

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, 52 High Street, Princes  
Risborough, AYLESBURY, Buckinghamshire, HP27 0AX

**Pharmacy reference:** 1029075

**Type of pharmacy:** Community

**Date of inspection:** 17/08/2023

## Pharmacy context

This is a community pharmacy located in the centre of the market town of Princes Risborough, in Buckinghamshire. The pharmacy dispenses NHS and private prescriptions. It sells over-the-counter medicines and offers a local delivery service. The pharmacy also supplies several 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy is operating safely. Members of the pharmacy team routinely comply with the company's policies. They regularly monitor the safety of their services by recording their mistakes and learning from them. And the pharmacy suitably protects people's confidential information. It also maintains its records as it should.

### Inspector's evidence

The pharmacy's situation and internal processes had vastly improved since the last inspection. Although there were a few areas for improvement, there were now enough staff to effectively manage the workload, routine tasks were being completed and the pharmacy was organised, clean and tidy. The pharmacy had the required range of standard operating procedures (SOPs). The SOPs provided guidance for the team to carry out tasks correctly and the staff had signed them to verify that they had been read. Team members knew their roles and responsibilities. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

The pharmacy had systems in place to help identify and manage the risks associated with its services. Staff worked efficiently. Prescriptions were first sorted and placed into a basket alphabetically, before being processed. This helped locate people's prescriptions easily if anyone arrived early to collect their medicine(s). Deliveries were also highlighted and prioritised. The dispensary was free of clutter and maintained in an organised way. This included storage of medicines. Team members were involved in different processes so one member of staff generated dispensing labels, one prepared and dispensed prescriptions and another would ensure that owed medicines were checked, item(s) re-ordered and dispensed where possible. Staff also ensured that they were up to date with the workload each day. The team explained that some people's surnames were either the same or similar so to prevent any hand-out mistakes, for these people, addresses on prescriptions were checked and routinely highlighted.

The RP's process to manage dispensing errors which reached people was suitable and in line with the company's procedures. Near miss mistakes were recorded by staff when they occurred, and the company's 'Safer Care' procedures were being followed. Details were discussed and reviewed regularly with the team. In addition, the pharmacy manager used a whiteboard to highlight relevant details such as daily tasks, out of stock medicines and team member's holidays as well as to summarise information from team meetings. The manager explained that there had been no dispensing errors or complaints since her employment commenced. Instead, the pharmacy team now received positive feedback from people who used their services about the timeliness of prescriptions being ready.

The pharmacy's team members had been trained to protect people's confidential information. Confidential material was stored and disposed of appropriately. There were no sensitive details that could be seen from the retail space. Computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions. Whilst some team members could give examples of providing individual care and attention to safeguard vulnerable people, they all required refresher training on this. The RP had been trained to level three. Team members knew who to refer to in the event of a concern and a flow chart to describe the process to take was on display. Contact details for the relevant local agencies were made readily accessible shortly after the inspection and

verified by the pharmacy manager.

The pharmacy's records were compliant with statutory and best practice requirements. This included 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. Records of CDs that had been returned by people and destroyed at the pharmacy were complete and the pharmacy had appropriate professional indemnity insurance in place. Records about emergency supplies and records for private prescriptions had been appropriately completed. Although the documented RP record was largely complete with the odd missing details seen, the records were made up of loose sheets. This meant that the information could potentially be lost, or records inserted inadvertently. Staff explained that they could not access the company's previous electronic system.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. Members of the pharmacy team are suitably qualified for their roles. They understand their roles and responsibilities well.

### Inspector's evidence

Staff at the inspection included a locum RP, a trained dispensing assistant who was also the pharmacy manager and a medicines counter assistant (MCA). The pharmacy was currently locum run with no regular pharmacist. The staffing profile consisted of four dispensing staff, some of whom worked full-time and the MCA. The team was up to date with the workload and the pharmacy had enough staff to manage its volume of dispensing. 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 company previously provided online resources for the team to use as ongoing training and staff had been routinely completing them. However, they were no longer accessible. Using other resources was discussed during the inspection. As they were a small team, meetings and discussions took place regularly and their performance was currently being monitored informally.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are suitable to deliver healthcare services effectively and safely. Its team members keep most parts of 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, in a building, with two floors. The retail space, main dispensary, a small office, and another room which previously contained medicines returned by people for disposal were based on the ground floor. A second dispensary was upstairs where compliance packs were assembled and stored. The staff WC, kitchen, and rest room as well as two stock rooms were also on this floor. Both dispensaries had enough space to assemble, prepare and store prescriptions as well as stock. The pharmacy had a signposted consultation room available for services or private conversations in the retail area. This was of an adequate size for its intended purpose and contained appropriate equipment as well as lockable cabinets. The ambient temperature inside the premises was suitable for the storage of medicines and the pharmacy was bright and well ventilated. The pharmacy was clean except for the staff WC which needed cleaning. This was discussed at the time. The pharmacy was secured against unauthorised access.

## 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 it keeps the appropriate records to verify how its services are being run. But the pharmacy's team members are not making all the checks that they could to help people with higher-risk medicines take their medicines safely.

### Inspector's evidence

People could enter the pharmacy through wide doors at street level and the retail area was made up of some clear, open space. This assisted people with restricted mobility or using wheelchairs to easily enter and access the pharmacy's services. There were also a few seats available for people to use if required. The pharmacy had on-street, car parking spaces available in its vicinity and a local car park available nearby.

The pharmacy's workload involved dispensing prescriptions which were mostly collection-based. The workflow involved prescriptions being prepared by staff in separate areas before the RP checked medicines for accuracy from another section. 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 to highlight priority. After the staff had generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process. Once prescriptions had been assembled, they were stored within an alphabetical retrieval system. Prescriptions for CDs and medicines requiring refrigeration were identified appropriately. Dispensed CDs and temperature-sensitive medicines were also stored within clear bags. This helped to easily identify the contents upon hand-out.

The pharmacy supplied medicines inside multi-compartment compliance packs to many people who lived in their own homes. The team ordered prescriptions on behalf of people. They identified any changes that may have been made, maintained individual records to reflect this and queried details if required. All the medicines were de-blistered into the compliance packs with none supplied within their outer packaging. The compliance packs were sealed as soon as they had been prepared. Descriptions of the medicines inside the packs were provided and patient information leaflets (PILs) were routinely supplied. The team also used a whiteboard to ensure appropriate details were communicated effectively or highlighted. This included relevant details about people who were receiving compliance packs, and the week they were due to receive them. The pharmacy offered a local delivery service and the team kept records about this service. Failed deliveries were brought back to the pharmacy, people were called beforehand to inform them about the delivery and no medicines were left unattended.

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 and had identified people in the at-risk group who had been supplied this medicine. The pharmacy also had appropriate educational material to provide to people upon supply of this medicine. Other higher-risk medicines which required ongoing monitoring were stored separately. However, prescriptions for these medicines were not actively identified, highlighted or details about relevant parameters, such as blood test results asked about. Nor were any records kept about this.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Medicines were stored in an organised way. CDs were stored under safe custody and the keys to the cabinet were maintained in a way which prevented unauthorised access during the day as well as overnight. An audit trail was maintained to help verify this. The team checked medicines for expiry regularly, short-dated medicines were routinely identified and on randomly selecting some of the pharmacy's stock, there were no medicines seen which were past their expiry date. Fridge temperatures were checked daily. Records verifying this and that the temperature had remained within the required range had been appropriately completed. 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.

The pharmacy team previously had access to the company's electronic system to monitor drug alerts. However, as they could no longer access them, at the point of inspection, staff were not actively taking any action in response to recalled medicines. During the inspection, the pharmacy manager subscribed to the GOV.UK site so that relevant details about product recalls could be received direct from the Medicines and Healthcare products Regulatory Agency (MHRA). Along with the RP, she also identified the alerts that had been missed and following the inspection, confirmation was received that relevant checks had subsequently been made.



## 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 sufficiently clean.

### Inspector's evidence

The pharmacy had the necessary equipment and facilities it needed to operate appropriately. The pharmacy's equipment included current versions of reference sources, counting trays, pharmacy fridges, standardised conical measures for liquid medicines and the dispensary sink that was used to reconstitute medicines. The latter had limescale. The pharmacy had hot and cold running water available. Cordless phones were available for private conversations to take place if required and the pharmacy's computer terminals were positioned in a way that prevented 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.