

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 28 High Street, Wendover, AYLESBURY, Buckinghamshire, HP22 6EA

Pharmacy reference: 1029074

Type of pharmacy: Community

Date of inspection: 08/03/2022

Pharmacy context

This is a community pharmacy located in the centre of the affluent market town of Wendover, near Aylesbury in Buckinghamshire. The pharmacy dispenses NHS and private prescriptions. It sells over-the-counter medicines, provides advice, local deliveries, and seasonal flu vaccinations. The pharmacy also supplies some people with their medicines inside multi-compartment compliance packs if they find it difficult to take their medicines.

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
1. Governance	Standards not all met	1.1	Standard not met	The pharmacy is not routinely identifying and appropriately managing some risks associated with its services as indicated under the relevant failed standards and Principles below. There is evidence that things have gone wrong because of this.
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards not all met	3.3	Standard not met	The pharmacy's premises are not maintained to a level of hygiene appropriate to the services it provides. Some parts of the pharmacy are dirty. The pharmacy is not being cleaned regularly. This includes the toilets and the handwashing facilities.
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy has compromised the safety of medicines and medical devices due to inadequate management of its medicines. The team has not consistently been checking medicines for expiry. The pharmacy has some date-expired medicines in amongst its stock, short-dated medicines are not identified and the staff cannot show that they have been storing medicines requiring refrigeration at the appropriate temperatures.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy doesn't effectively identify and manage all the risks associated with its services. The pharmacy is not always following its internal processes and there is evidence that things have gone wrong because of this. Members of the pharmacy team generally deal with their mistakes responsibly. But they are not always reviewing them. This means that they could and have missed opportunities to spot patterns and prevent similar mistakes happening in future. But team members understand their role in protecting the welfare of vulnerable people. And the pharmacy protects people's private information appropriately.

Inspector's evidence

The pharmacy was inspected in relation to a concern received. On arrival, a notice was on display at the front door indicating that the pharmacy was struggling with staff shortages. The store manager confirmed this (see Principle 2). This was a busy pharmacy, dispensing a large volume of prescriptions. The team was currently a few days behind with the workload and some routine tasks were not being completed because of the issues with the staffing situation (see below, Principle 3 and 4).

The pharmacy had a range of documented standard operating procedures (SOPs) that had been updated recently. They provided guidance on how to carry out tasks correctly. As most of the team members were relatively new, they were still in the process of reading and signing them. Staff were not currently always working in line with the SOPs (see below, Principles 3 and 4). Team members understood their roles and responsibilities and the correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

The pharmacy had maintained some of its systems to limit the spread of infection from COVID-19. The premises had been modified (see Principle 3). 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. However, the pharmacy was not being cleaned regularly (see Principle 3).

The pharmacy had a process in place to deal with incidents and complaints. The manager, along with the pharmacist handled them. The process involved taking people's details, issuing an apology, rectifying the situation, completing an incident report, and a reflective statement as well as a root cause analysis. There was evidence that once an incident had been brought to the pharmacy's attention, the risks were then being managed appropriately. Staff had been routinely recording their near miss mistakes and they informed each other so that they could learn from them together. However, this was an informal process. The company's 'Safer Care' processes were also not being adhered to. The inspector was told that the team was significantly behind with this. Workbooks and case studies had not been completed since 2021, regular briefings were not taking place and near miss errors were not formally reviewed. As a result of not routinely identifying, assessing, and managing key risks to people's safety from its activities and services, as well as some of the other issues seen, there was evidence that things had gone wrong. People had been supplied the wrong medication and this had caused harm.

The pharmacy had policies to protect people's confidential information and for safeguarding vulnerable people. Newer members of the team were still in the process of reading and signing them, but they had

received adequate training on both areas and could recognise signs of concern. Staff knew who to refer to in the event of a concern and they had access to contact details for the relevant agencies.

Experienced team members and the responsible pharmacist (RP) were trained to level 2 through the Centre for Pharmacy Postgraduate Education (CPPE). The pharmacy team protected people's confidential information. Sensitive details could be seen from the retail space. Confidential material was stored and disposed of appropriately. Confidential waste was stored inside separate containers which were then disposed of by the company. The pharmacy's computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions.

The pharmacy's records were largely compliant with statutory and best practice requirements, except for records relating to stock management. A section of the electronic RP record, records of unlicensed medicines, private prescriptions and a sample of registers were inspected for controlled drugs (CDs). On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Records of CDs that had been returned by people and destroyed at the pharmacy were complete. The pharmacy's professional indemnity insurance arrangements were through the National Pharmacy Association and due for renewal after 30 June 2022. However, records verifying that fridge temperatures had remained within the required range had not been regularly completed (see Principle 4).

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has just about enough staff now to manage its workload adequately. It has a mix of experienced and new members of staff. And they are a sensible team. Although this is work in progress, the company provides the pharmacy's team members with ongoing training resources. This helps to keep their knowledge and skills up to date.

Inspector's evidence

Staff at the inspection included a company employed, relief pharmacist, the store manager and supervisor, both of whom were trained dispensing assistants, and two new members of staff. Of the latter, one had started working at this pharmacy for about three months and was due to be enrolled in the appropriate accredited training and the other's employment started the day before. Other staff included a delivery driver, two part-time, recently trained dispensing assistants who were described as requiring more confidence in their role and two other members of staff. Members of the pharmacy team were wearing name badges.

The pharmacy had no contingency arrangements in place, some staff were off-sick with no cover available. The notice on the door indicated that the pharmacy had staff shortages so that people could bear this in mind when accessing its services. The team was a few days behind with the workload and some routine tasks (as described under other principles) had not been completed. The inspector was told that the pharmacy team was currently firefighting. They had not had a regular pharmacist for several months. The relief pharmacist present on the day of the inspection was being moved to another of the company's pharmacies in the local area and the store manager was currently looking after two other stores in the area. Overall, though, despite some of the issues seen, it was clear that the team and the manager had worked very hard to recover the pharmacy's standards. They were observed to be a sensible, hard-working team, with different levels of experience who assisted each other where possible.

New members of staff had read the appropriate SOPs in line with their activities and were being supervised by experienced staff as well as being trained appropriately. Counter staff knew which activities could or could not take place in the absence of a pharmacist, they asked people relevant questions before medicines were sold over the counter (OTC) and they referred to the pharmacist appropriately. The company provided online resources for the team to use as ongoing training although some team members were still in the process of completing this. They also had a group WhatsApp, to keep them informed.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy's premises are currently unsatisfactory for delivering the level of healthcare services it provides. The pharmacy has maintained some measures to help reduce the spread of COVID-19 inside its premises. And it has a separate space where confidential conversations and services can take place. But parts of the pharmacy are dirty because regular cleaning has not been done. This is not sufficiently safe for people using its services.

Inspector's evidence

The pharmacy was situated in the centre of the town, on the High Street and in a building, which was traditional in its appearance. This was in keeping with other businesses in the local area. The pharmacy's fixtures and fittings had been appropriately maintained. The pharmacy premises consisted of a medium sized retail area and larger dispensary at the rear. There was additional space behind this where compliance packs could be assembled. And the very rear included a large stock room, staff areas, a kitchenette and WC facilities. The pharmacy had modified its premises to help limit the spread of infection from COVID-19. This included a clear barrier in front of the medicines counter and markers on the floor to help with social distancing.

The pharmacy also had a signposted consultation room present in its retail space. This was of an adequate size for its intended purpose and contained appropriate equipment as well as lockable cabinets. However, a sharps bin and packs of adrenaline had been left here, both of which were freely accessible. This was discussed at the time and moved into the locked cabinets when highlighted. The dispensary had enough space to safely dispense and accuracy-check prescriptions. However, some parts of it needed cleaning and were dirty. This included the staff WC and handwashing facilities. The dispensary sink was very rusty. The staff WC's floor was littered with toilet paper and was black with grime and dirt in places. The retail area and parts of the dispensary needed sweeping. The cleaning rota had not been completed since 2021 and staff confirmed that they had not been regularly cleaning the pharmacy. They ensured dispensing benches were clear and clean after they had finished working on them but nothing more. This meant that surfaces were not routinely being wiped clean.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy's team members are not always identifying people who receive higher-risk medicines or making the relevant checks. And it is potentially risking supplying out-of-date prescriptions. The pharmacy doesn't always store and manage its medicines safely. It cannot show that temperature sensitive medicines are stored appropriately and although the pharmacy makes some checks to ensure that medicines are not supplied beyond their expiry date, they are inadequate, and its records are unsatisfactory. But, the pharmacy team is helpful and generally ensures that people with different needs can easily access the pharmacy's services. The pharmacy obtains its medicines from reputable sources. It delivers prescription medicines to people's homes and supplies medicines inside compliance packs in a suitable way.

Inspector's evidence

People could enter the pharmacy from the street through a wide, front door. There was enough space inside the retail space for people with wheelchairs or restricted mobility to use the pharmacy's services. One seat was available in the retail space for people to wait if required. Local car parks and parking spaces were available in the vicinity. Staff explained that they wrote information down to help assist people with different needs, spoke clearly and would take their masks off to help people to lip-read. The team confirmed that the pharmacy only had to close on a few odd days when a locum pharmacist had not arrived.

The pharmacy provided local deliveries and the team kept records about this service. This was currently a contactless service due to the pandemic. Failed deliveries were brought back to the pharmacy, notes were left to inform people about the attempt made and no medicines were left unattended. The pharmacy supplied some people's medicines inside compliance packs once the RP or person's GP had identified a need and liaised about this. 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. The pharmacy team was also in a WhatsApp group with the practice pharmacist so queries could be raised and resolved easily. Descriptions of the medicines inside the packs were provided and patient information leaflets (PILs) were routinely supplied.

Although staff could identify higher-risk medicines and knew to ask about whether people prescribed these medicines were having regular blood tests, they were not routinely identifying prescriptions for these medicines, asking specific and relevant questions about people's treatment nor recording this information. There also appeared to be several out-of-date prescriptions in the prescription retrieval system (from April 2021). Some of these dated prescriptions may have been batch prescriptions, but it was unclear on checking with the manager, whether any relevant checks about why people hadn't collected their medicines had been made. Expired prescriptions for CDs were also present in the retrieval system. Newer members of the team could identify Schedule 2 CDs but not Schedule 4 CDs and they had not always been highlighted to indicate their CD status or 28-day prescription expiry. There was therefore a risk that newer members of the team could have inadvertently handed these medicines out. Team members confirmed that they did not have time to remove date-expired prescriptions or check for this routinely because of the staffing situation.

Staff prepared prescriptions in one area, the RP checked medicines for accuracy from another section and a specific area in the dispensary was currently being used to assemble compliance packs. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. They were also colour coded which helped identify priority. 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. Dispensed fridge and CD medicines were stored within clear bags. This helped to easily identify the contents upon hand-out.

The pharmacy used licensed wholesalers such as AAH and Alliance Healthcare to obtain medicines and medical devices. CDs were stored under safe custody and keys to the cabinets were maintained in a way that prevented unauthorised access during the day as well as overnight. A CD key log to help verify this had been kept but some gaps in this were seen. Medicines returned for disposal, were accepted by staff, and stored within designated containers, except for sharps or needles which were referred appropriately. Drug alerts were received through the company system and actioned appropriately. Records had been kept verifying this.

There were, however, some issues seen with the pharmacy's management of its stock. Short-dated medicines had not been identified. The team had not been regularly checking the stock for expiry for the past several months. The last records of when this had happened were from March 2021. A few date-expired medicines were seen in a sample of drawers checked. Staff confirmed that they had not been undertaking this task but said that they routinely incorporated a date-check of each medicine into their accuracy checks when they dispensed prescriptions. As mentioned in Principle 1, the team had also not been maintaining records to help show that the temperature of the fridges had remained within the required range for the past few months. There were several and sustained gaps in these records.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. And the team ensures they are used appropriately to protect people's private information.

Inspector's evidence

The pharmacy's equipment and facilities were suitable for their intended purpose. This included current versions of reference sources, a range of clean, standardised conical measures for liquid medicines, legally compliant CD cabinets and two pharmacy fridges. The pharmacy had hot and cold running water available. The pharmacy's computer terminals were positioned in a way that prevented unauthorised access and were password protected. The team used cordless telephones for private conversations to take place if required and stored their smart cards appropriately when not in use.

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.