

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 2A Tylers Place, Pottery Road, Tilehurst, READING, Berkshire, RG30 6BW

Pharmacy reference: 1028993

Type of pharmacy: Community

Date of inspection: 06/11/2019

Pharmacy context

A Lloyds pharmacy located in a residential area of Reading opposite a doctor's surgery. 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, a flu vaccination 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's working practices are safe and effective. Team members record and review their mistakes to help reduce the risk of them happening again. The pharmacy keeps all the records that it needs to by law and it keeps people's information safe. Team members help to protect vulnerable people.

Inspector's evidence

Near misses were recorded in a log held in the dispensary. Any near misses were highlighted to the team member who made the error, and the pharmacist then asked them to look at it again, change it and then record it. However, the near miss log did not include a lot of detail to explain why the incidents had occurred. The pharmacy team carried out a Root Cause Analysis following significant dispensing incidents. 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. The team completed a 'Safer Care' checklist on a weekly basis to ensure the team have the right environment, people and processes to deliver a safe pharmacy service. Examples of previous 'Safer Care' checklists were seen. Anything identified in the 'Safer Care' checklists or with the near misses was discussed in a monthly meeting and also highlighted on a 'Safer Care' notice board displayed in the dispensary. The current information on the board included the team highlighting the Look Alike Sound Alike (LASA) medicines.

The dispenser explained that the team held a meeting every month to discuss all the incidents recorded in the near miss log and any dispensing errors as well as any other issues which the team needed to be aware of that may impact on safety of their work. There was a clear and logical workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches. Multicompartiment compliance aids were prepared in a dedicated area at the back of the pharmacy to prevent distractions. 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 they had read and understood them, and staff roles and responsibilities were described in the SOPs. A certificate of public liability and professional indemnity insurance was available and was in date. There was a complaints procedure in place and the 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 latest survey were positive and displayed on the nhs.uk website and in the pharmacy for patients to see.

Records of controlled drugs and patient returned controlled drugs were complete and accurate. A sample of MST 10mg tablets was checked for record accuracy and was seen to be correct. The controlled drug register was maintained, and the pharmacist checked the running balance every week. The maximum and minimum fridge temperatures were recorded electronically daily and were in the 2 to 8 degrees Celsius range. The pharmacy held an electronic responsible pharmacist record, and the responsible pharmacist notice was displayed in the pharmacy where patients could see it. The private prescription records were completed with all required information in a prescription book, and the 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 bins which were removed by the company for destruction. Information Governance (IG) practice was reviewed annually in the pharmacy against the requirements and the team members had completed GDPR training. The pharmacy had also completed the Data Security and Protection Toolkit. All members of staff who worked in the pharmacy had signed a confidentiality agreement. 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 and they held the contact details for the local safeguarding authorities in the pharmacy. They were happy to refer to the pharmacist if they suspected a safeguarding incident and they had completed the Dementia Friends learning online.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services safely. Team members have access to training materials to ensure that they have the skills they need. Pharmacy team members make decisions and use their professional judgement to help people. Team members can share information and raise concerns to keep the pharmacy safe.

Inspector's evidence

During the inspection, there was one pharmacist, one trainee technician, three dispensing assistants and two medicines counter assistant. The pharmacist stated that he had double pharmacist cover for six hours on a Thursday, and the pharmacist who covered would normally check the multi-compartment compliance aids. The staff had completed accredited training and certificates of completed training were displayed in the consultation room. The staff were seen to be working well together and supporting each other during busy periods in the pharmacy.

The company had on-going training called My Learn but the team members explained they did not have much time to complete these training modules during their working hours because the pharmacy was very busy. 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 for MURs and NMS, but the team explained that they would never compromise their professional judgement for business gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, tidy and well maintained. The pharmacy has a private consultation room which is used regularly. The pharmacy is secure when it is closed.

Inspector's evidence

The pharmacy was based on the ground floor of the building and included a large retail area, medicine counter, dispensary and a consultation room. The pharmacy also had a stock room, staff room and staff bathrooms. The pharmacy had two entrances; one from the main road and one which was closer to the local surgery. The pharmacy was clean, tidy and well presented. The dispensary was large enough for the workload in the pharmacy and work benches were generally clean, tidy and clutter free.

The pharmacy was professional in appearance and products for sale around the pharmacy area were healthcare related and relevant to pharmacy services. Team members explained that they cleaned the pharmacy between themselves daily and one of the counter assistants was vacuuming the floor during the inspection. The ambient temperature was suitable for the storage of medicines and lighting throughout the pharmacy was appropriate for the delivery of pharmacy services. Medicines were stored on the shelves and in drawers in a suitable manner.

The dispensary was screened to allow for the preparation of prescriptions in private and the consultation room was signposted as being available for private conversations. Conversations in the consultation room could not be overheard. The consultation room was located behind the medicines counter, could be locked and included seating, storage and a computer with the PMR. The computer in there was not password protected during the inspection and the sharps bins were on the filing cabinet. However, there was always a member of staff on the medicines counter and they explained that people would not normally walk behind the counter.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and manages medicines safely, and so makes sure that the medicines it supplies are fit for purpose. The pharmacy responds satisfactorily to drug alerts or product recalls so that people only receive medicines or devices which are safe for them to take.

Inspector's evidence

Pharmacy services were displayed by the entrances and in the practice leaflet. 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 and by the waiting area. There was step-free access into the pharmacy and there was also seating available should people require it when waiting for services.

The pharmacy team prepared multi-compartment compliance aids for domiciliary patients. The compliance aids were seen to include accurate descriptions of the medicines inside and they were supplied with patient information leaflets (PILs) every month. 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 the team had checked the PMR to see if they had any patients in the at-risk group. The pharmacist explained that if someone was taking warfarin, he would ask if they were having regular blood tests and if they were aware of their dose. If there was any confusion, the pharmacist stated that he would contact the patient's surgery to clarify. However, details of this were not recorded routinely on the patient's records. Dispensing labels were 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 they had a scanner in place. The team explained that the company was rolling out the FMD software to all branches. The pharmacy obtained medicinal stock from AAH and Alliance. Invoices were seen to verify this. The pharmacy was date checked every three months and the team highlighted items due to expire with yellow stickers and kept a record of items which were due to expire. 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 CD cabinets were appropriate for use and well secured in accordance with the 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 ranitidine. 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 equipment it needs for the delivery of its services. It looks after this equipment to ensure it works and is accurate.

Inspector's evidence

There were several clean crown-stamped measures available for use, including 600ml, 100ml, 50ml, 25ml 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. 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.