

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 57 High Street, Burwell,
CAMBRIDGE, Cambridgeshire, CB25 0HD

Pharmacy reference: 1029221

Type of pharmacy: Community

Date of inspection: 26/07/2019

Pharmacy context

This busy community pharmacy is set in the centre of a rural village. Its main activity is dispensing NHS prescriptions for local people. It sells a range of medicines over the counter. It also provides a range of other services including delivery of medicines to some people, Medicines Use Reviews (MURs) and New Medicine Service (NMS) checks, and needle exchange. It supplies medication in multi-compartment compliance packs to some people who need this help.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	1.2	Good practice	The pharmacy's team members review their mistakes and make improvements to the pharmacy's services to protect people.
		1.7	Good practice	Pharmacy staff do regular training to make sure people's information is well protected.
2. Staff	Standards met	2.2	Good practice	The pharmacy's team members get regular updates and set-aside time to do training at work. This helps to make sure they have the right skills for their roles.
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 identifies and manages risks well. Its team members record their mistakes and review them regularly, so they can learn and reduce risks. The team has changed how it works to reduce possible distractions during the dispensing process. It keeps the records it needs to be law. And the team members understand what they can and cannot do when there is no pharmacist present. The pharmacy keeps people's private information safe. And its team members have the right training to help them to protect vulnerable people.

Inspector's evidence

The pharmacy team had ready access to the company's written standard operating procedures (SOPs). These SOPs instructed staff how to undertake a range of tasks safely and included dispensing prescriptions, sales of medicines, information governance, management of controlled drugs (CDs) and other stock management routines, protecting vulnerable people, and how to deal with incidents or complaints. The staff had read and signed the SOPs relevant to their roles. And the company reviewed their SOPs regularly and issued updated versions to the pharmacy. The roles and responsibilities of staff were made clear in the SOPs.

The pharmacy followed the SOPs about recording and learning from mistakes. Members of the team recorded their own near misses and had improved the level of recording over recent months. This meant they were better able to identify ways to reduce risks when dispensing and spot any patterns or trends in incidents. Dispensing errors which reached people were recorded and reported to head office. These events were reviewed to understand how they had happened and to put in place improvement action points to prevent similar events. There was oversight of the review process by senior management to make sure suitable remedial action was taken. Some near misses were thought to be due to staff trying to do more than one thing at a time or getting distracted when dispensing. To remedy this, the team were trying to focus on doing one task at a time and not rush when dispensing. Learning from adverse incidents was shared with the team through regular safety briefings.

The team described other improvements that had been made to reduce the chances of mistakes when dispensing. These included changing the layout of the dispensary to make workflows better and to help staff move around more easily. Further improvements to create a better area for assembling multi-compartment compliance packs were planned.

When asked, members of the pharmacy team could describe what they could and couldn't do if there was no responsible pharmacist (RP) at the pharmacy. They asked appropriate questions when selling medicines to establish if it was safe to proceed with a sale or if they needed to refer to the pharmacist for advice. They could identify the types of over-the-counter medicines that might be misused and how to sell these safely.

There was a company complaints procedure. Information about this was included in the pharmacy practice leaflet on display. Formal complaints were reported to head office. The pharmacy sought feedback from people using its services through an annual survey. The pharmacy had responded to previous feedback about waiting times by providing staff training and making changes to the team. The RP said that the service provided to people had improved.

There were appropriate insurance arrangements in place for the services provided. The RP notice correctly showed who the pharmacist in charge was and it was displayed clearly. The RP record was complete. Records about CDs were available and running balances were checked regularly. There were multiple amendments in one of the registers caused by previous missed entries which had been identified and investigated following balance checks. This made it harder to read the register. CDs returned by people for safe destruction were recorded in a designated register. Private prescription records were made in a book and complied with requirements. Emergency supplies were infrequent. Some of the entries did not describe the reason for the supply.

The pharmacy protected sensitive information in several ways. Confidential waste was segregated and disposed of securely. Staff regularly completed company training packages about protecting people's information and there were written procedures about information governance. There was no confidential material left on display. Patient medication records were password protected and staff used their own NHS smartcards to access electronic prescriptions.

There were procedures in place to help make sure the pharmacy took appropriate action to protect vulnerable people. The pharmacy had a chaperone policy for use of the consultation room and details about this were on display for customers. Staff had read procedures about safeguarding. The pharmacist had completed level 2 training about safeguarding. And she knew where to get details for local support agencies if there was a safeguarding concern. Advice would usually be sought from the superintendent's office before this was done.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members are suitably trained or undertaking the right training for the roles they undertake. They are well supported in ongoing learning and development and they have some set-aside time at work to do training. The team can share ideas to improve how the pharmacy works. And the pharmacist can take decisions so that services are provided safely.

Inspector's evidence

At the time of the inspection the staffing comprised a responsible pharmacist who worked at this pharmacy on most days, a non-pharmacist pharmacy manager, and a registered pharmacy technician who was registered on a course to become an accuracy checking technician. There were also two trained dispensing assistants and one in training. The staff in training was receiving support from the pharmacist to make sure they were meeting course deadlines.

The pharmacy was busy but the team was coping with the workload. There had been several changes in the team in recent months and these changes had had a positive impact on team rapport and skill mix. The pharmacy manager said she was proud of the improvements made to the service the pharmacy provided to its customers. The team members were observed working closely together, referring queries to the pharmacist where needed.

The staff had records of training they had completed. And they were provided with a variety of e-Learning modules by the company, some of which were mandatory. Staff were up to date with their training and they were given time at work each week to do it. The pharmacy manager described how knowledge and understanding were assessed through monthly checks. A recent topic covered was about Flexiseq.

The team members could share suggestions about how to improve the way the pharmacy worked. Lighting had been improved in one corner of the dispensary to reduce risks. The team members had reviews with their manager and these looked at how the member of staff was doing, opportunities to develop their skills, and if they needed any additional support with training. There was a staff notice in the dispensary which displayed information about monthly safety reviews and highlighted any learning points from these reviews. There were systems in place to share information within the company, through cluster meetings and newsletters. These included learnings from incidents and other safety alerts.

The team members said they would feel comfortable raising any concerns with the pharmacy manager or more senior management if needed. There was a helpline for staff if they wanted to raise concerns confidentially. The RP said that she felt able to exercise her professional judgement when delivering services, putting the needs of the patients first. There were targets set for services, but these did not adversely affect the safe running of the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are generally suitable for the services the pharmacy provides. The team members have made local improvements to use the available space as effectively as they can and have reported issues where appropriate. The room temperatures may require further monitoring during warmer months.

Inspector's evidence

There was a relatively large retail area on split levels, but sections were ramped so access by people in wheelchairs or with prams was possible. There was some seating for people waiting for services. And a clean, well-equipped and well-screened consultation room was located to the side of the pharmacy counter and this was available for services or for people who wanted advice in private.

There was hot and cold running water available and handwashing facilities for staff. There was also a separate area for staff to use for breaks. The premises were generally clean though sections of the flooring in the dispensary had been repaired using tape which detracted from the appearance. And the sink in the dispensary was very heavily scaled. Lighting was adequate.

The dispensary was set to the rear of the premises and access to this was restricted to pharmacy staff. Dispensing bench space was limited though staff had made some recent changes to create additional work areas for preparing compliance packs. The inspection was on one of the hottest days of the year and the room temperature was unusually high. The team members were using fans to try to cool the dispensary and were monitoring temperatures closely. They had already informed their head office that room temperatures were excessive and there were proposals to install air-conditioning. In the meantime, the staff had opened the rear door to try to increase ventilation of the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are undertaken safely. The pharmacy gets its medicines from reputable suppliers and it stores them safely. It takes the right action when there are safety concerns about medicines. The team members know about the advice to give people when they supply higher-risk medicines. But these prescriptions are not always highlighted. So, it may be harder for the team to always make sure that people have all the information they need about their medicines.

Inspector's evidence

Information about the services the pharmacy offered and sources of support available elsewhere were advertised by way of leaflets and posters displayed in the pharmacy. The team members also used local knowledge to direct people to other care providers for services that the pharmacy did not offer. The opening hours were displayed for the public. A prescription delivery service was offered to assist some people to access their medicines. Prescription deliveries were recorded so that there was evidence to show medicines had reached the right person. There was seating for customers waiting for services.

The regular pharmacist had considered the possible risks associated with providing seasonal flu vaccinations and had decided that she could not safely offer the service as she would be unable to give CPR. The team understood the information that needed to be provided about pregnancy prevention when supplying sodium valproate. Refresher training on this topic had been completed recently. The corresponding patient information leaflets and cards were available to provide to people. There were no safety alert stickers available and the pharmacy were advised how to obtain these.

When supplying other higher-risk medicines, the pharmacy usually checked and recorded any available results of therapeutic monitoring tests, for example, INRs for people receiving warfarin. Some prescriptions for these items waiting collection were not highlighted. This could make it harder for the staff to spot these items and make appropriate checks when handing out prescriptions. Prescriptions for CDs had been highlighted so staff could check that prescriptions were still valid when these were handed out.

Some medicines were supplied in multi-compartment compliance packs. Preparation of these was done in a side room off the main dispensary to reduce the risk of distractions. The packs seen were labelled with dosage instructions, medicine descriptions, and cautions. There was an audit trail to show who had prepared each pack. And the prescriptions were kept with the packs for easy reference. The packs were sealed as soon as possible after assembly. People receiving these packs were routinely supplied the information leaflets that came with their medicines. And there was a process to retrieve and reissue packs if any changes were made mid-cycle. Notes about changes were added to the person's record for future reference.

The pharmacy got its medicines from licensed wholesalers and unlicensed 'specials' were obtained from specials manufacturers. No extemporaneous dispensing was carried out. Medicine stock was generally stored in an orderly fashion. Medicines transferred into plain packs were labelled with the batch number and expiry to help with date-checks and product recalls. The pharmacy was required by the company to check the expiry dates of its stock every quarter and the new pharmacy manager had identified this as an area for improvement. Date-checking schedules were now up to date. When stock

was checked at random, there was evidence found of short-dated items being highlighted using an alert stickers and elastic bands. There were no date-expired medicines found. The dates of opening were added to the stock bottles of liquid medicines, so the staff could assess if the medicines were still suitable to dispense.

Out-of-date medicines and patient-returned medicines were transferred to designated bins. These were stored away from other medicine stock and were disposed of through licensed waste contractors. Appropriate arrangements were in place for storing CDs and access to this storage was well-controlled. CDs returned by people were clearly segregated from dispensing stock. There was enough storage capacity for medicines requiring cold storage. The pharmacy had the appropriate scanning equipment to comply with the EU Falsified Medicines Directive. The staff were waiting for training to be able to use the equipment.

The pharmacy had a process to receive drug recalls and safety alerts. The pharmacy kept a record of previous safety alerts and could show that it had checked its stocks to make sure it had none of the affected medicines or medical devices.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services effectively. It checks its equipment to make sure it is safe to use.

Inspector's evidence

The pharmacy had a range of validated measures and some were reserved for measuring CDs to prevent cross-contamination. Some of the measures were heavily scaled, making it harder to read volumes. The pharmacist said they would try to descale or remove these from use.

Electrical equipment appeared to be working correctly and there were processes in place to test this regularly. Cordless phones were available and could be moved to quieter areas of the pharmacy so details of phone calls would not be overheard by members of the public.

The fridge used to store medicines provided sufficient storage capacity for medicines requiring cold storage. Fridge temperature ranges were checked daily and recorded and the records seen were within the required range for safe storage.

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.