

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, New Road, Booker, HIGH WYCOMBE, Buckinghamshire, HP12 4PG

Pharmacy reference: 1029118

Type of pharmacy: Community

Date of inspection: 17/06/2019

Pharmacy context

A Lloyds pharmacy located in a small shopping parade in Cressex, High Wycombe. 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 (MDS trays or blister packs) for those who may have difficulty managing their medicines at home and for patients in care homes. The pharmacy provides a supervised consumption service, a Champix 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 working procedures up-to-date and the team respond to people's requests and feedback. 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

A near miss log was present in the pharmacy and was seen to be used regularly by the pharmacy team. The pharmacist explained that the near misses would be reviewed at least once a month and then they would have a team meeting to discuss the trends in the near misses and what they could do to reduce the likelihood of incidents occurring.

The pharmacy team would carry out a Root Cause Analysis following significant dispensing incidents and examples of previous analyses were seen to be held in the 'Safer Care' logbook. 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 highlighted on a 'Safer Care' notice board displayed in the dispensary. The current information on the board included the team highlighting the enhanced valproate warnings and a Professional Standards Audit from the company.

There was an established workflow in the pharmacy where labelling, dispensing and checking were all carried out at dedicated areas of the work benches. Trays for domiciliary patients were prepared at the back of the dispensary to reduce distractions. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

All the SOPs had the roles and responsibilities of each member of staff set out and on questioning, the dispensary team were all clear on their roles and responsibilities and explained that they would refer to the pharmacist if they were unsure of something. The SOPs had all been read by the team members.

There was a complaints procedure in place and the staff were all clear on the processes they should follow if they received a complaint. The complaints procedure was detailed in the Customer Charter Standards of Service leaflet which was available to the public on the shop floor. The leaflet contained the contact information for the company's head office as well as the Patient Advisory Liaison Service.

The previous Community Pharmacy Patient Questionnaire (CPPQ) survey was displayed by the seating areas and on the nhs.uk website and was seen to be positive. The team explained that they would often try to cater to people's needs and demonstrated a shelf in the pharmacy where they would specially order in specific products for people.

A certificate of public liability and professional indemnity insurance from the NPA was on display in the dispensary and was valid until the end of June 2019. Records of controlled drugs and patient returned

controlled drugs were all seen to be complete and accurate. A sample of MST 5mg tablets was checked for record accuracy and was seen to be correct. The controlled drug running balance was checked every week by the pharmacist. The pharmacist went on to explain that she sometimes checked balance of methadone twice a week as there were quite a few patients on it.

The responsible pharmacist record was seen as complete and the responsible pharmacist notice was displayed in pharmacy where patients could see it. The maximum and minimum fridge temperatures were recorded daily and were always in the 2 to 8 degrees Celsius range. The private prescription records were seen to be completed appropriately.

Date checking was carried out in a manner which meant the whole pharmacy is date checked four times in a year and records of this were seen to be displayed in the dispensary and completed appropriately. The specials records were all held in a file and the examined certificates of conformity were seen to contain all the required information.

The computers were all password protected and the screens were not visible to the public. Confidential information was stored in locked filing cabinets and conversations inside the consultation room could not be overheard. There were cordless telephones available for use and confidential waste paper was collected in white confidential waste bags which were removed by the company for destruction. Information Governance (IG) practice was reviewed annually in the pharmacy against the requirements and the team had submitted the latest IG Toolkit.

The pharmacist had completed the Level 2 Community Pharmacy Post-graduate Education (CPPE) learning module on safeguarding children and vulnerable adults. The pharmacy team had also been trained on safeguarding children and vulnerable adults and had signed a training matrix to say they had read and understood the training and were competent to safeguard children and vulnerable adults. The contact details for all the relevant safeguarding authorities were demonstrated to be displayed in the dispensary and the team held a safeguarding policy in their 'Safer Care' folder.

Principle 2 - Staffing ✓ Standards met

Summary findings

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

Inspector's evidence

In the pharmacy there was one pharmacist, two dispensers who were completing the NVQ Level 3 course and two medicines counter assistants. The staff were observed to be working calmly and well together and providing support to one another when required.

Staff performance was monitored via an appraisal system twice a year. During these reviews, the pharmacist and the staff members would have a two-way discussion about performance as well as any improvements which would be required and training and development needs.

The team members completed training online and had a learning module to complete every month as well as an assessment to measure their knowledge and understanding of products and services. Certificates of completed training for the staff were displayed by the medicines counter.

The staff members recorded their own near miss incidents and the pharmacist explained that they would often discuss with one another the ways in which they could reduce the likelihood of regular near misses from occurring. The company had an annual staff satisfaction survey which was an opportunity for the staff to feedback any opinions they had about their roles and the company anonymously. The team members also explained that they were happy to raise any concerns they had instantly with the pharmacist or any idea which would improve services. There was also a whistleblowing policy in place and which the team was aware of and was happy to use it if required.

There were targets in place for MURs and NMS but the pharmacist explained that she did not feel any pressure to deliver these targets and would never compromise her professional judgement to do so.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is safe and clean, and suitable for delivery of its services. Pharmacy team members use a private room for some conversations with people. The pharmacy is secure when closed.

Inspector's evidence

The pharmacy was based on the ground floor of the building and included a retail area, medicines counter, consultation room, main dispensary, stock room, office and staff rest rooms. The pharmacy was dated in appearance but clean and tidy. There was a cleaning rota displayed in the dispensary with different cleaning tasks which the members of staff took ownership of.

The pharmacy was presented in a professional manner and was well laid out with the professional areas clearly defined away from the main retail area. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services.

Medicines were stored on the shelves in a generic and alphabetical manner and the dispenser explained that the shelves would be cleaned when the date checking was carried out. The dispensary was screened to allow for the preparation of prescriptions in private and the consultation room was advertised as being available for private conversations. Conversations in the consultation room could not be overheard. The consultation room was fit for purpose, allowed for the movement of a wheelchair and included seating, a computer with the PMR, locked storage and a clean sink.

There were sinks available in the dispensary with hot and cold running water to allow for hand washing and preparation of medicines. The ambient temperature was suitable for the storage of medicines and regulated with an air conditioning system. Lighting throughout the store was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people with different needs. Staff members provide the pharmacy services safely and make relevant safety checks when supplying higher risk medicines. This helps to ensure that people are taking their medicines safely. The pharmacy sources and stores its medicines appropriately.

Inspector's evidence

Pharmacy services were clearly displayed in the shop window and on posters around the pharmacy area. There was a range of leaflets available to the public about services on offer in the pharmacy near the medicines counter and in the consultation room.

The pharmacy had 'Healthy Living' status and had a well-presented health promotion area. The pharmacist explained that the team would change the promotional campaign every month and they were currently promoting children's oral health. They had a small table with charts for promoting teeth brushing in children, leaflets and information packs for parents. The team also had a totem leaflets stand for leaflets and posters about other health topics. There was step-free access into the pharmacy and seating for patients or customers waiting for services. The pharmacy also had an induction loop available should someone require it and could provide a delivery service to house-bound patients.

The MDS trays and care home medicines were organised into a four-week cycle. The team used a rota to document which patient and care home would be having their deliveries on each day. The MDS trays were supplied with descriptions of the medicines inside and Patient Information Leaflets (PILs) were provided every month.

The pharmacist explained that the whole team were all aware of the requirements for women of child bearing age to be on a pregnancy prevention programme if they were on valproates and they had completed an audit regarding this. She explained that any affected patient had been counselled and notes had been placed on their PMR records. The pharmacist also explained that they would provide a valproate information sticker on the prescription bag every time they dispensed valproates, even to men, and that all valproates were now stored in dedicated area of the dispensary along with the information pack.

The pharmacist explained that if a patient was prescribed warfarin, she would always double check with the if they were having regular blood tests and if they had their yellow books with them, she would ensure that the dosage of warfarin and the patients INR level was safe. The pharmacist explained that if there was a problem or she could not verify a dosage or safe INR level, she would place a note on the patient's PMR as per SOP instructions.

The pharmacy obtained medicinal stock from AAH, Alliance and Phoenix. Specials were ordered from AAH Specials. Invoices were seen to demonstrate this. There were destruction kits available for the destruction of controlled drugs and doop bins were available and seen being used for the disposal of medicines returned by patients. There was also a bin for the disposal of hazardous waste and a list of hazardous waste medicines which need to be disposed of in these bins. Stock requiring re Fridgeration was stored in a tidy, well-organised fashion inside the fridge.

MHRA alerts came to the team electronically through the company's intranet and they were actioned appropriately. The team kept a robust audit trail for the MHRA recalls and recorded when they had received the recall as well as who had actioned it and what action had occurred following the recall. Recently, the team had received a recall for paracetamol 500mg tablets and the alert was annotated to say this had been actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

There were several crown-stamped measures available for use, including 250ml, 100ml, 50ml and 10ml measures. Some were marked with red paint on their base to show they should only be used with methadone liquid. They were all seen to be clean. Amber medicines bottles were seen to be capped when stored and there were 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. The fridge was in good working order and the maximum and minimum temperatures were recorded daily and were seen to always be within the correct range. The computers were all password protected and conversations going on inside the consultation 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.