

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: 29/09/2023

Pharmacy context

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

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 appropriately identifies and manages the risks associated with its services. Members of the pharmacy team understand their role in protecting the welfare of vulnerable people. The pharmacy protects people's confidential information appropriately. The pharmacy largely keeps the records it needs to by law. And they have the right processes in place to monitor the safety of their services, by recording mistakes and learning from them.

Inspector's evidence

The pharmacy was inspected very shortly after it had changed ownership. The pharmacy was therefore in the process of undergoing some changes. The inspector noted that in a noticeably short space of time considerable progress had been made. The premises had been extensively cleaned by the new owners and management as well as decluttered. They described spending the past few days since they took over to do this, they had brought in external cleaners and worked until midnight. A steady stream of people were seen to use the pharmacy's services and staff were observed to efficiently manage the queue. The team was currently behind with the workload, but this had been inherited from the previous owner. During the inspection, every member of staff was seen to work tirelessly to improve this.

The pharmacy had a range of electronic standard operating procedures (SOPs) to provide guidance on how to carry out tasks correctly. As most of the team members were from another pharmacy owned by the superintendent pharmacist (SI), they had read and signed the SOPs in their usual place of work. The only existing member of staff was in the process of reading and signing them. Team members understood their roles and responsibilities and the correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

Staff were involved in different processes so one member of the team generated dispensing labels, another prepared and dispensed prescriptions. This helped identify internal mistakes and systems were in place to record as well as learn from near miss mistakes. The pharmacy also had suitable processes to deal with incidents and complaints. The manager, who was the responsible pharmacist (RP), along with the SI handled them. The process involved apologising, rectifying the situation, completing an incident report, identifying the root cause, and feeding back to learn and improve from this.

The pharmacy had policies to protect people's confidential information and to safeguard vulnerable people. Staff were appropriately trained on both; they could recognise signs of concern and knew who to refer to in the event of a concern. Ensuring access to contact details for the relevant agencies was discussed at the time. The RP was trained to level 2 through the Centre for Pharmacy Postgraduate Education (CPPE). The pharmacy team protected people's confidential information. Sensitive details could not be seen from the retail space. Confidential material was stored and disposed of appropriately. Confidential waste was stored separately and due to be shredded. 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 private prescriptions (see below). The former included the electronic RP record, a sample of registers for controlled drugs (CDs), records of CDs that had been returned by people and

destroyed at the pharmacy and records verifying that fridge temperatures had remained within the required range. 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 9 December 2023. However, there were gaps and incorrect details about prescribers documented within the electronic private prescription register. This was discussed during the inspection.

Principle 2 - Staffing ✓ Standards met

Summary findings

Although the pharmacy currently has very few of its own staff to support the volume of workload, it is able to rely on support from one of the owner's other pharmacies. This has helped stabilise the pharmacy in the interim. Team members are appropriately trained. And the owner has resources available for them so that they can complete regular and ongoing training. This keeps their skills and knowledge up to date.

Inspector's evidence

The inspector was aware that before the change of ownership, all but two members of staff had handed in their notice and left employment. One of the former, was on long-term leave and the pharmacy had previously been running on locums. The new owner had therefore, temporarily brought in staff from another of his pharmacies to work alongside the existing trained dispensing assistant. The latter was also trained to work on the medicines counter. The SI confirmed that this arrangement had not impacted on that pharmacy. Staff at the inspection therefore consisted of the RP, who was the pharmacy manager, the SI and three trained dispensers. Their certificates to verify qualifications obtained were not seen but their competence was demonstrated. The SI explained that he was advertising for new staff and contingency would also involve locum dispensers, if required.

Staff were observed to work well together and independently with little direction required from the RP. Counter staff used established sales of medicines protocols and asked people relevant questions before over the counter (OTC) medicines were sold. They referred to the pharmacist appropriately. Medicines which could be abused were also effectively monitored and awareness raised. The SI had resources available for the team to use as ongoing training and team members described being routinely informed of updates. Staff from the owner's other pharmacy said that they had weekly reviews and meetings. This was due to be implemented here.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are suitable to deliver healthcare services safely. Its team members keep the premises suitably clean. And it has a separate space where confidential conversations or services can take place.

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 were adequate. New signs outside the building had been implemented to highlight the pharmacy's name. 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 lockable cabinets. The dispensary had enough space to safely dispense and accuracy-check prescriptions. The ambient temperature inside the premises was suitable for the storage of medicines and the pharmacy was bright and well ventilated. The pharmacy was also clean. Due to the takeover, there were significant gaps in the retail area where there was no stock. This detracted from the overall professional look and feel of the pharmacy on entering the premises but was due to be rectified in due course.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services appropriately. People can easily access the pharmacy's services. The pharmacy obtains its medicines from reputable sources, and its team members keep the appropriate records to verify how its services are being run. The pharmacy also suitably delivers prescription medicines to people's homes and supplies medicines inside compliance packs in a safe 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. A local car park and parking spaces were available in the vicinity. Other than local deliveries and preparing people's medicines inside multi-compartment compliance packs, the pharmacy was not yet offering any additional or enhanced services.

The pharmacy kept appropriate records about the delivery service. 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. All the medicines were de-blistered into the compliance packs with none supplied within their outer packaging. The compliance packs were not left unsealed overnight. Descriptions of the medicines inside the packs were provided and patient information leaflets (PILs) were routinely supplied.

The new owner's process involved identifying people who had been prescribed higher-risk medicines, asking specific and relevant questions about their treatment, and recording this information. Staff were aware of the additional guidance when dispensing sodium valproate and the associated Pregnancy Prevention Programme (PPP). They ensured the relevant warning details on the packaging of these medicines were not covered when they placed the dispensing label on them.

Team members prepared prescriptions in one area, the RP checked medicines for accuracy from another section and a specific, separate area was 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 to obtain medicines and medical devices. Medicines were stored in an organised way. CDs were stored under safe custody. The pharmacy's stock had been date-checked for expiry before the change of ownership and short-dated medicines had been highlighted. Fridge temperatures were checked daily. Out-of-date and other waste medicines were separated before being collected by licensed waste collectors. Medicines which were returned to the pharmacy by people for disposal, were accepted by staff, and stored within designated containers. This did not

include sharps or needles which were referred elsewhere appropriately. Drug alerts were received through the company system and actioned appropriately. Records had been 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. The equipment is suitably clean. And the team ensures they are used appropriately to protect people's confidential information.

Inspector's evidence

The pharmacy's equipment and facilities were suitable for their intended purpose. This included suitable access to reference sources, a range of clean, standardised conical measures for liquid medicines, legally compliant CD cabinets, appropriately operating pharmacy fridges, triangle tablet counters including a separate one for cytotoxic use only. This helped avoid any cross-contamination. The pharmacy had hot and cold running water available. Portable telephones helped conversations to take place in private if required. The pharmacy's computer terminals were password protected and their screens faced away from people using the pharmacy. This helped prevent unauthorised access.

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.