

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 68 Christchurch Road, READING, Berkshire, RG2 7AZ

Pharmacy reference: 1028972

Type of pharmacy: Community

Date of inspection: 22/08/2019

Pharmacy context

This is a community pharmacy located along a small parade of shops near the University of Reading in Berkshire. The pharmacy dispenses NHS and private prescriptions. It provides a few services such as Medicines Use Reviews (MURs), the New Medicine Service (NMS) and seasonal flu vaccinations. And, it supplies multi-compartment compliance aids for some people to help them to manage their medicines.

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

In general, the pharmacy's working practices and risks are managed in an appropriate manner. Members of the pharmacy team understand how they can protect the welfare of vulnerable people. The pharmacy keeps its records in accordance with the law. And, team members monitor the safety of their services by recording their mistakes and learning from them. But, they are not always recording enough detail when mistakes happen or formally reviewing them. This makes it more difficult for them to spot patterns and prevent similar mistakes happening.

Inspector's evidence

The pharmacy's team members explained that the pharmacy was busier during University term time. There was limited space for prescriptions to be assembled safely (see Principle 3) but the pharmacy was relatively well organised. A range of standard operating procedures (SOPs) to support the pharmacy's services were present. Members of the pharmacy team had read the SOPs, they were clear on their roles and responsibilities and they knew when to refer to the responsible pharmacist (RP). The inspection took place at lunchtime and an incorrect RP notice was on display. This was changed once it was highlighted by the inspector and the RP was advised to ensure the correct details were displayed at the start of their shift.

There were separate areas for staff to dispense prescriptions, for the RP to carry out the final check of prescriptions and an area where multi-compartment compliance aids were prepared. The company's Safer Care processes were generally in place as the workbooks were complete and staff routinely recorded their near misses. However, the Safer Care notice board was not up to date, the near misses were reviewed informally and there were no details documented about this to demonstrate that trends and patterns had been identified and acted on. Some members of the team described being more aware of their mistakes and the pharmacy team had separated different strengths of amlodipine in response to errors.

A notice was on display to inform people about the pharmacy's complaints process. The pharmacy manager was responsible for handling incidents initially and her process was in line with the company's policy. Documented details of previous incidents were seen. The team had not been routinely completing reflective statements or a root cause analysis of the situation that would help to consolidate their learning.

Staff were trained on data protection and there was no confidential information left within areas that were accessible to the public. They segregated confidential waste before it was disposed of by the company and people's details on dispensed prescriptions awaiting collection were not visible from the front counter. A notice was on display to inform people about how the pharmacy maintained their privacy. Team members could identify signs of concern to safeguard vulnerable people, they referred to the RP in the first instance. There were relevant local contact details for the safeguarding agencies and local policy information was readily accessible.

The pharmacy's records in the main, were kept in line with statutory requirements. This included the RP record, records of unlicensed medicines, private prescriptions, emergency supplies and a sample of registers checked for controlled drugs (CD). Balances for CDs were checked and documented every week. On selecting random CDs held in the CD cabinet, their quantities corresponded to the balance

stated in the registers. Records for the maximum and minimum temperatures of the pharmacy fridges were also routinely maintained. This helped verify that medicines were appropriately stored here. The pharmacy held an audit trail for the destruction of returned CDs although there was the occasional missing entry. There were current professional indemnity insurance arrangements in place.

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, the company provides them with training resources so that they can keep their skills and knowledge up to date.

Inspector's evidence

Staff during the inspection included a relief pharmacist, a pharmacy student, two dispensing assistants one of whom was the pharmacy manager and the other was in training as well as a medicines counter assistant (MCA) who was also the supervisor. There was another pharmacy student, a delivery driver and two trainee dispensing assistants. Staff in training were enrolled onto accredited training in line with their roles. They wore name badges, but the team's certificates of qualifications obtained were not seen.

Members of the pharmacy team asked relevant questions before they sold over-the-counter (OTC) medicines, they held sufficient knowledge of OTC medicines and referred to the RP appropriately. Staff understood their roles and responsibilities. A noticeboard was available to help communicate between them, they verbally communicated relevant information and team meetings were held as and when required. To assist with training needs, staff completed modules on the company's online learning platform and their progress was checked through formal appraisals that took place every six months. The relief RP had not been set any formal targets to complete services although the team described being recently asked to complete a target of 4 MURs per week.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises provide an adequate space to deliver health care services. But, people can hear conversations taking place inside the consultation room. This means that peoples' privacy is not always being protected when pharmacy services are provided.

Inspector's evidence

The pharmacy premises consisted of a long narrow retail area with a smaller dispensary to the rear. There was limited space available in relation to the volume of dispensing with a small area used to assemble compliance aids. An office, staff WC facilities and kitchenette were situated at the rear of the dispensary. There was also a lock-up where sundries were stored.

The retail area was appropriately presented but the pharmacy's fixtures and fittings were worn and dated. Team members were not keeping some areas clean, this included the sink in the dispensary and the staff WC as both were dirty and required cleaning. This had also been previously raised as a concern.

There was a signposted consultation room available for services and private conversations. This was situated next to the medicines counter. There were two entrances, one was from the retail space and the other led to the entrance of the dispensary. The space was small. There was no confidential information present but conversations inside the room could be overheard when other people were present in the pharmacy. Some Pharmacy (P) medicines were stored behind the front counter, others were in unlocked, Perspex units that stated assistance was required. Staff stated that people did not usually try to help themselves.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services in a safe manner. It obtains its medicines from reputable sources and stores them appropriately. The pharmacy delivers prescription medicines safely to people's homes and keeps records of this. But, people might see other people's sensitive information when they sign to receive their medicines. And, team members don't always record information when people receive higher-risk medicines. This makes it difficult for them to show that appropriate advice has been provided when these medicines are supplied.

Inspector's evidence

People could enter the pharmacy from the street and through wide, front double doors. The retail space was made up of wide aisles and the area outside the pharmacy consisted of clear, open space. This enabled people using wheelchairs to easily access the pharmacy's services. There was a hearing aid loop available for people who were partially deaf, and staff explained that they could use the consultation room. They printed labels and information with a larger sized font for people who were visually impaired and described being patient with people whose first language was not English. One member of staff also spoke Polish. There were a few timed, car parking spaces outside and four seats available for people waiting for prescriptions.

Dispensing staff used colour co-ordinated baskets to hold prescriptions and associated medicines. This helped to prevent any inadvertent transfer and identified priority. The team used a dispensing audit trail through a facility on generated labels to identify their involvement in the process.

Prescriptions when assembled were held within an alphabetical retrieval system. Stickers were used to identify fridge items and CDs (Schedules 2-4). Clear bags were used to store CDs and fridge items, and this assisted as an additional accuracy-check of the contents upon hand out. Staff described removing uncollected items on a four to six-week cyclical basis.

The pharmacy obtained its medicines and medical devices through licensed wholesalers such as Alliance Healthcare and AAH. Unlicensed medicines were obtained through the latter. Staff held some understanding about the European Falsified Medicines Directive (FMD), there was relevant equipment present but this was not functioning at the point of inspection. There was no guidance information for the team and the pharmacy was not yet currently complying with the process.

Medicines were generally stored in an organised manner. The team date-checked medicines and used a schedule to help verify this. However, the last recorded check was from June 2019 for OTC medicines and 10 August for dispensary stock. There were no mixed batches or date-expired medicines seen. Short-dated medicines were highlighted, and liquid medicines were marked with the date that they were opened. CDs were stored under safe custody and the key to the cabinet was maintained in a manner that prevented unauthorised access during the day as well as overnight. Drug alerts and product recalls were received through the company system, staff checked stock and acted as necessary. A complete audit trail was present to verify the process.

Medicines brought back by the public for disposal were accepted and stored in designated containers. There was a list available for the team to identify hazardous and cytotoxic medicines. Staff checked for CDs and sharps, they referred people bringing back sharps for disposal to the local council. Returned

CDs were brought to the attention of the RP and relevant details were entered into a register.

Compliance aids were initiated for people after the RP or GP assessed their suitability for this. The pharmacy provided 43 people with their medicines inside compliance aids and ordered prescriptions on behalf of people receiving them. Staff cross-referenced details on prescriptions against records on the pharmacy system. This helped them to identify any changes and records were maintained to verify this. All medicines were de-blistered into the compliance aids with none supplied within their outer packaging. Descriptions of the medicines inside the compliance aids were provided and patient information leaflets (PILs) were routinely supplied. Compliance aids were not left unsealed overnight when assembled. Mid-cycle changes involved them being retrieved and new ones being supplied.

The pharmacy provided a delivery service and the team retained audit trails for this. CDs and fridge items were highlighted. The driver obtained people's signatures when they were in receipt of their medicines. However, there was a risk of access to confidential information from the way people's details were laid out on the driver's sheet. 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 were aware of the risks associated with valproates and the pharmacy had completed an audit to identify whether anyone at risk had been supplied this medicine. People were counselled accordingly, and relevant literature had been provided. Prescriptions for people prescribed higher-risk medicines were not routinely identified or people asked about relevant parameters. There were no details being documented about this. This included people receiving compliance aids and the delivery service.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities it needs to provide its services safely. But, some of its facilities are not kept sufficiently clean.

Inspector's evidence

There were current versions of reference sources and necessary equipment for the pharmacy to provide its services. This included crown stamped conical measures for liquid medicines, counting triangles. Some of the pharmacy's equipment and facilities needed cleaning. The triangles could have been cleaner and the sink in the dispensary used to reconstitute medicines as well as the sink in the staff WC was dirty. The team was advised to clean this at the time and to ensure an appropriate level of cleanliness was routinely maintained. There was hand wash as well as hot and cold running water available.

The CD cabinet was secured in accordance with statutory requirements and the medical fridges were operating within the appropriate temperature range. Computer terminals were password protected and positioned in a manner that prevented unauthorised access. Staff used their own individual NHS smart cards when accessing electronic prescriptions and took them home overnight. Cordless phones were used to help protect people's privacy.

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.