

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, 195 London Road, READING, Berkshire, RG1 3NX

**Pharmacy reference:** 1028982

**Type of pharmacy:** Community

**Date of inspection:** 07/10/2019

## Pharmacy context

A Lloyds pharmacy located on a busy high street in the centre of Reading. 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 aids for those who may have difficulty managing their medicines at home. The pharmacy provides a supervised consumption service, an emergency hormonal contraception service, a flu vaccination service and a local delivery service.

## Overall inspection outcome

### Standards not all met

**Required Action:** Improvement Action Plan

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
<b>1. Governance</b>	Standards not all met	1.1	Standard not met	The pharmacy is not following many of its own procedures and as a result is not adequately assessing or managing the key risks to patient safety.
		1.2	Standard not met	The pharmacy does not keep adequate records of the mistakes it makes, and it does not review or learn from them.
		1.6	Standard not met	The pharmacy's records for assuring the safety of its services are inadequate and incomplete.
<b>2. Staff</b>	Standards not all met	2.1	Standard not met	The pharmacy does not have enough staff members to deliver the workload in a safe and effective manner.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards not all met	4.3	Standard not met	The pharmacy cannot provide sufficient assurance that all of its medicines are safe for people to take. The pharmacy is not recording the fridge temperatures on a daily basis and does not have the most up to date drug alerts from the MHRA.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance Standards not all met

### Summary findings

The pharmacy is not working in a sufficiently safe and effective manner. As a result, it is unable to satisfactorily manage all the risks associated with its services. It does not record all its near misses or errors, so it may be missing opportunities to prevent similar mistakes happening again in the future. Although it does keep most of the records that it needs to by law, it does not check their accuracy regularly enough. This may make it harder to easily detect and correct any discrepancies. Its team members do understand their role in protecting vulnerable people, and they generally keep people's private information safe

### Inspector's evidence

Standard operating procedures (SOPs) were in place for the dispensing tasks and were updated every two years. The team had signed the SOPs to say that they had read and understood them. Staff roles and responsibilities were described in the SOPs. A certificate of public liability and professional indemnity insurance from the NPA was on display in the dispensary and was valid until the end of June 2020 when it would be renewed.

A near miss log was present in the pharmacy but was not used regularly by the pharmacy team. Entries did not all include the reasons why errors had occurred and any action the team had taken to prevent a recurrence making it difficult for the pharmacy team to fully review the mistakes. The team explained that the near misses would normally be reviewed, but due to current staffing issues, they had not been able to review or analyse their incidents properly.

The pharmacy team carried out a Root Cause Analysis following significant dispensing incidents or where the pharmacist deemed it appropriate. Examples of previous analyses were seen in the 'Safer Care' logbook. The company had a 'Safer Care' process showing how the team analysed anything in the pharmacy affecting patient safety. But the team explained that they had not been able to complete this for a very long time due to the issues with staffing.

There was a complaints procedure in place and staff were clear on the processes they should follow if they received a complaint. The team carried out an annual Community Pharmacy Patient Questionnaire (CPPQ) and the results of the survey from 2018 were positive and displayed on the nhs.uk website, but they did not have the results for the 2019 survey.

Records of controlled drugs and patient returned controlled drugs were complete and mostly accurate. A sample of Zomorph 30mg capsules was checked for record accuracy and was seen to be incorrect due to an arithmetical error. The controlled drug register was not checked regularly. The pharmacy held an accurate and up to date responsible pharmacist record, and the responsible pharmacist notice was displayed in the pharmacy where patients could see it. However, on entry into the pharmacy, the responsible pharmacist notice was not correct. The maximum and minimum fridge temperatures were not recorded daily but the main dispensary fridge was seen to be in range. However, on inspection of the fridge at the back of the dispensary, the maximum and minimum temperatures were seen to be out of range. The private prescription records were completed electronically. Most specials records were complete with the required information documented.

The computers were all password protected and the screens were not visible to the public. Confidential

information was stored away from the public and conversations inside the consultation room could not be overheard. There were cordless telephones available for use and confidential waste paper was collected in confidential waste bags which were removed for destruction. The pharmacy had a cage in the garden area which was shared with the flats above. However, the cage was unlocked, and the pharmacy stored waste in the cage which included packaging of waste medicines, including those that had been returned. But most of the examined waste was seen to have had the confidential information removed. The team had an information governance policy in place which had been signed by them and they had completed GDPR training. The pharmacy had also completed the Data Security and Protection Toolkit. The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children. Team members explained that they were aware of things to look out for which may suggest a safeguarding issue. They were happy to refer to the pharmacist if they suspected a safeguarding incident. They were all Dementia Friends and had completed this learning online.

## Principle 2 - Staffing Standards not all met

### Summary findings

The pharmacy does not have sufficient staff members to complete routine tasks and activities. Team members have access to training materials to ensure that they have the skills they need, but due to staff shortages, they are not always able to complete training or always manage their workload effectively. Pharmacy team members feel able to make their own decisions and they work well together.

### Inspector's evidence

During the inspection, there was one newly qualified pharmacist, and two members of the team who were completing the combined medicine counter assistant and dispensing course. Staff were seen to be working well together and supportive of each other. However, the pharmacist explained that they were down on 60 hours of staffing a week. The previous non-pharmacist store manager who worked 40 hours per week had left and had not yet been replaced and a member of staff who worked 20 hours a week was regularly not at work. The pharmacist explained that she did not feel that with the current staffing profile, she could keep up with the pharmacy workload and ensure that she was completing all jobs well. The team explained that they often received assistance from other stores, but it wasn't enough to help them finish all their work to the required standard. Staff performance was monitored using the 'My Pad' system. However, this had not been completed recently. One of the trainee dispensers explained that when she first started, the team members would have half an hour of training in the pharmacy every week. However, since the staffing had changed, the team had not completed any training as they were trying to keep up with the dispensing.

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 explained that they were able to raise any concerns they had instantly with the pharmacist or the area manager. There was also a whistleblowing policy in place which the team members were aware of and happy to use if required.

The pharmacy team explained that they were able to raise anything with one another whether it was something which caused concern or anything which they believed would improve service provision. There were targets in place, but the team explained that they would never compromise their professional judgement for business gain.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are generally suitable for its services, but they are cluttered and untidy which may increase the chance of mistakes happening. Pharmacy team members use a private room for sensitive conversations with people and the pharmacy is secure when closed.

### Inspector's evidence

The pharmacy was based on the ground floor of the building and included a retail area, medicine counter, dispensary, consultation room and staff bathrooms. The pharmacy also shared an outdoor area at the back of the building with the flats above. The dispensary was very cluttered and untidy. Medicines were stored on the shelves in an untidy and disorganised manner. The ceiling in the dispensary was discoloured and looked like there had been a leak and the back areas were not clean.

The team explained that they usually cleaned the pharmacy as they worked, but they had very little time to clean it properly due to the lack of staffing support. The pharmacist explained that she often stayed behind in the evenings to clean the pharmacy, but she could not do this regularly. The products for sale around the pharmacy area were healthcare related and relevant to pharmacy services. The ambient temperature was suitable for the storage of medicines and regulated by an air conditioning system. Lighting throughout the store was appropriate for the delivery of pharmacy services. 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 small but included seating, some storage and a computer with the PMR.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy cannot give adequate assurance that all its medicines are safe for people to take. Although it gets its medicines from reputable sources, it does not satisfactorily record the temperatures of both of its fridges and it is not keeping sufficiently up to date with its drug alerts. But the pharmacy does ensure that its services are accessible to people with different needs.

### Inspector's evidence

Pharmacy services were displayed in the window of the pharmacy. There was a range of leaflets available to the public about services on offer in the pharmacy and general health promotion in the consultation room. There was small lip at the entrance of the pharmacy, but the team explained that this did not seem to cause much difficulty to people trying to enter the pharmacy and they would always assist anyone struggling to get in. The pharmacy provided a delivery service for housebound patients and patients who had difficulty accessing the pharmacy. There was also seating available should people require it when waiting for services. The pharmacy sent some of its prescriptions away to the company's off-site dispensary to try and reduce its workload. But team members explained that these prescriptions still required accurate entry and reconciliation on their return. Queues in the pharmacy built up very quickly, but team members explained that they could not do much about this as they required one dispenser and one pharmacist to dispense while the other trainee looked after the counter.

The pharmacy team prepared multicompartiment compliance aids for domiciliary patients. The compliance aids were seen to include accurate descriptions of the medicines inside, but they were not always supplied with patient information leaflets every month. The pharmacist explained that she had created a schedule for the compliance aids as there wasn't one when she started, and she often had to prepare the backing sheets after the tray was dispensed as the trainee dispenser did not know how to prepare them. The team was aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were taking valproates. And team members had checked the PMR to see if they had any patients in the at-risk group. The pharmacist explained that she asked patients taking warfarin for their yellow books to check their blood test results, but the details of this were not always recorded on the PMR. Dispensing labels were routinely signed to indicate who had dispensed and who had checked a prescription.

The pharmacy was not yet compliant with the European Falsified Medicines Directive (FMD), but the company was rolling this out across all its pharmacies slowly. The pharmacy obtained medicinal stock from AAH and Alliance. Invoices were seen to verify this. Date checking was carried out every three months and the team highlighted items due to expire with coloured stickers.

There were denaturing kits available for the destruction of controlled drugs and designated bins for the disposal of waste medicines were available and seen being used for the disposal of medicines returned by patients. The team also had a separate bin designated for the disposal of hazardous waste. The pharmacy had two fridges, but the temperatures of these were not regularly recorded and one fridge was examined twice during the inspection and seen to be out of range on both occasions. The CD cabinets were appropriate for use and secured well to the wall of the dispensary in accordance with regulations. Expired, patient returned CDs and CDs ready to be collected were segregated from the rest of the stock. MHRA alerts came to the team via email and they were actioned appropriately. The team

kept an audit trail for the MHRA recalls and had recently actioned a recall for aripiprazole solution but had not seen the recalls which were most recent. The recall notices were printed off in the pharmacy and annotated to show the action taken.



## 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 clean crown-stamped measures available for use, including 100ml and 10ml measures. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters.

Up-to-date reference sources were available such as a BNF, a BNF for Children, and a Drug Tariff as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources and the team could also access the NPA Information Service and could call their Superintendent's office or Regional Manager for assistance. The computers were all password protected and conversations going on inside the consultation room 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.