

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Nuffield Road Medical Centre,
Pippin Drive, Nuffield Road, CAMBRIDGE, Cambridgeshire, CB4 1GL

Pharmacy reference: 1029237

Type of pharmacy: Community

Date of inspection: 28/10/2019

Pharmacy context

The pharmacy is in a residential area of the city adjacent to a health centre. It provides NHS and private prescription dispensing mainly to local residents. The team also dispenses medicines in multi-compartment compliance packs for some people. The pharmacy provides a travel clinic and flu vaccinations seasonally.

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	1.2	Good practice	The pharmacy team members learn from mistakes to prevent a recurrence by looking at trends as well as individual events.
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 work to professional standards and identify and manage risks effectively. They are clear about their roles and responsibilities. They log any mistakes they make during the pharmacy processes. And they learn from these to avoid problems being repeated. The pharmacy keeps its records up to date and these show that it is providing safe services. It manages and protects information well and it tells people how their private information will be used. The team members also understand how they can help to protect the welfare of vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were issued by the company. The SOPs covered the services that were offered by the pharmacy. A sample of SOPs was chosen at random and these had been reviewed within the last two years. The SOPs were signed by the pharmacy's team members to indicate they had been read. The written procedures said the team members should log any mistakes in the process in order to learn from them. They regularly logged any issues and had regular meetings to discuss trends and learning from these near misses. There was a notice board in the staff area with the latest learnings displayed on it, so that members of the team who were not present at the meeting could be notified. The team also used a WhatsApp group to highlight issues (with people's names removed if needed).

The pharmacy conspicuously displayed the responsible pharmacist notice. The responsible pharmacist record required by law was up to date and filled in correctly. The pharmacy team members were aware of their roles and they were observed asking the pharmacist for advice when they needed to.

Feedback from the annual customer feedback survey had highlighted the waiting facilities and the lack of confidentiality at the counter. There were two chairs, and no space for any more. The staff said that they used the chairs from the consultation room if needed but this left the pharmacy very crowded, and this solution was not a permanent one. The feedback had made the staff more aware that the chairs should be offered, and this was done more regularly since the survey. The team also asked people if they wanted to speak to the pharmacist in private and offered them the consultation room. This was situated a little distance away from the counter and was not obvious when entering the pharmacy and walking to the counter. The staff reported that its use had increased since they were highlighting it to people. The pharmacy had professional indemnity and public liability insurances in place.

The pharmacy team recorded private prescriptions and emergency supplies usually in accordance with the legal requirements. There were a few examples where no prescriber had been recorded, only the private hospital that the patient had attended. The controlled drugs registers were up to date and also legally compliant. The team did regular checks on the recorded balance and actual stock of controlled drugs to ensure that there were no missing entries. Fridge temperatures were recorded daily and were within the recommended range.

All staff had NHS smartcards to access electronic prescriptions (the 'spine') and the pharmacist had access to summary care records. They were seen not to share their smartcards. There was no confidential information stored in the consultation room, and any information in the dispensary was not visible to the public. Confidential waste was separated from non-confidential waste and was bagged and then removed by a licensed waste contractor.

There was a chaperone policy displayed in the pharmacy. The pharmacist and staff had undertaken the required levels of safeguarding training from their roles, whether internal training or publicly recognised. The team had access to local contacts for the safeguarding boards in the area.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough qualified staff to provide safe services. Its staffing rotas enable it to have good handover arrangements and effective staff communication. Training is provided by the company and staff find this useful to help keep their skills up to date.

Inspector's evidence

The staffing had recently changed and now consisted of a regular pharmacist who worked four days a week, a non-pharmacist store manager who was in the process of registering as a pharmacy technician, two dispensers and two counter assistants. The new store manager had started in their post in June and it was reported that the new structure had led to a less stressful environment and the team was working well together. The dispensary appeared well organised and although the regular pharmacist was not present was running smoothly. Catch-up tasks, which had not been done when there were fewer staff, were now being completed to further improve the running of the pharmacy.

The staff were catching up with the mandatory training which the company provided, but which they had yet to complete. The store manager said that once the mandatory training was complete, focus would shift to the monthly training packages which had been missed. The team were now given time in-store to complete their training. All the staff had completed the training for Echo, an online ordering system and were encouraging customers to use it.

All the staff had regular appraisals and said they were able to give feedback to the manager and pharmacist about changes which might help the smooth running of the pharmacy. The system of dispensing had changed, with separate areas for different tasks and notes were now always left at hand over so that the whole team could see what was required on the following day. The targets set for the team were reported not to affect the professional judgement of the pharmacist or the team.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean and provide a safe, secure and professional environment for people to receive healthcare. Although the dispensary is small, the use of the side room and upper floor allow the safe dispensing of prescriptions received by the pharmacy.

Inspector's evidence

The shop area of the pharmacy was clean and tidy and had an airy feel although the pillars in the room made enlarging the waiting area difficult. There was a consultation room to one side which was large and airy and was clean and tidy and suitable for the services provided. There were lockable cupboards used for storage of paperwork which was not confidential, such as blank forms and information leaflets. The sharps bin was sited to prevent accidental access. It was reported that the pharmacist wanted to change round where the pharmacist and person sat, as he thought it would be better round the other way.

The main dispensary was quite small but was kept as organised as possible with separate benches used for repeat prescriptions and walk-in prescriptions. Dispensing from crates was regularly done to improve the efficiency of the team. The staff were about to start using the company's off-site dispensing facility as they had just completed the training required. There was a side dispensary used for storing dispensed prescriptions, and some dispensing. Upstairs there was bench space used to prepare multi-compartment compliance packs and this room was also used to store shop goods. There was air-conditioning in the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective, and it gets its medicines from reputable sources. Its services are easily accessible. The pharmacy dispenses multi-compartment compliance packs for people in a safe manner and some high-risk medicines are audited. It plans its vaccination services to allow as many people to access them as possible. The pharmacy could do more to keep waste medicines secure.

Inspector's evidence

Access to the pharmacy was level from the doctors' surgery and from the pavement. The pharmacy could print large text labels for people who required it, although they did not do so for any people at the time of the inspection.

The pharmacy used a dispensing audit trail to identify who had dispensed and checked each item. The use of baskets helped to ensure that prescription items were kept together and were easy to move from one area of the dispensary to another. Prescriptions where the person was waiting were put into red baskets to highlight this fact.

The pharmacy was implementing the new four-week policy for prescription collection. People would be texted if they had not collected their prescription after three weeks and it would be removed and put back into stock, and the prescription returned to the NHS spine after week four.

The flu vaccination service was by appointment, or walk-in if the pharmacist had time to do so. Travel vaccinations were by appointment. The pharmacist had legally valid authority to provide these services via patient group directions. The consultation room was suitable for these services.

Some people were being supplied their medicines in multi-compartment compliance packs. These packs were labelled with the information the person needed to take their medicines in the correct way. The packs also had tablet descriptions to identify the individual medicines. There was a list of packs to be dispensed each week, with each person having a summary sheet showing any changes to their medicines and where the medicines were to be placed in the packs. All the people receiving packs were being reviewed to ensure that the packs were still required. Some people had been taken off packs once it was discovered that some of them never saw the packs as their medicines were administered by carers. Other people had continued receiving packs as it was the most suitable way for them to take their medicines.

Schedule 4 controlled drug prescriptions were not highlighted to staff who were to hand them out. This would have helped them to ensure that they were not given out more than 28 days after the date on the prescription. People taking warfarin, lithium or methotrexate were usually asked about any recent blood tests or their current dose. But the system was not robust so the pharmacy could not show that it was monitoring all these people in accordance with good practice. People in the at-risk group who were receiving prescriptions for valproate were routinely counselled about pregnancy prevention. There were warning labels and cards available for use if needed.

The pharmacy got its medicines from licensed wholesalers, and stored them in dispensary shelves in a tidy way. There were 'use first' stickers on the shelves and boxes to indicate items which were short

dated. Regular date checking was done in the dispensary, but had not been done in the shop in recent months. This was being addressed now that the staffing levels had returned to full complement. The pharmacy had the equipment needed to fulfil the Falsified Medicines Directive, but it was not yet in use. Drug alerts were received, actioned and filed appropriately to ensure that recalled medicines did not find their way to people who used the pharmacy. The pharmacy stores its patient-returned medicines in a way which could increase the risk of misuse.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the right equipment for its services. It makes sure its equipment is safe to use.

Inspector's evidence

There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination. The pharmacy had a separate triangle marked for use with methotrexate tablets ensuring that dust from them did not cross-contaminate other tablets. The pharmacy had access to up-to-date reference sources. This meant that people could receive information which reflected current practice. Electrical equipment was regularly tested. Stickers were affixed to various electronic equipment and displayed the next date of testing.

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.