by the pharmacy and cross-checked against people's individual records. If any changes were identified, staff confirmed them with the prescriber and documented details on their records. The compliance aids were not left unsealed overnight and all medicines were de-blistered into them with none left within their outer packaging. Patient information leaflets (PILs) were supplied routinely and descriptions of medicines were provided. People prescribed warfarin and methotrexate received this separately but there were no relevant checks being made when they were supplied (see below). Mid-cycle changes involved retrieving the compliance aids, amending them, re-checking and re-supplying them.

The pharmacy provided a delivery service and audit trails to demonstrate this service were maintained. CDs and fridge items were highlighted and checked prior to delivery. The drivers obtained people's signatures when they were in receipt of their medicines with a handheld device. Failed deliveries were brought back to the pharmacy, notes were left to inform people about the attempt made and medicines were not left unattended.

Staff explained that the pharmacy had recently set up the offsite dispensing service, people's consent for this was obtained verbally and regularly checked. The service involved inputting prescription details into the pharmacy system, the pharmacist then conducted a clinical as well as an accuracy-check at this stage before the details were transmitted to one of the company's hubs. The pharmacy retained the prescriptions at the pharmacy and any prescriptions for CDs, fridge lines, split packs of medicines or bulky medicines were not sent for dispensing. Dispensed prescriptions were sent back from the hub in sealed totes within two working days. Staff then matched people's details on the bags to prescriptions and the bags were not opened. If people arrived to collect their medicines before their dispensed prescriptions had returned from the hub, the team dispensed them at the pharmacy. This also happened when items were owing.

During the dispensing process, baskets were used to hold prescriptions and medicines, and this helped to prevent the inadvertent transfer of items. They were colour co-ordinated to highlight priority. A dispensing audit trail was used by the team to identify staff involved and this was through a facility on generated labels. Prescriptions when assembled were held within an alphabetical retrieval system. Staff could identify fridge items and CDs (Schedules 2-4) when handing out prescriptions from stickers. Uncollected items were removed every four weeks. Assembled CDs and medicines that required cold storage were held within clear bags, this helped to assist with accuracy and identification when they were handed out to people.

Staff were aware of risks associated with valproates, previous audits that had been conducted by the pharmacy about the supply of this and there was literature available to provide to people at risk. No females at risk were identified as supplied this medicine according to staff. Prescriptions for people prescribed higher-risk medicines were seen identified in the retrieval system and marked for additional counselling when they came in to the pharmacy to collect their medicines. This involved checking relevant details such as blood tests results, doses and checking the International Normalised Ratio level for people prescribed warfarin. There were no details seen documented about relevant parameters to verify that this had happened, and no checks were taking place for people with higher-risk medicines who received compliance aids.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities it needs to provide its services safely. Its equipment is clean, well maintained and used in a way that helps to protect people's privacy.

Inspector's evidence

The pharmacy was equipped with the facilities and equipment it needed to provide services. This included current reference sources, a range of clean, crown stamped conical measures for liquid medicines with a designated one for methadone and water, counting triangles and a separate one for cytotoxic medicines. The dispensary sink used to reconstitute medicines was relatively clean, there was hot and cold running water available here. The CD cabinets were secured in line with statutory requirements and the medical fridge was operating appropriately. Computer terminals were password protected, positioned in a manner that prevented unauthorised access and there were cordless phones available to help with private or sensitive telephone conversations. Staff used their own NHS smart cards to access electronic prescriptions and either took them home overnight or stored them appropriately.

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.