

Registered pharmacy inspection report

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

Pharmacy reference: 1028982

Type of pharmacy: Community

Date of inspection: 09/09/2020

Pharmacy context

This is a community pharmacy on a busy main road in the centre of Reading. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. It also dispenses some medicines in multi-compartment compliance packs for people who find it difficult to manage their medicines at home. The pharmacy offers Medicines Use Reviews (MURs), the New Medicine Service (NMS), a weight loss and flu vaccination service as well as a local delivery service. The inspection was undertaken during the COVID-19 pandemic.

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 is operating safely and is complying with the company's policies. It has appropriate systems in place to identify and manage the risks associated with its services. This includes the risks from COVID-19. Members of the pharmacy team regularly monitor the safety of their services. They record their mistakes and learn from them. And they understand their role in protecting the welfare of vulnerable people. The pharmacy suitably protects people's private information. It also maintains its records as it should.

Inspector's evidence

The pharmacy's internal processes and procedures had significantly improved since the last inspection. The pharmacy was organised, clean and tidy. It had a range of documented standard operating procedures (SOPs) that had been updated recently. They provided guidance on how to carry out tasks correctly. Staff were now routinely working in line with the SOPs. Team members knew their roles and responsibilities and had designated tasks. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

The pharmacy also had systems in place to identify and manage risks associated with its services. This included limiting the spread of infection from COVID-19. The premises had been modified (see Principle 3). A poster was on display asking people to wear a mask upon entering. The team had been provided with personal protective equipment (PPE) and staff were wearing masks at the time of the inspection. Hand sanitisers were present in the dispensary for staff to use. The pharmacy was cleaned daily. Risk assessments for COVID-19, including occupational ones for the team had been completed. The responsible pharmacist (RP) was aware of the requirement to report any cases of staff contracting COVID-19 during work. Information about coronavirus was also on display.

The company's 'Safer Care' processes were now being adhered to. One member of staff was the designated 'Safer Care' champion. Workbooks and case studies had been completed. The 'Safer Care' board was up to date. Staff had been routinely recording their near miss mistakes. They were reviewed every month and the results were shared with the team. Medicines that had been involved in errors or were similar in packaging or name were identified, highlighted and separated. Details about how people could raise concerns and the last survey results from 2019 were on display. The RP described no issues being seen. During the early stages of the pandemic, queues had built up outside but this was no longer the case. No queues were observed during the inspection.

The pharmacy had policies to protect people's confidential information and for safeguarding vulnerable people. Staff had read and signed them. They had been trained on both areas and could recognise signs of concern. Staff knew who to refer to in the event of a concern. Confidential information was protected. There were no sensitive details that could be seen from the retail space. Confidential material was stored and disposed of appropriately. This included confidential waste. This was stored inside separate containers which were then disposed of by the company. Computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions.

The pharmacy's records were compliant with statutory and best practice requirements. This included a section of the electronic RP record seen, records of unlicensed medicines, private prescriptions and a

sample of registers seen for controlled drugs (CDs). On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. The pharmacy's professional indemnity insurance arrangements were through the National Pharmacy Association and due for renewal after June 2021. Records verifying that fridge temperatures had remained within the required range had largely been completed.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The pharmacy's team members are suitably trained or undertaking the appropriate training. The company provides them with ongoing resources to keep their knowledge and skills up to date. And the team has worked hard to make the pharmacy more organised.

Inspector's evidence

The pharmacy's staffing profile included the regular RP, two trained dispensing assistants and one trainee member of staff who had both counter and dispensing duties. The latter was enrolled onto accredited training for these roles. There was also a part-time, trained dispensing assistant who provided cover as contingency.

The team was up to date with the workload. The pharmacy had enough staff to manage its volume of dispensing. Staff were observed to work well together and required little direction from the RP. They felt confident to raise concerns. The RP explained that the team had worked tirelessly since the last inspection to ensure standards were being met. The dispensary had been rearranged. This included organising the pharmacy's paperwork and rearranging how medicines were stored. This had made the pharmacy's internal processes more organised. The retail space had also been re-planogrammed. The RP described building a rapport and relationships with the team during this period.

Counter staff used an established sales of medicines protocol and asked people relevant questions before over-the-counter (OTC) medicines were sold. They referred to the pharmacist appropriately. Staff in training described completing their course material at home. The company provided online resources for the team to use as ongoing training although not all members of the team appeared to be up to date with this.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are largely suitable to deliver healthcare services safely and effectively. The pharmacy has introduced measures to help reduce the spread of COVID-19 inside its premises. Its team members keep most parts of the pharmacy suitably clean. And it has a separate space where confidential conversations or services can take place.

Inspector's evidence

The pharmacy's premises consisted of a medium sized retail space and dispensary. The former held a signposted consultation room with lockable cabinets. This was small but of an appropriate size for its purpose. The dispensary led to the staff toilets and back area. It was screened so that prescriptions could be prepared in private. The pharmacy was clean. Its workspaces were free of clutter and it was professional in its appearance. Fixtures and fittings were somewhat dated but still functional. Lighting and ventilation inside the pharmacy was suitable. However, the staff toilets could have been cleaner. There was also no hot water available in the dispensary with staff describing tepid or lukewarm water in the toilets. The RP was advised to report this to the company's maintenance department.

The pharmacy had been modified to help with the pandemic. A one-way system was in place with markers on the floor to highlight where people could stand. This meant that people were always two metres away from one another which helped ensure people could socially distance. The size of the retail space meant that about three or four people could be present at any one time. A screen had also been positioned in front of the medicines counter as a barrier.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely. It has organised processes and appropriate records in place. This helps it to deliver and manage its services effectively. People with different needs can easily access the pharmacy's services. The pharmacy obtains its medicines from reputable sources. It stores its medicines suitably and manages them well. So the medicines it supplies are safe for people to use.

Inspector's evidence

People could enter the premises from the street although there was a small step here. This did not prevent people with wheelchairs or restricted mobility from entering the pharmacy. A ramp was also available if needed. Two seats were present for people waiting for their prescriptions. They were placed away from each other to help with social distancing. Staff used written details or representatives to help communicate with people who had different needs.

The pharmacy's services were organised. There were various noticeboards in the dispensary about daily tasks, deliveries and schedules for when the multi-compartment compliance packs were due. They had been created in-house and helped keep the team on top of routine tasks. The pharmacy also advertised its services. A selection of leaflets highlighting them or promoting health were on display and there was a poster providing details about the flu vaccination service. The latter was being managed through appointments. The RP had been appropriately trained on vaccination techniques and resuscitation in the event of an emergency. Suitable equipment was present such as a sharps bin and adrenaline in the event of a severe reaction to the vaccine. This helped to ensure that the service was provided safely. The service specification and patient group direction (PGD) to authorise this were readily accessible and had been signed by the RP. Before vaccinating, risk assessments were completed, relevant details were checked, and informed consent obtained.

The RP had completed the necessary training to provide the weight loss service. The relevant paperwork to authorise this and provide guidance (PGD and SOPs) were readily accessible. There had been limited uptake of this service. People using this service were provided with a demonstration of how to use the pre-filled device, their consent to inform their GP was obtained and ongoing telephone consultations took place. This helped ensure people using the service were monitored, counselled appropriately and were aware of the titrating dose involved. The pharmacy had also completed the required number of MURs for the year. They had been undertaken during the pandemic. The RP explained that because the pharmacy's footfall had been low, this service had been manageable. She could spend more time with people to help them to understand their medicines.

The pharmacy provided compliance packs to people. The person's GP set this up for them. The pharmacy ordered prescriptions on behalf of people for this service and specific records were kept for this purpose. Any queries were checked with the prescriber and the records were updated accordingly. Descriptions of the medicines inside the packs were provided and patient information leaflets (PILs) were routinely supplied. Staff were aware of the risks associated with valproates and there was literature available to provide to people at risk. The pharmacy's driver delivered people's medicines to them and the team kept records about this service. Contactless deliveries were being made due to COVID-19 and the driver signed on people's behalf once they had successfully delivered their medicines to them. Failed deliveries were brought back to the pharmacy, notes were left to inform people about

the attempt made and medicines were not left unattended.

The pharmacy was no longer providing dispensing services off-site. This had not impacted on the workload according to staff. The workflow involved prescriptions being prepared in one area, the RP checked medicines for accuracy from another section and a designated space was used to assemble and store compliance packs. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer. Once staff generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process. Team members routinely used these as an audit trail.

The pharmacy used licensed wholesalers such as AAH and Alliance Healthcare to obtain medicines and medical devices. The pharmacy was not yet set up to comply with the decommissioning process under the European Falsified Medicines Directive (FMD). CDs were stored under safe custody. The team date-checked medicines for expiry regularly and kept a schedule of when this had happened. Short-dated medicines were identified. No date-expired or mixed batches of medicines were seen. Medicines returned for disposal, were accepted by staff and stored within designated containers. Drug alerts were received by email and actioned appropriately. Records were kept verifying this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. Its equipment is clean. And the pharmacy takes extra precautions to help reduce the spread of infection when people use its facilities.

Inspector's evidence

The pharmacy had a suitable range of equipment and facilities. This included current versions of reference sources, a range of clean, standardised conical measures for liquid medicines, counting triangles, a legally compliant CD cabinet and a fridge. The dispensary sink for reconstituting medicines was clean. The consultation room was cleaned before and after being used for services due to the risks associated with the pandemic. Computer terminals were positioned in a manner that prevented unauthorised access. Staff usually took their NHS smart cards home overnight. The pharmacy had cordless telephones so that private conversations could take place if required.

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.