

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Terrace Road North, Binfield,
BRACKNELL, Berkshire, RG42 5JG

Pharmacy reference: 1028915

Type of pharmacy: Community

Date of inspection: 07/01/2020

Pharmacy context

This pharmacy is situated in the village of Binfield which is close to the main town of Bracknell. Most people who use the pharmacy live locally. The pharmacy mainly supplies NHS prescriptions and sells a range of over-the-counter medicines and healthcare products. It provides several other NHS services including Medicines Use Reviews (MURs), New Medicine Service (NMS), substance misuse support and seasonal flu vaccinations.

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's working practices are suitably safe and effective. It protects people's private information and keeps the records it needs to by law. The pharmacy team follows written procedures to make sure it works safely, and it has systems to identify and manage risks associated with its services. The team understands its role in protecting and supporting vulnerable people.

Inspector's evidence

The pharmacy team members were familiar with the company's standard operating procedures (SOPs). Copies of the procedures were available in a folder in the dispensary. SOPs covered all aspects of the business and outlined staff responsibilities. Signature sheets were used to confirm that team members had read, understood and acknowledged the procedures.

A responsible pharmacist (RP) notice was displayed. Most of the other team members wore uniforms and name badges, so they could be readily identified by people visiting the pharmacy. Team members could clearly explain their role and worked within their competence. The team was supervised by the pharmacist throughout the inspection.

The pharmacy had some risk management processes in relation to dispensing activities. Baskets were used to segregate prescriptions during the assembly process. The pharmacist was rarely required to self-check, and dispensing labels were initialled by team members involved in the assembly and checking process, which assisted with investigating and managing mistakes. There was an incident reporting process, and any dispensing errors were reported to head office. The team followed the company's 'Safer Care' process which included audits to check compliance with procedures, and regular patient safety reviews of incidents and near misses identifying any key risks and trends. These were shared and discussed with the team. Team members gave examples of action they had taken to prevent mistakes happening, such as highlighting unusual or 'look-alike-sound-alike' medicines, so other team members were aware. The company circulated additional patient safety information and case studies which the team members felt were useful when considering potential risks.

There was a complaints procedure. Complaints were usually dealt with by the store manager in the first instance but could be escalated to head office if needed. The manager said most issues were resolved informally and the pharmacy had received positive feedback in the most recent patient satisfaction survey completed the previous year. The results were displayed on a poster in the pharmacy.

The pharmacy had professional indemnity insurance provided by the NPA. The team used the company's patient medication record (PMR) system to document prescription supplies and maintained all the records required by law, including RP logs, controlled drug (CD) registers, specials records, and private prescription and emergency supply records. Records checked were in order. CD running balances were maintained and these were checked against the actual stock on a weekly basis, so discrepancies could be identified and resolved or reported at an early stage.

The pharmacy team members had a clear understanding of confidentiality and data protection and had completed associated training. Confidential material was suitably stored out of public view and paper

waste was segregated prior to collection by an authorised waste contractor. Signed consent was usually obtained for any non- dispensing services provided and Summary Care Record Access (SCR). The pharmacy displayed an NHS notice briefly explaining the pharmacy’s obligation to safeguard peoples’ personal information, in accordance with the General Data Protection Regulation. The pharmacist and dispensers used individual NHS smartcards to access patient data.

The pharmacist was level 2 safeguarding accredited. There was a company safeguarding policy which all team members except the recently recruited dispenser, had read and signed. A chaperone policy was displayed on the consultation room door. Team members were aware of the signs to look for and a safeguarding escalation flow chart was displayed in the dispensary.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy usually has enough staff to manage the services safely. Team members work well together and receive the right training for their roles. But the team has limited flexibility to ensure cover for staff absences or to enable it to allocate training time to team members. This could potentially impact on the service delivery at times and mean that team members' knowledge might not always be up to date.

Inspector's evidence

On the day of the inspection, a regular relief pharmacist was working with two trained dispensers, and a pharmacy advisor and trainee assistant provided support on the counter. One of the dispensers had recently been appointed as the store manager, and the pharmacy advisor acted as supervisor managing the retail side of the business. The team worked effectively together, and the pharmacy's workload was managed without issue during the inspection, despite the steady footfall. Patients were greeted promptly and courteously. The team reported that they did not currently have a backlog of work. Some dispensing was completed off-site at the company's hub, which reduced the workload pressure in the pharmacy. The team said this system had only recently been implemented and that it generally worked well although it required a lot of administration.

The pharmacy also employed two part-time healthcare assistants who worked on Saturday. A courier company driver undertook home deliveries. All weekday staff were qualified for their role, except the counter assistant who had worked at the pharmacy for around a year. She had completed her induction and was enrolled on the healthcare course but had not managed to complete many modules, as the pharmacy was busy, and she felt there was limited time during the working day to do this. The supervisor said she had completed the majority of her course in her own time. The store manager was relatively inexperienced and had recently delayed attending an off-site management course as this would have left the team short staffed. So, there was limited flexibility to cover planned and unplanned absences or complete training during working hours. It was unclear what training Saturday staff had completed, however the store manager subsequently confirmed both of them had been enrolled on a combined healthcare assistant and dispensing course.

The team had undergone several team changes within the last year. The regular store pharmacist worked two days a week but remained contactable as they worked as a cluster manager elsewhere in the business on the other days. Relief pharmacists usually provided cover on the other days. Leave was planned and organised by the store manager so only one team member was off at a time. The team could contact the regional management team and request additional support if needed. One team member was due to go on maternity leave and a temporary cover was being advertised.

The team members referred any complex queries to the pharmacists and the supervisor understood what questions to ask when selling over-the-counter (OTC) and pharmacy medicines. She was aware of those OTC medicines which were liable to abuse and required extra vigilance.

Team members spoke openly about their roles and the supervisor felt confident contributing ideas or raising concerns with the pharmacist or manager. Any members of the team could contact the regional management or superintendent's team if needed, and a 'One-Call' list could be used to contact other

teams within the company.

The company set some commercial targets relating to services. The team said these were closely monitored by the company and there was continual encouragement to achieve them but felt that local circumstances were taken into account if targets were not met. The pharmacist said she would always put the patient's interests first and did not feel under pressure to meet targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, safe, secure and suitable for the provision of healthcare services. The pharmacy has a consultation room to enable it to provide members of the public access to an area for private and confidential discussions.

Inspector's evidence

The pharmacy was situated in a small retail unit located close to the village surgery. There was a limited amount of free parking outside and on the road. The pharmacy was bright and professional in appearance. The retail area was well presented. Air conditioning maintained the ambient room temperature. A consultation room was accessible from the retail area and could be used for additional services and confidential consultations. It was reasonably spacious and suitably equipped with a desk and two chairs. There was a small waiting area with a couple of seats.

There was sufficient bench space in the dispensary, but storage space was quite limited, and some rear areas were cluttered and untidy. Some bulky items were stored on the floor in the dispensary which could cause a trip hazard. The small rear stock room was also used as a staff rest area and had WC facilities. Access to this area was restricted to staff only.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are generally accessible, and it manages them safely, so people receive appropriate care. The pharmacy obtains medicines from licensed suppliers, and the team carries out checks to make sure that medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy had step-free access and a push button automated door, and the consultation room was accessible directly from the retail area, so access to services was unrestricted. Opening times were displayed. The pharmacy traded over six days and offered a home delivery service Monday to Friday. The pharmacy had healthy living accreditation and displayed leaflets relevant to the services offered. There was a small display on the counter that was dedicated to 'Dry January' promoting the health benefits of reducing alcohol intake.

There was an audit trail for home deliveries; signatures were usually obtained confirming receipt of medicines. The dispensers were trained to process the prescriptions which were sent to the hub to be dispensed. Around 20% of the pharmacy's prescriptions were sent to the hub.

Approximately 60 people received their medicines in weekly multi-compartment compliance packs to help make sure they took them at the right time. The pharmacy was reaching capacity to accommodate the assembly of further packs and so new requests were being referred to other pharmacies locally. These were dispensed in the pharmacy and the team managed these effectively. The pharmacy held records for each compliance pack patient and any medication changes were queried to ensure they were relevant. The team usually supplied patient information leaflets and packs were suitably labelled to include medication descriptions, although these sometimes lacked sufficient detail to enable people to identify them.

Addresses were checked when handing out prescription medicines. A new retrieval system had recently been implemented to assist with the handout process, but this meant some items were now stored on the floor due to the lack of shelf space. The pharmacy offered a text reminder service to inform people when their prescription was ready to collect. The team made extra checks when people were receiving high-risk medicines such as those taking anticoagulants or methotrexate. Stickers were used to highlight items when pharmacist intervention was needed. Assembled fridge lines and CDs were stored in clear plastic bags, so a further visual check could be completed when these were handed out. The team were aware of the valproate pregnancy prevention programme and had access to relevant patient literature, so people in the at-risk group could be counselled. The pharmacy offered MURs and NMS to support patient compliance; uptake of NMS was positive. The pharmacist managed the substance misuse service, instalments were prepared in advance. Concerns or more than three missed doses were reported to the prescriber.

Medicines were obtained from licensed wholesalers. Pharmacy medicines were stored behind the counter or inside Perspex boxes in the retail area, so sales could be supervised. The pharmacy had some of the hardware necessary to comply with the Falsified Medicines Directive (FMD), but they were not decommissioning all medicine packs. Expiry date checks were completed regularly, and documentation

confirmed this. Split packs and short dated stock were usually marked, and a random check of the shelves found no expired items. Liquid medicines with a limited shelf-life were dated on opening. But shelves of stock were sometimes untidy and disorganised which could increase the likelihood of picking errors.

Medical fridge temperatures were monitored to make sure they remained within the required range. Controlled Drugs were stored in the cabinet, and obsolete CDs were segregated prior to disposal. These had accumulated and a destruction was needed. Patient returned CDs and their destruction were recorded. Designated bins were used to segregate other pharmaceutical and hazardous waste and sharps prior to collection by licensed waste contractors. MHRA alerts and recalls were received by email and actioned on the same day. These were also shared with the team as part of Safer Care briefings.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the facilities and equipment it needs to provide its services. Team members store and use equipment in a way that protects people's privacy.

Inspector's evidence

Disposable medicine containers were available, and the pharmacy had measuring and counting equipment for dispensing medicines, including glass measures. There was a dispensary sink, a CD cabinet and large medical fridges used for storing medicines. CD denaturing kits were available. The team had access to relevant internet sites and the British National Formularies and Drug Tariff. A blood pressure meter was available for use alongside the online doctor service if needed, for example when oral contraceptives were supplied. Sharps bins and vaccinations sundries were available for use alongside the flu service.

The dispensary had two computer terminals and an access point in the consultation room. Pharmacy computer systems were password protected. Screens were suitably located so they were not visible to the public or locked out when not in use. Telephone calls could be taken out of earshot of the counter if needed.

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.