

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 6 Great Hollands Square, Great Hollands, BRACKNELL, Berkshire, RG12 8UX

Pharmacy reference: 1028905

Type of pharmacy: Community

Date of inspection: 14/10/2021

Pharmacy context

This is a busy community pharmacy located in a small shopping precinct in a residential area of Bracknell. NHS dispensing is the main activity and the pharmacy also sells a range of over-the-counter medicines. Some people receive their medicines in weekly multi-compartment compliance packs to help make sure they take them safely. And the pharmacy also has a home delivery service, and it offers some other services such as flu vaccinations. This inspection was undertaken 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
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 suitably manages the risks associated with its services. It has clear working procedures, and the team members work to professional standards. The pharmacy keeps the records required by law, and it encourages the team to learn from its mistakes. Team members understand their role in securing people's confidential information, and they know how to protect and support vulnerable people.

Inspector's evidence

The pharmacy had comprehensive standard operating procedures (SOPs). Training records indicated that team members had read and signed the SOPs relevant to their roles. SOPs were reviewed and updated periodically; some updated versions had been implemented earlier in the year. SOPs were followed in practice. Team members could clearly explain how tasks were completed and they were familiar with the pharmacy's systems and processes.

A pharmacy manager worked as the responsible pharmacist (RP) four days a week. Team members understood which activities required pharmacist supervision and input, and they appropriately referred to the pharmacist throughout the inspection.

The pharmacy had infection control measures to help minimise the transmission of covid-19. Signs reminded members of the public to wear face masks when entering the pharmacy. Team members had access to Personal Protective Equipment (PPE) and hand sanitiser was available at various locations within the pharmacy. A clear screen had been installed at the medicines counter.

The pharmacy had a range of risk management processes in place in relation to dispensing activities. Dispensing labels were initialled by dispenser and checker to provide an audit trail. The pharmacist used a 'near-miss' log to record mistakes identified when accuracy checking. Team members were encouraged to spot their own mistakes so they could learn from them. Recent incidents had been recorded and a 'null' entry was made on weeks when no errors occurred. Dispensing errors were recorded on a central system so they could be shared with head office. The reporting process included a root cause analysis and individuals involved were encouraged to complete a reflective account. The pharmacy's error records were analysed on a monthly basis for trends and common themes. Head office shared the learning from incidents as case studies which the pharmacist felt the team found thought provoking and helpful. Checklists were used to ensure key tasks had been completed and encourage the team to work in a safe environment. The pharmacy was no longer accepting new compliance pack patients as the team considered they did not have the current capacity for this.

The pharmacy had a complaint procedure. Complaints were reported to head office who provided support and formal responses if needed. The pharmacy used other mechanisms to seek instant feedback from people accessing the pharmacy's services. The pharmacist reported they had recently received some positive feedback about the flu service.

A copy of a current certificate of professional indemnity insurance was available. A responsible pharmacist (RP) notice was displayed behind the medicines counter and an electronic RP log was

maintained.

There was no RP log entry for the day of the inspection, but this was rectified immediately, and the rest of the log appeared to be in order. Controlled drugs (CDs) records were in order. Running balances were recorded and balance audits were completed weekly. A random balance was checked and found to be correct. A separate register was used to record patient returned CDs and their destruction. Private prescription and emergency supplies records were kept in a book. Unlicensed specials records were seen although the file containing these was untidy which could make it harder to locate a record if needed.

The pharmacy had information governance (IG) policies and procedures. Team members completed IG training which they repeated annually. Patient sensitive information was stored securely, and confidential paper waste was collected separately in a bag for destruction by a specialist contractor. A privacy notice was displayed in the retail area, explaining how the pharmacy handled information. Computer systems were password protected and staff had individual smartcards used to access NHS systems. One the dispensers could recollect an occasion when the team had discussed and reflected on the safe storage of repeat prescription slips as these had sometimes been left on the front counter.

The pharmacist had completed level 2 safeguarding training. Other team members had completed company safeguarding modules, so they were aware of the signs to look for and were able to provide examples. There was a safeguarding process explaining what to do if they had concerns about vulnerable people. The pharmacist described how he had contacted a vulnerable person's GP and the local crisis team when he had concerns about their welfare. The pharmacy displayed a chaperone policy next to the consultation room.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy is experiencing some ongoing staffing challenges. But the team members are experienced and well trained. And they work hard to effectively manage the pharmacy's workload. The pharmacy encourages team members to keep their skills up to date and supports their development. And the team members are comfortable raising issues with the pharmacy's management team.

Inspector's evidence

The pharmacy manager was working as the RP. There were two NVQ2 qualified dispensers (or equivalent) and a medicines counter assistant (MCA) on duty at the time of the inspection. A third dispenser was on annual leave. A delivery driver worked between several Lloyds Pharmacies in the locality. The pharmacy was recruiting to fill staff vacancies; a trainee dispenser was due to start work at the pharmacy the following week, but a part-time vacancy remained unfilled and another team member had handed in their notice. Planned absences were organised so that not more than one person was away at a time but there was limited flexibility within the team to cover unexpected absences or sickness. Locum cover for the day had been planned but this had not transpired. However, the team managed the workload during the inspection and there was no backlog of work. People who visited the pharmacy were greeted courteously. The pharmacy manager occasionally had to provide part day cover at another Lloyds Pharmacy nearby due to locum shortages, but the team took steps to pre-empt issues so any disruption to the services was limited.

Pharmacy team members had all completed appropriate training for their roles. They were experienced and hard working. The company provided ongoing training using an online portal. Team members were expected to complete some training each month and they usually managed to do this during working hours, although the portal could also be accessed at home. Team members usually had annual one-to-one reviews with their manager, but they had not had one this year as the pharmacy manager had only worked at the pharmacy since April. Prior to that, the pharmacy had not had a pharmacy manager for an extended period of time.

The team members communicated clearly, and they worked well together. The pharmacist held informal team briefing to provide updates and share information forwarded by head office. Team members felt confident talking to the pharmacy manager about any ideas or concerns they might have, and they could contact the regional manager or head office independently. Notices were also displayed in the dispensary to keep staff informed and up to date. The pharmacy manager felt empowered to exercise his professional judgement and he felt well supported by his regional manager.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a professional environment for people to receive healthcare services. It has a consultation room for services such as flu vaccinations and so people can have conversations in private.

Inspector's evidence

The pharmacy was clean, bright and well- presented. The retail area was small, but it was free from obstructions and suitably maintained. Air conditioning was installed. The pharmacy had a reasonably large dispensary in keeping with the number of prescriptions it assembled. It had sufficient bench and storage space for the volume of work. Staff facilities included a staff room with a kitchen area, and a WCs with wash hand basin. The pharmacy had a separate dispensary sink for medicines preparation with hot and cold running water. A small storage room to the rear was used to store confidential waste and a desk at the back of the dispensary was used for general administration and paperwork.

The consultation room was well equipped and professional in appearance. The room was used when carrying out services such as vaccinations and when customers needed a private area to talk. It was used by the pharmacist on several occasions during the inspection. The pharmacy was suitably secured overnight.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are well managed. The pharmacy team members are helpful, and they give healthcare advice. The pharmacy sources, stores, and supplies medicines safely. And it carries out appropriate checks to ensure medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy had an automated door at the entrance and access was unrestricted. The pharmacy was open Monday to Friday 9am to 6pm. The pharmacy's services were promoted in the window along with the opening hours. The pharmacy had a range of healthcare leaflets available for self-selection. The team were able to signpost to other pharmacies in the area including those which were open extended hours. The pharmacy followed company procedures if part day closures occurred. Signs were used to inform people of this, and the team tried to contact people in advance if they knew they needed to collect their medicine that day, such as people receiving treatment for substance misuse. The pharmacist reported a good relationship with the local drug and alcohol team.

The dispensing operation was well organised. The pharmacy dispensed some walk-in prescriptions as there was a surgery nearby. Separate areas of the dispensary were allocated to different activities. The dispensary shelves were neat and tidy. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available. A large proportion of people on regular medications had been converted to repeat dispensing during covid which made the workload more manageable. The pharmacy ordered repeat medicines for vulnerable people receiving their medicines in compliance packs. It also offered a home delivery service and there was an electronic audit trail so deliveries could be tracked. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed, and clear plastic bags were used to facilitate checks when handing these out. Stickers were used to highlight when counselling was required, and high-risk medicines were targeted for extra checks. One of the dispensers said two people in the valproate at-risk group had been identified; she believed the pharmacist had established they were aware of the pregnancy prevention programme and liaised with their GP. The pharmacist managed regular NHS Community Pharmacist Consultation Service referrals which were documented, and some examples were seen. The pharmacist provided frequent advice to both patients and team members.

A number of people received their medicines in multi-compartment compliance aid packs. These were well managed and there were clear systems and audit trails in place. Medicine descriptions were included on the labels to enable identification of the individual medicines. Packaging leaflets were included so people had easy access to all of the information they needed to take their medicines safely. Disposable equipment was used. The pharmacy was not currently taking on any new patients; the team referred these people to another pharmacy in the area who offered this service. The pharmacy had recently started supplying a care home. Medicines were supplied in original packs with medicine

administration record (MAR) charts. The pharmacist explained they were in regular contact with the care home staff and offered support by telephone or email.

The pharmacy offered both NHS and private flu vaccinations with three planned sessions each week. The pharmacy manager felt this was necessary, so they could keep up with the dispensing workload. He had completed the necessary training and offered the service in accordance with Patient Group Directions (PGDs).

The MCA asked appropriate questions when making a medicine sale and she knew when to refer the person to a pharmacist. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled. The team members were aware which type of over-the-counter medicines could be abused, and how they refused sales and signposted people if they suspected them of this.

CDs were stored in two CD cabinets. The keys were under the control of the pharmacist during the day and stored securely overnight. Date expired, and patient returned CDs were segregated. Patient returned CDs were destroyed using denaturing kits.

Recognised licensed wholesalers were used to obtain medicines. Medicines were stored in their original containers. Date checking was carried out according to a matrix and short dated stock was highlighted. Dates had been added to opened liquids with limited stability. The team were observed using a large tray and gloves to sort returned medicines in order to minimise handling. Expired and obsolete medicines were segregated and placed in designated bins. Alerts and recalls were received via email messages from head office. These were actioned by the pharmacy team and audit trails were kept so they could demonstrate this. The pharmacist showed how he had reported a recent pharmacovigilance issue where tablets crumbled when being removed from the foil blister.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. Equipment is appropriately maintained so that it is safe to use, and it is used in a way that protects privacy.

Inspector's evidence

The pharmacy team had access to reference sources, including the BNF, and they could access the internet for further information. Clean glass standardised measures were used to dispense liquids. Counting equipment, cartons and containers were available for dispensing purposes. Sharps bins and equipment used for the flu service was stored securely in the consultation room. The team has access to PPE to help with infection control.

Computer terminals were situated so they could not be overlooked, and the consultation room terminal was locked when not in use. Telephone calls could be made without being overheard. Electrical equipment appeared to be in good working order.

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.