

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 2 Kingfisher Centre, Elthorne Way, Green Park Estate, NEWPORT PAGNELL, Buckinghamshire, MK16 0JR

Pharmacy reference: 1029193

Type of pharmacy: Community

Date of inspection: 11/04/2019

Pharmacy context

This is a community pharmacy located within an arcade of shops in a residential area of Newport Pagnell. The pharmacy dispenses approximately 5000 prescription items in a typical month. It also offers other services including Medicine Use Reviews (MURs), a New Medicine Service (NMS), NHS Urgent Medicine Supply Advanced Service (NUMSAS), substance misuse treatment and a minor ailment scheme. It also supplies medicines in multi-compartment compliance packs to people living at home and it has a prescription 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

Members of the pharmacy team understand their roles and responsibilities. And they record, review and learn from their mistakes to reduce the likelihood of these happening again. The pharmacy has procedures to protect people's private information and it asks its customers for their views on the quality of services it provides. It keeps all its records in line with requirements and its team members understand the need to protect vulnerable people.

Inspector's evidence

The pharmacy had a range of up-to-date Standard Operating Procedures (SOPs) in place for the services provided. The pharmacy team members had read and signed the SOPs relevant to their roles and responsibilities.

A Responsible Pharmacist (RP) sign was prominently displayed. The roles and responsibilities of team members were set out in the SOPs and they were aware of the tasks they could or could not undertake in the absence of a RP.

The pharmacy team members managed risks in the dispensing process by identifying and monitoring near misses and dispensing errors. Dispensing errors were documented electronically, reviewed and submitted to head office. The pharmacist discussed a recent incident involving a supply of a female catheter to a male patient. The team had documented, reviewed and identified learning points to help prevent a recurrence. They had segregated the catheters on the shelves and ensured all the batch numbers on the prescriptions were highlighted to minimise risks of ordering incorrect stock.

Near misses were documented, reviewed and discussed with the team members to identify learning points. A "safer care champion" completed monthly patient safety reviews and described some of the actions taken to prevent risks in the dispensing process, such as segregating "Look Alike Sound Alike" (LASA) medicines. Some of the contributory factors noted on the near miss logs were too vague to allow any meaningful analysis.

A poster about high risk medicines (valproate, warfarin, insulin, methotrexate and steroids) was on display in the dispensary reminding team members what information and alert cards to be supplied to people when dispensing these medicines.

The pharmacy had a complaints process and information about this was included in the pharmacy's practice leaflet. Results of the most recent survey were generally positive and were posted on the NHS website.

Responsible Pharmacist records were maintained in line with requirements and were up to date. Records about controlled drugs were maintained in accordance with requirements. Running balances were recorded and checked weekly. Patient-returned controlled drugs were recorded in a separate register. Records about private prescriptions, emergency supplies and unlicensed specials were in order.

The pharmacy had an Information Governance (IG) policy and all staff had signed confidentiality agreements. They had completed annual IG and General Data Protection Regulation training.

A privacy policy was on display in the retail area of the pharmacy. Confidential waste was segregated into designated bins and collected by a waste contractor. Pharmacy computers were password protected and screens were not visible to the public. Team members used their own smart cards to access electronic prescriptions. Prescriptions awaiting collection were not visible to people at the counter.

A safeguarding policy and a list of key contacts for escalating safeguarding concerns were in place. The pharmacy manager had completed Level 2 safeguarding training. Members of the pharmacy team had a good understanding of safeguarding issues.

Appropriate indemnity insurance arrangements were in place and a certificate was on display in the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members work well together and are supportive of each other to deliver services safely and effectively. But they sometimes struggle to cover unplanned absences. And this makes it harder for them to complete some routine tasks in a timely manner. The pharmacy supports its team members with on-going training to help keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy manager and two dispensers were working at the time of the inspection. The pharmacy manager said that a further dispenser had needed to take time off at short-notice.

The pharmacy team members appeared to work well together. They were kept busy throughout the inspection. But they were managing their workload adequately. There were stacks of baskets containing dispensed medicines awaiting final check by the pharmacist.

A whistle blowing policy was in place. A member of the pharmacy team said they were very well supported by their cluster manager and would not hesitate to raise any concerns.

Team meetings were held routinely to update staff, share learning and to encourage team members to raise any concerns they may have about the pharmacy.

Team members had formal annual performance appraisals and informal feedback about staff performance was given on regular basis by the pharmacy manager.

The pharmacy team members received regular updates from the company about professional matters and to share learning from adverse events. They were supported to complete ongoing learning via a web based portal and training records were maintained.

The pharmacy had company targets, and incentives for the services provided. But the pharmacy team members did not feel their professional judgement or patient safety was compromised by these in any way.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are safe, secure and suitable for the provision of pharmacy services.

Inspector's evidence

The pharmacy's retail area was clean and tidy. There was some seating available for people wishing to wait for their prescriptions.

The dispensary had just about sufficient storage and bench space available to allow safe dispensing but it was somewhat cluttered in places.

A consultation room was available for private consultations and its availability was clearly advertised. All information and equipment were stored securely. A chaperone policy was on display.

The sink in the dispensary was clean and had hot and cold water. Hand sanitisers and antibacterial hand wash were available.

The premises were secured against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and effectively. It gets its medicines from reliable sources and stores them appropriately. And it takes the right action if any medicines need to be returned to the supplier. Members of the pharmacy team take extra care with higher risk medicines. They make sure that people get the information they need to take their medicines safely.

Inspector's evidence

The entrance to the pharmacy was at street level and was step free. The retail area of the pharmacy was clear of slip or trip hazards and could accommodate wheelchairs and prams. The pharmacy's opening hours and a list of the services available were published within the pharmacy's practice leaflet and advertised in the store. The pharmacy team members used local knowledge to signpost patients to other providers when a service required was not offered at their pharmacy.

A range of healthcare leaflets and posters were available and suitably displayed. The pharmacy participated in healthy living campaigns and at the time of the inspection was promoting awareness about bowel cancer.

The pharmacy offered a delivery service mainly to housebound and vulnerable people. And signatures were obtained from recipients to ensure a safe service. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

The workflow in the dispensary was generally organised. Different coloured baskets were used during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. Owing slips were issued to provide an audit trail when the prescription could not be fully supplied. "Dispensed by" and "checked by" boxes were initialled on the dispensing labels to provide an audit trail of which members of staff had been involved in these stages.

The pharmacy supplied medicines in multi-compartment compliance packs to approximately 50 people who had difficulties in managing their medicines. There was a dispensing audit trail on the compliance pack looked at and a brief description of each medicine contained within the pack was provided. And patient information leaflets were routinely supplied.

The RP was aware of the valproate pregnancy prevention programme. And he knew that patients who may become pregnant who were prescribed valproate needed to be provided with advice on its contraindications. Patient guides and cards were available. Guidance was also available for the team members to follow when supplying valproate.

Clear bags were used for assembled controlled drugs and refrigerated medicines to allow an additional check at hand out. Stickers were used to highlight higher risk medicines such as anticoagulants, methotrexate, controlled drugs and insulin so that people could be provided with appropriate advice when these were handed out. Prescriptions for controlled drugs not requiring secure storage were highlighted to ensure that these were not handed out to people after the prescription had expired. All other controlled drugs were stored appropriately in the CD cabinet.

Members of the pharmacy team had produced a notice which was displayed by the counter, informing people about recent changes that may affect them when ordering pregabalin and gabapentin prescriptions. This helped minimise customer complaints when prescriptions for these medicines had been collected in person as they could not be transmitted electronically.

Medicines were obtained from licensed wholesalers and specials were obtained from special manufacturers. No extemporaneous dispensing was carried out. Medicines were generally stored in an orderly fashion and pharmacy only medicines (P) were stored out of reach of the public.

The pharmacy had not yet fully implemented procedures to comply with the Falsified Medicines Directive. The scanners had been installed but the pharmacy team members were awaiting further guidance from the head office.

The pharmacy had date checking procedures in place but the pharmacy team members had fallen behind with their date checking schedule. A random check of medicines on the shelves found no date expired stock. Some short-dated medicines had been highlighted for removal at an appropriate time. Liquid medicines with limited stability were marked with opening dates.

Medicines requiring refrigeration were stored between two and eight degrees Celsius. Temperatures were checked and recorded daily.

Bins were available to store waste medicines and denaturing kits were available to denature waste controlled drugs. Members of the pharmacy team had access to guidance about how to deal with cytotoxic medicines.

The pharmacy had processes in place to deal with safety alerts and drug recalls. Records of these and the actions taken by the pharmacy team members were kept by the pharmacy to provide an audit trail.

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

The pharmacy had up-to-date reference sources available and it had access to the internet.

The pharmacy had a range of clean glass measures. And it had equipment for counting loose tablets and capsules. All electrical equipment appeared to be in good working order.

Access to the pharmacy computers and the patient medication record system was restricted to authorised members of the pharmacy team and was password protected. The computer screens were out of view of the customers. Confidential waste was appropriately managed and a consultation room was available for private conversations and counselling.

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.