

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 3-5 Crown Mead, Bath Road, Thatcham, NEWBURY, Berkshire, RG18 3JW

Pharmacy reference: 1028940

Type of pharmacy: Community

Date of inspection: 22/07/2019

Pharmacy context

A Lloyds pharmacy located in a small shopping parade in Thatcham, East Berkshire. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also dispenses some medicines in multi-compartment compliance packs (MDS trays or blister packs) for those who may have difficulty managing their medicines at home and for patients in care homes. The pharmacy provides a supervised consumption service and a local delivery service.

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

Overall, the pharmacy's working practices are safe and effective. Team members record, review and share their mistakes to help reduce the risk of them happening again. However, while the pharmacy records its mistakes it doesn't include a lot of detail about the mistakes, so it might miss opportunities to spot patterns and trends and reduce its risks. The pharmacy keeps all the records that it needs to by law and it mostly keeps people's information safe. Team members help to protect vulnerable people.

Inspector's evidence

A near miss log was present in the pharmacy and had been used regularly in the previous months. Recently however, the team had not made many near miss entries and the relief pharmacist explained that due to changing staff, the team were not writing down their near misses as often as they should be. Most of the near miss entries included reasons for the incident occurring and a record of the action which the team had taken to prevent a recurrence. The pharmacist explained that the near misses and incidents were previously all reviewed regularly by the manager, but this had not happened for a while due to the staffing changes.

The pharmacy team would carry out a Root Cause Analysis following significant dispensing incidents and examples of previous analyses were seen to be held in the 'Safer Care' logbook. The team completed a 'Safer Care' checklist on a weekly basis to ensure they have the right environment, people and processes to deliver a safe pharmacy service. Examples of previous 'Safer Care' checklists were seen.

Anything identified in the 'Safer Care' checklists or with the near misses was highlighted with the team. The pharmacist explained that recently, the team had rearranged and tidied the area of the dispensary where the creams were stored as they had a few picking errors with the creams due to them being stored in a messy fashion. The pharmacist also explained that they had a few locum dispensers who would dispense prescriptions from the labels and not the prescription and they would sign the dispensing labels before sticking them to the medicines. The problems this could cause were highlighted to the team and discussed in a 'Safer Care' briefing.

There was an established workflow in the pharmacy where labelling, dispensing and checking were all carried out at dedicated areas of the work benches. MDS packs for domiciliary patients were prepared at the back of dispensary and care home medicines were prepared on a bench in the staffroom. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription. All the SOPs had the roles and responsibilities of each member of staff set out and on questioning, the dispensary team were all clear on their roles and responsibilities and explained that they would refer to the pharmacist if they were unsure of something. The SOPs had been signed off by the team, apart from the trainee dispenser. A certificate of public liability and professional indemnity insurance from the NPA was available and was valid until the end of June 2019.

There was a complaints procedure in place and the staff were all clear on the processes they should follow if they received a complaint. The complaints procedure was detailed in the Customer Charter Standards of Service leaflet which was available to the public on the shop floor. The leaflet contained the contact information for the company's head office as well as the Patient Advisory Liaison Service.

The previous Community Pharmacy Patient Questionnaire (CPPQ) survey was displayed on the nhs.uk website and by the consultation room and was positive.

Records of controlled drugs and patient returned controlled drugs were all seen to be complete and accurate. A sample of physeptone 5mg tablets was checked for record accuracy and was seen to be correct. The controlled drug running balance was checked every week by the pharmacist for both the solid and liquid drugs. The responsible pharmacist record was complete, and the responsible pharmacist notice was displayed in pharmacy where patients could see it. The maximum and minimum fridge temperatures were recorded and were always in the 2 to 8 degrees Celsius range. The team had not recorded the fridge temperature records every day in the previous week, but the temperatures were still all within the required range. The private prescription records were seen to be completed appropriately. The specials records were all held in a file and the examined certificates of conformity were seen to contain all the required information.

The computers were all password protected and the screens were not visible to the public. Confidential information was stored in locked filing cabinets and conversations inside the consultation room could not be overheard. However, the consultation room was usually left open and the computer screen was always not password protected; during the inspection, the screen was checked and an MUR form with patient identifiable information was seen on the screen. There were cordless telephones available for use and confidential waste paper was collected in white confidential waste bins which were removed by the company for destruction.

The pharmacist had completed the Community Pharmacy Post-Graduate Education (CPPE) level 2 learning module on safeguarding children and vulnerable adults. The pharmacy team had also been trained on safeguarding children and vulnerable adults and had signed a training matrix to say they had read and understood the training and were competent to safeguard children and vulnerable adults. The contact details for all the relevant safeguarding authorities and the policies were held in the SOP file.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services safely. Team members have access to training materials to ensure that they have the skills they need. Team members make decisions and use their professional judgement to help people and they can share information and raise concerns to keep the pharmacy safe.

Inspector's evidence

In the pharmacy there was one relief pharmacist, one regular trainee dispenser who had almost finished the training course, one locum dispenser and one new starter who was due to be enrolled on a combined counter and dispensary course. The staff were observed to be working calmly and well together and providing support to one another when required. Staff performance was monitored using an appraisal system and the team had regular reviews. The trainee dispenser explained that the previous pharmacy manager had completed an appraisal with each member of staff and they had been set objectives to work towards which would cover them for the rest of the year.

The team members completed training online and had a medicines skills assessment every month to assess their knowledge and understanding of products and services. The trainee dispenser explained that the team normally had protected training time to do this, but with all the staffing changes recently, they would complete the training whenever they had the time.

The company had an annual staff satisfaction survey which was an opportunity for the staff to feedback any opinions they had about their roles and the company anonymously. The results of this would be published on the company's One Portal. Alongside this, the members of staff explained that they were able to raise any concerns they had instantly with the pharmacist or one another. There was also a whistleblowing policy in place and a poster of about this was displayed in the staff areas of the building. The team was aware of this and was happy to use it if required. There were targets in place for MURs and NMS, but the pharmacist explained that he would never compromise his professional judgement to achieve targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are generally suitable for the provision of its services and they are secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy.

Inspector's evidence

The pharmacy was based on ground floor of the building and included a retail area, medicines counter, consultation room, dispensary, office, staffroom and staff bathroom. The pharmacy was clean and tidy, but the MDS area was a bit cluttered with stock for the trays. The ambient temperature was suitable for the storage of medicines and regulated with an air conditioning system. Lighting throughout the store was appropriate for the delivery of pharmacy services.

The team had a segregated area by the consultation room which came into a screened area of the dispensary for the supervised consumption service. However, doop bins and confidential waste bags were also stored in this area which was not locked. The pharmacy was presented well and was laid out with the professional areas clearly defined away from the main retail area. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services.

Medicines were stored on the shelves and in the drawers in a generic and alphabetical manner and the team explained that the shelves would be cleaned when the date checking was carried out or the stock was put away. The team marked any opened stock bottles with the date of opening to ensure they would be disposed of at the appropriate time.

The dispensary was screened to allow for the preparation of prescriptions in private and the consultation room was advertised as being available for private conversations. Conversations in the consultation room could not be overheard. The consultation room was fit for purpose, allowed for the movement of a wheelchair and included seating, a computer with the PMR, locked storage and a clean sink. There was also a sink available in the dispensary with hot and cold running water to allow for hand washing and preparation of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people with different needs. Staff members provide the pharmacy services safely and can identify people who require extra counselling. The pharmacy sources and stores medicines appropriately.

Inspector's evidence

Pharmacy services were clearly displayed in the window and on posters around the pharmacy area. There was a range of leaflets available to the public about services on offer in the pharmacy near the medicines counter and in the consultation room. There was step-free access into the pharmacy via an electrically assisted door and seating for patients or customers waiting for services. The pharmacy also had an induction loop available should someone require it.

The MDS packs and care home medicines were organised into a four-week cycle. The team used a rota to document which patient and care homes would be having their deliveries on each day. The MDS trays were supplied with descriptions of the medicines inside and Patient Information Leaflets (PILs) were provided every month. The trainee dispenser and the pharmacist explained that the team was aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were on valproates and they had checked the PMR to see if they had any patients affected by this. The dispenser also explained they would provide valproate information cards to any patients in the at-risk group whenever they were dispensed valproates. The pharmacist explained that they placed 'Pharmacist' stickers on all prescriptions with warfarin to highlight that on hand out, these prescriptions should be referred to the pharmacist, so they could check that a patient's INR levels were safe, and they were having regular blood tests. However, this was not always documented.

The pharmacy obtained medicinal stock from AAH and Alliance. Specials were ordered from AAH Specials. Invoices were seen to verify 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 displayed in the dispensary but had not always been completed regularly. There were destruction kits available for the destruction of controlled drugs and doop bins were available and seen being used for the disposal of medicines returned by patients. There was also a bin for the disposal of hazardous waste and a list of hazardous waste medicines which need to be disposed of in these bins. The fridge was in good working order and the stock inside was stored in an orderly manner.

MHRA alerts came to the team electronically through the company's intranet and they were actioned appropriately. The team kept a robust audit trail for the MHRA recalls and recorded when they had received the recall as well as who had actioned it and what action had occurred following the recall. Recently, the team had received an alert about Emerade and the alert was annotated to say this had been actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities to provide its services safely. These are clean and fit for purpose.

Inspector's evidence

There were several crown-stamped measures available for use, including 500ml, 250ml, 100ml, 50ml and 10ml measures. Some were marked with red paint to show they should only be used with methadone liquid. They were all seen to be clean. Amber medicines bottles were seen to be capped when stored and there were counting triangles available as well as capsule counters.

Up-to-date reference sources were available such as a BNF, a BNF for Children, Stockley's Drug Interaction and a Drug Tariff as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources. Doop bins were available for use and there was enough storage for medicines. Hazardous waste bins were also available as well as a list of which drugs were hazardous.

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.