

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 417-419 Bath Road, Cippenham, SLOUGH, Berkshire, SL1 5QL

Pharmacy reference: 1029013

Type of pharmacy: Community

Date of inspection: 14/08/2019

Pharmacy context

This is a community pharmacy located alongside other local shops on a main road in a suburban area of Slough. The pharmacy mainly supplies NHS prescriptions and sells a range of over-the-counter medicines. It provides several other NHS services including Medicines Use Reviews (MURs), the New Medicine Service (NMS), and substance misuse and needle exchange services. It also offers blood pressure monitoring and diabetes screening.

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	Good practice	2.2	Good practice	Team members are experienced and have the appropriate skills, qualifications and competence for their role and the tasks they carry out.
		2.4	Good practice	The team work well together and there is a clear culture of openness and learning.
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 suitably safe and effective. It protects people's private information and keeps the records it needs to by law. The pharmacy team follows written procedures to make sure it works safely, and it takes steps to manage risks in relation to its services, and the team understands its role in protecting and supporting vulnerable people.

Inspector's evidence

The pharmacy team members were familiar with the company's standard operating procedures (SOPs). These covered all aspects of the business and outlined staff responsibilities. Signature sheets were used to confirm that team members had read, understood and acknowledged the procedures. Some updated SOPs had recently been sent by head office and were in the process of being implemented. Team members were able to explain the changes to processes that had been introduced in the updated versions.

A responsible pharmacist (RP) notice was displayed. Other team members wore uniforms and name badges, so they could be readily identified by people visiting the pharmacy. Team members could clearly explain their role and worked within their competence. They suitably referred to the pharmacist throughout the inspection.

The pharmacy had some risk management processes in relation to dispensing activities. Baskets were used to segregate prescriptions during the assembly process. The pharmacist was rarely required to self-check, and dispensing labels were initialled by team members involved in the assembly and checking process, which assisted with investigating and managing mistakes. There was an incident reporting process and the pharmacist explained the actions that he would take if a dispensing incident was identified. Incidents were also reported to the superintendent. Near misses were discussed by the team at the time and a record was kept indicating learning outcomes. Regular patient safety reviews were completed identifying any key risks and trends, and these were shared and discussed with the team. Team members gave examples of action they had taken to prevent mistakes happening such as highlighting unusual medicines or different forms on prescriptions, so other team members were aware. The company circulated additional patient safety information and case studies which the team felt were useful when considering potential risks.

There was a complaints procedure, but this was not advertised, so people may not always be aware of how they can raise a concern. Complaints were dealt with by the store manager in the first instance but could be escalated to head office if needed. The manager said most issues were resolved informally and the pharmacy had received generally positive feedback in a patient satisfaction survey completed earlier in the year. The results were displayed on a poster in the retail area.

The pharmacy had professional indemnity insurance provided by the NPA. The team used the company's patient medication record (PMR) system to document prescription supplies and maintained all the records required by law, including RP logs, controlled drug (CD) registers, specials records, and private prescription and emergency supply records. Records checked were in order and private prescriptions were filed and retained for two years. CD running balances were maintained and these

were checked against the actual stock on a regular basis. It was noted that single private prescription relating to a supply of a schedule 2 CD had not been submitted for auditing purposes. The team said they rarely dispensed these and agreed to ensure this was actioned.

The pharmacy team members had completed information governance training. They had a clear understanding of confidentiality and data protection. The pharmacist and dispensers had individual NHS smartcards and computer systems were password protected. Confidential material was suitably stored out of public view and paper waste was segregated prior to collection by an authorised waste contractor. Signed consent was usually obtained for any services provided. However, the pharmacy did not have privacy notice or leaflet explaining how the pharmacy used and safeguarded people personal information, in accordance with the General Data Protection Regulation.

The pharmacist was level 2 safeguarding accredited. There was a company safeguarding policy which all team members had read and signed. A chaperone policy was displayed on the consultation room door. Team members were aware of the signs to look for and were Dementia Friends accredited. There was a leaflet with information about sexual exploitation in the pharmacy's health zone. One team member gave an example of a concern which she had reported to the pharmacist.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy has the right staffing level to meet its business needs. Staff are experienced and competent, and team members work well together. The pharmacy provides a supportive environment, so team members are comfortable contributing ideas or raising concerns. And they get regular ongoing training to make sure they keep their skills and knowledge up to date.

Inspector's evidence

On the day of the inspection, the regular store pharmacist was working with two trained dispensers and a pharmacy advisor on the counter. One of the dispensers had recently been appointed as the store manager, and the pharmacy advisor acted as supervisor. The team worked effectively together, and the pharmacy's workload was managed without issue during the inspection. The team reported that they rarely had a backlog of work. Some dispensing was completed off-site at the company's hub, which reduced the workload pressure in the pharmacy. The team said this system generally worked well although it required a lot of administration.

The pharmacy also employed a part-time dispenser who worked in the afternoons, two part-time healthcare assistants who worked on Saturday, and a delivery driver. Leave was planned and organised by the pharmacy manager so only one team member was off at a time. Part-time staff members sometimes worked extra hours to provide cover if needed. The team could contact the regional management team and request additional support if needed. The team worked under the pharmacist's supervision and the supervisor understood what questions to ask when selling over-the-counter (OTC) and pharmacy medicines. She was aware of those OTC medicines which were liable to abuse and required extra vigilance.

All regular team members were experienced, competent and able to work independently. They were trained to complete all tasks including health checks so there was flexible working and effective continuity. One Saturday assistant was completing her pharmacy advisor training, so she could help in the dispensary, and the other was completing a medicines counter assistant course.

The pharmacy manager was completing an NVQ3 qualification. Team members were effectively supported to undertake regular ongoing training and completed skills assessments to confirm their understanding. Each team member had an e-Learning record showing what training had been completed and completion of training was monitored to ensure compliance. Training time could be allocated, so team members could complete it during working hours, but they could also access the system at home if preferred. Team members had annual appraisals when they could discuss their development or training needs. The supervisor and pharmacy manager had progressed to their current role after gaining experience at the pharmacy.

All team members spoke enthusiastically about their work. They had regular team briefings and felt confident contributing ideas or raising concerns with the pharmacist or manager. They could contact the regional management or superintendent's team if needed, and a 'one call' list could be used to contact other teams within the company.

The company set some commercial targets, but the team said these were usually achievable. The pharmacist said he would always put the patient's interests first and did not feel under pressure to meet targets and felt that local circumstances were taken into account if targets were not met.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, safe, secure and spacious enough for the pharmacy's services. The pharmacy has a private consultation room, so members of the public can have confidential conversations.

Inspector's evidence

The pharmacy was situated in a double fronted retail unit. It was bright and professional in appearance. Air conditioning maintained the ambient room temperature. There was a spacious retail area and open plan dispensary. Bench space was quite limited for the volume of dispensing, but work areas were well-organised. A consultation room was accessible from the retail area and could be used for additional services and confidential consultations. It was reasonably spacious and suitably equipped. There was a small waiting area with a couple of seats. There was a small rear stock room which was also used as an office and staff rest area, with WC facilities. Access to this area was restricted to staff only. Due to the lack of space in the dispensary, the stock room was used to store assembled compliance packs and waste medicines. All areas were clean and tidy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible, and it manages them effectively, so people receive appropriate care. It obtains medicines from licensed suppliers, and it carries out some checks to make sure that medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy had step-free access and a push button automated door, and the consultation room was accessible directly from the retail area, so access to services was unrestricted. Opening times were displayed. The pharmacy traded over six days and offered a home delivery service Monday to Friday. There pharmacy displayed a range health promotion literature and leaflets relevant to the services offered, and some signposting material was also available.

The local community was multi-cultural with many Punjabi speaking patients. The team said they sometimes experienced language barriers, but one of the dispensers was Punjabi- speaking which was helpful.

The pharmacy offered a repeat prescription management service where patients had consented, and audit trails ensured prescriptions were ordered and supplied on time. The team reported a good working relationship with the local surgery. There was an audit trail for home deliveries; signatures were usually obtained confirming receipt of medicines. Two of the dispensers were trained to process the prescriptions which were sent to the hub to be dispensed, and there were clear systems in place to show who was accountable for what. Around 60% of the pharmacy's prescriptions were sent to the hub.

Approximately 60 people received their medicines in weekly multi-compartment compliance packs. These were dispensed in the pharmacy and the team managed these effectively and the pharmacy held detailed records for each compliance pack patient. Any medication changes were queried to ensure they were relevant. Packs were suitably labelled and included medication descriptions. The team did not always supply patient information leaflets with packs as some people did not want them, but there was no audit trail confirming this, and there was a risk that some may not receive all the information they required with their medicines.

Addresses were checked when handing out prescription medicines. The team said they made extra checks when people were receiving high-risk medicines such as those taking anticoagulants or methotrexate. Stickers were used to highlight items such as fridge lines, CD prescriptions or when pharmacist intervention was needed. The team were aware of the valproate pregnancy prevention programme and all team members had completed relevant e-Learning issued by the company, and they had the relevant patient leaflets and cards. The pharmacy offered MURs and NMS to support patient compliance. Blood pressure monitoring, and diabetes screening were completed according to protocols and the pharmacist provided additional counselling when necessary. The pharmacy also completed Vitality Health Checks for Prudential on an appointment basis which included cholesterol screening and BMI measurements.

The pharmacist managed the substance misuse service, instalments were prepared in advance.

Concerns or more than three missed doses were reported to the prescriber. Needle exchange was managed to minimise the handling of sharps.

Medicines were obtained from licensed wholesalers. Stock medicines were stored in an orderly fashion in the dispensary and the pharmacy had a basic stock control system to prevent wastage and ensure fast moving lines were always available. Pharmacy medicines were stored behind the counter or in Perspex boxes, so sales could be supervised. The pharmacy had some of the hardware necessary to comply with the Falsified Medicines Directive (FMD). The team members had completed e-Learning modules on FMD, but they were not decommissioning packs so were not compliant. Expiry date checks were completed regularly, and documentation confirmed this. Split packs and short dated stock were marked, and a random check of the shelves found no expired items. Liquid medicines with a limited shelf-life were dated on opening.

Fridge temperatures were monitored to make sure they remained in range. Controlled Drugs were stored in the cabinet, and obsolete CDs were segregated prior to disposal. Patient returned CDs and their destruction were recorded. Designated bins were used to segregate other pharmaceutical and hazardous waste and sharps prior to collection by licensed waste contractors. MHRA alerts and recalls were received by email and checked by the team, and there was a comprehensive audit trail showing recent ones had been received and actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities that it needs to provide its services effectively.

Inspector's evidence

Disposable medicine containers were available, and the pharmacy had measuring and counting equipment for dispensing medicines, including glass measures. The team had access to the internet and the British National Formulaires and Drug Tariff. The dispensary had two computer terminals and an access point in the consultation room. Screens were suitably located so they were not visible to the public or locked out when not in use. Telephone calls could be taken out of earshot of the counter if needed. There was a dispensary sink, a CD cabinet and two medical fridges used for storing medicines. CD denaturing kits were available. The pharmacy has monitors and meters used for health checks. The supervisor explained how these were replaced annually or calibrated regularly to ensure readings were accurate.

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.