

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Unit 2 Burdwood Centre, Station Road, Thatcham, NEWBURY, Berkshire, RG19 4YA

Pharmacy reference: 1028950

Type of pharmacy: Community

Date of inspection: 22/07/2019

Pharmacy context

A Lloyds pharmacy located in a small shopping parade in Thatcham. 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. 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 manages most risks well. It keeps most of the records it needs to by law. And the pharmacy's team members understand how to protect vulnerable people and people's personal information. 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 also does not regularly check how much stock of some medicines it has so it might find it more difficult to detect and rectify any discrepancies.

Inspector's evidence

A near miss log was present in the pharmacy and was seen to be used by the pharmacy team. However, they had not made any entries in the past week and the previous entries did not include a lot of detail to explain why the near miss had occurred or the action taken to prevent a recurrence.

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 held in the 'Safer Care' folder.

Anything identified in the 'Safer Care' checklists or with the near misses was highlighted to the team in an informal meeting. One of the dispensers explained that currently the team had highlighted medicines with similar packaging to each other and updated the list of Look Alike Sound Alike 'LASA' drugs in the pharmacy.

There was an established workflow in the pharmacy where labelling, dispensing and checking were all carried out at dedicated areas of the work benches. Packs for domiciliary patients were prepared at the back of the dispensary to reduce distractions. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

A certificate of public liability and professional indemnity insurance from the NPA was on display by the medicines counter and was valid until the end of June 2020. 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 explained that they would refer to the pharmacist manager if they were unsure of something. The SOPs had all been read by the team members.

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 in the retail area of the pharmacy and was generally positive.

Records of controlled drugs and patient returned controlled drugs were all seen to be complete and accurate. A sample of MST 60mg tablets was checked for record accuracy and was seen to be correct. The controlled drug running balance was checked every month.

The responsible pharmacist record was seen as complete and the correct 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. However, up until the 22nd July 2019, there had only been 14 days in July where the fridge temperature had been recorded. The private prescription records were seen to be completed appropriately. However, there were some private prescriptions held in the private prescription register which had not been entered in the required time limit. Most of the prescriptions were from the beginning of July, but one was from the end of June. 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. 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. 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 locum pharmacist had completed the Community Pharmacy Post-Graduate Education (CPPE) level 2 safeguarding children and vulnerable adults programme and the team had been trained to level 1 and had signed 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 were held in a signposting and safeguarding file. The team had also completed the Dementia Friends training online

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services safely. Team members have easy access to training materials to ensure that they have the skills they need. Pharmacy team members feel able to make their own decisions and frequently use their professional judgement to help people.

Inspector's evidence

In the pharmacy there was one locum pharmacist, three dispensers and one medicine counter assistant. Certificates of completed training for the staff were displayed by the consultation room. The staff were observed to be working calmly and well together and providing support to one another when required. The team members completed training online and had a medicines skills assessment every month to assess their knowledge and understanding of products and services. One of the dispensers explained that each team member would be provided with training time during the working day.

The dispenser explained that staff performance was monitored by an appraisal system which they completed with their manager. Each individual staff member would set their objectives and then a mid-year review would take place to see how they were doing and whether they required further support.

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 members of staff also explained that they happy to raise any concerns they had instantly with the pharmacist or the store manager. There was also a whistleblowing policy in place and a poster 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 team and the pharmacist explained that they did not feel any pressure to deliver these targets and would never compromise their 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 the ground floor of the building and included a retail area, consultation room, medicines counter, dispensary, staffroom and toilet. The team also had a sheltered storage area outside the back door which was locked and could not be accessed by the public. The team used this outside area to store the daily delivery when it arrived so that it would not cause trip hazards in the dispensary before bringing it in to be unpacked. The pharmacy was clean and tidy, and the team explained they would clean the pharmacy between themselves.

The pharmacy was presented in a professional manner and was well 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.

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 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.

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.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people with different needs. Staff members provide those 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 shop 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 were organised into a four-week cycle. The team used a rota to document which patient would be having their deliveries on each day. The MDS packs were supplied with descriptions of the medicines inside and Patient Information Leaflets (PILs) were provided every month.

The team explained that they were all 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. One of the dispensers explained that they would provide valproate information cards to any women who were prescribed valproates. The team explained that they place 'Pharmacist' stickers on all prescriptions with warfarin, methotrexate and lithium to highlight that on hand out, these prescriptions should be referred to the pharmacist, so they could check that the patient was taking these medicines safely and they could be counselled appropriately. The pharmacist explained that he would check whether the patients on warfarin knew their INR level and dosage of warfarin and if they were having regular blood tests. He also explained that he would check whether patients on methotrexate were taking the tablets on the same day each week.

The team had scanners in place which were compliant with the EU Falsified Medicines Directive (FMD), but they had not yet started to decommission medicines and explained that the company was rolling out the training to each store. The pharmacy obtained medicinal stock from AAH and Alliance. Specials were ordered from AAH Specials. Invoices were seen to verify this. 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 fridges were 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 alerts 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 regarding 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 equipment it needs for the delivery of its services. It looks after this equipment to ensure that it works properly.

Inspector's evidence

There were several crown-stamped measures available for use, including 500ml, 100ml, 50ml and 10ml measures. Some were marked to show they should only be used with methadone liquid and 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. The computers were all password protected and conversations going on inside the consultation could not be overheard.

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.