

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, High Street, Goring, READING, Berkshire, RG8 9AT

Pharmacy reference: 1028978

Type of pharmacy: Community

Date of inspection: 03/03/2022

Pharmacy context

The pharmacy is in the centre of the village of Goring near Reading. The pharmacy dispenses NHS and private prescriptions and provides health advice. It supplies medicines in multi-compartment compliance aids for people who have difficulty managing their medicines. Its services include stop smoking, health checks, weight management, seasonal flu vaccination and supervised consumption. The inspection took place during the COVID-19 pandemic. All aspects of the pharmacy were not inspected.

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 generally safe and effective. It monitors its services to protect people's safety. The pharmacy has satisfactory written instructions which tell team members how to complete tasks safely. Pharmacy team members record and review their mistakes, but some records do not have a lot of detail. So they may not spot patterns to stop the same things happening again. They have introduced ways of working to help protect people against COVID-19 infection. The pharmacy mostly keeps the records it needs to by law so it can show it is providing safe services. And it enables people to give their views on how it can improve its services. Members of the pharmacy team protect people's private information and they safeguard the wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had systems to review dispensing errors and near misses. Members of the pharmacy team discussed the mistakes they made to learn from them and reduce the chances of them happening again. But some of the records were incomplete. So, they could be missing opportunities to spot patterns or trends with the mistakes they made. The responsible pharmacist (RP) and the pharmacy manager (PM) explained that medicines involved in incidents, or were similar in some way, such as bendroflumethiazide and folic acid were generally separated from each other in the dispensary. The pharmacy team had separated amitriptyline, olanzapine and prednisolone in line with company or local NHS policy. Members of the pharmacy team responsible for making up people's prescriptions used baskets to separate each person's medication and to help them prioritise their workload. They referred to prescriptions when labelling and picking products. And assembled prescriptions were not handed out until they were checked by the RP. The pharmacy had a complaints procedure and the PM described completing an incident report and the actions taken to minimise the risk of a similar incident happening again. The pharmacy's 'safer care' folder and notice board had not been fully completed recently. But the PM explained that at the time the pharmacy had been short-staffed and he would add the information about the incident and near misses to the safer care system to share learnings.

The pharmacy had recently reviewed standard operating procedures (SOPs) for most of the services it provided. Members of the pharmacy team were required to read and sign the SOPs relevant to their roles to show they understood them and would follow them. The latest SOPs were available online, but the folder contained staff training records and paper copies of some SOPs which were not up to date and the folder was broken. Following the visit, the PM confirmed he had rebuilt the SOP folder and his team were re-training in the up-to-date SOPs. Members of the pharmacy team knew what they could and couldn't do, what they were responsible for and when they might seek help. And their roles and responsibilities were described within the SOPs. A team member explained that they wouldn't hand out prescriptions or sell medicines if a pharmacist wasn't present. And they would refer repeated requests for the same or similar products, such as medicines liable to abuse, misuse or overuse, to a pharmacist. The pharmacy displayed leaflets on services, how to complain and how to give feedback on improving services.

The pharmacy had risk-assessed the impact of COVID-19 upon its services and the people who used it.

And prepared a written occupational COVID-19 risk assessment for each team member. Members of the pharmacy team knew that any work-related infections were to be reported to the appropriate authority. They were self-testing for COVID-19 twice weekly and wore fluid resistant face masks to help reduce the risks associated with the virus. They washed their hands regularly and applied hand sanitising gel.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, for the services it provided. The pharmacy displayed a notice that told people who the RP was and kept a record to show which pharmacist was the RP and when. The pharmacy had a controlled drug (CD) register and this was kept up to date. The stock levels recorded in the CD register were checked regularly. A random check of the actual stock of a CD matched the amount recorded in the CD register. The pharmacy kept records for the supplies of the unlicensed medicinal products it made. But it didn't always record when one of these products was received or who it was supplied to and when. The pharmacy recorded the private prescriptions it supplied. And these generally were in order. Some private prescriptions (FP10PCD) required submission to the prescription pricing division. Interventions could be recorded on the patient medication record (PMR) and on paper in triplicate.

The pharmacy displayed a notice that told people how their personal information was gathered, used and shared by the members of its team. They tried to make sure people's personal information couldn't be seen by other people and was disposed of securely. The pharmacy team members were re-reading the SOP for patient confidentiality and information governance at the time of the visit. The pharmacy computer was password protected and backed up regularly. The pharmacy had a safeguarding SOP. And the RP and PM had completed a level 2 safeguarding training course. Members of the pharmacy team knew what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members work well together to manage the workload and deliver services. They have access to a range of training resources when they are able to set aside time at work to study. Team members are able to provide feedback to improve services.

Inspector's evidence

The pharmacy team consisted of two part-time pharmacists, one full-time newly qualified pharmacy technician who was not yet registered, two part-time dispensing assistants and one apprentice. The pharmacy could ask three pharmacy students and a dispensing assistant who sometimes helped out if they were free to cover staff absences. The pharmacy shared a delivery driver with other branches. The PM explained that there was a 30-hour staff vacancy for which the pharmacy was trying to recruit. The PM had requested booking a locum dispenser to cover some upcoming team annual leave.

The pharmacy team had been completed training required by the pharmacy quality scheme (PQS) including risk assessment, 'lookalike and soundalike' (LASA) medicines, inhaler technique, infection prevention and control and health inequalities. Most members of the pharmacy team had completed accredited training relevant to their roles. They worked well together. So, people were served quickly, and their prescriptions were processed safely. The RP supervised and oversaw the supply of medicines and advice given by the pharmacy team. The pharmacy had a sales protocol to follow when selling over-the-counter (OTC) medicines. And members of the team knew when they should refer requests to a pharmacist. All team members had access to training topics by logging into 'myLearn' which was provided by the pharmacy's head office. The team had protected learning time at the pharmacy when their workload permitted. The team member appraisals were due to take place to monitor performance and identify training needs. Because of work patterns, it was difficult to assemble all the team members, but the PM communicated via WhatsApp and spoke to the team members individually. They could make suggestions on how to improve the pharmacy and its services. They knew who they should raise a concern with if they had one.

Principle 3 - Premises ✓ Standards met

Summary findings

The registered pharmacy is generally clean, secure and suitable for the provision of healthcare. Its premises effectively protect the privacy of people using its services and prevent unauthorised access to the pharmacy when it is closed. So, it keeps its medicines and people's information safe. The pharmacy team has put measures in place to help protect people from COVID-19 infection.

Inspector's evidence

The pharmacy had a wide door which opened automatically. The retail public area of the pharmacy's premises was bright, generally clean and well presented. And there were marks on the floor so people knew where they could stand and be two metres apart. The dispensary was small with limited space, but the team kept the workbenches as clear as possible to improve workflow. The consultation room protected patient privacy and it was spacious but cluttered in places detracting from its professional image. The pharmacy displayed its chaperone policy. The room used as the office and staff area at the back of the storage area of the pharmacy had pharmaceutical waste bins and confidential wastepaper bags stacked in the middle of the floor awaiting collection by the contractors. Removal of both types of waste would free up space. The room for preparing compliance aids was well organised and tidy. There were measures in place to make sure the pharmacy and its team didn't get too hot. Members of the pharmacy team were responsible for keeping the pharmacy's premises clean and tidy.

Principle 4 - Services ✓ Standards met

Summary findings

People with a variety of needs can easily access the pharmacy's services. The pharmacy's working practices are generally safe and effective. It obtains its medicines from reputable suppliers, and the pharmacy team members makes sure that medicines are stored securely at the right temperature so they can show the medicines are safe to use. Team members give people helpful advice about where they can get other support. And they make sure people have all the information they need to use their medicines properly. The pharmacy keeps records of the checks it makes in response to drug alerts and recalls to keep people safe.

Inspector's evidence

The pharmacy had an automated door but a step meant that there was not level access at the front door. The pharmacy had another signposted entrance at street level so people with mobility issues could enter the pharmacy. The pharmacy team tried to make sure people could use the pharmacy's services. They could speak in Spanish, Hindi, Gujarati, Punjabi and Arabic to assist people whose first language was not English. And they could print labels in a larger font so they were easier to read. The pharmacy had a notice that told people when it was open. And it displayed other notices telling people about some of the services the pharmacy offered. Public information was displayed telling people about quitting smoking and advice about coronavirus. The pharmacy had seating for people to use if they wanted to wait. Members of the pharmacy team were helpful. And they signposted people to another provider if a service wasn't available at the pharmacy.

The pharmacy provided a supervised consumption service although there were not any clients at the time of the visit. The pharmacy team was trained and receiving referrals via PharmOutcomes for the community pharmacist consultation service (CPCS). The pharmacy team had received an up-to-date SOP and patient group direction (PGD) to administer the Saxenda injection for the weight management service. For the PQS, the pharmacy was due to conduct the anticoagulant audit after completing the asthma audit. The pharmacist offered people the new medicines service consultation with a follow up by telephone. As part of the winter health campaign, the pharmacy had administered flu vaccinations which were mostly for NHS patients and reported on PharmOutcomes to inform the person's doctor.

The pharmacy provided a delivery service to people who couldn't attend its premises in person. And it kept an audit trail for the deliveries it made to show that the right medicine was delivered to the right person. The pharmacy used a disposable system for people who received their medicines in compliance aids. The pharmacy team checked whether a medicine was suitable to be re-packaged. It provided a brief description of each medicine contained within the compliance aids and patient information leaflets. So, people had the information they needed to make sure they took their medicines safely. The team member who managed the compliance aids service kept related information in folders such as referrals through the discharge medicines service. Members of the pharmacy team could identify which of them had prepared a prescription. And they marked some prescriptions to highlight when a pharmacist needed to speak to the person about the medication they were collecting. There was a procedure for dealing with outstanding medication. The RP was aware of the valproate pregnancy

prevention programme. And she knew that girls or women in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. The pharmacy had a folder of valproate educational materials. The RP explained advice and warning cards to give people who were taking medicines which had to be monitored.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept most of its medicines and medical devices in their original manufacturer's packaging. The dispensary was generally tidy. The pharmacy team checked the expiry dates of medicines when dispensing them as part of the final check. No date-expired medicines were found in a random check of stock. And they recorded when they had done a date-check. The pharmacy stored its stock, which needed to be refrigerated, between two and eight degrees Celsius. And it stored its CDs, which weren't exempt from safe custody requirements, securely. The pharmacy had procedures for handling the unwanted medicines people returned to it. And these medicines were kept separate from stock in pharmaceutical waste bins. The pharmacy had a procedure for dealing with alerts and recalls about medicines and medical devices. And the PM described the actions they took and demonstrated what records they kept when the pharmacy received a concern about a product.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it offers. The pharmacy uses its equipment appropriately so that it keeps people's private information safe.

Inspector's evidence

The pharmacy had a plastic screen on its counter. And people followed the floor markings so they were two metres apart. The pharmacy had hand sanitisers for people to use. And it had the personal protective equipment its team members needed. The pharmacy had stamped glass measures for use with liquids, and some were used only with certain liquids. The pharmacy's head office organised PAT testing for equipment. The pharmacy team had access to up-to-date reference sources. The pharmacy had a refrigerator to store pharmaceutical stock requiring refrigeration. And its team regularly checked the maximum and minimum temperatures of the refrigerator. Confidential wastepaper was collected for shredding. The pharmacy restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. And its team members used their own NHS smartcards.

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.