

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, Rosemary Road, Parkstone, Roseview, POOLE, Dorset, BH12 3HF

**Pharmacy reference:** 1030589

**Type of pharmacy:** Community

**Date of inspection:** 10/03/2020

## Pharmacy context

This is a community pharmacy near a GP surgery in a residential area of Poole in Dorset. It serves its local population which is mixed in age range and background. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, dispenses multi-compartment compliance packs for people to use in their homes and in care homes and provides flu vaccinations.

## 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 has written procedures to help make sure the team works safely. Pharmacy team members are clear about their roles and responsibilities. Pharmacy team members record and review mistakes that happen and use this information and learning to avoid future mistakes. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong. The pharmacy generally maintains the records that it must keep by law.

### Inspector's evidence

Processes were in place for identifying and managing risks. Near misses are recorded and reviewed when they occurred and the pharmacy manager would discuss the incident with the members of the dispensary team. These were then reviewed monthly and a briefing was discussed with all members of staff. Examples of near miss error logs were seen from previous months displayed in the dispensary. 'Sound alike' and 'look alike' medicines, such as amitriptyline and amlodipine had been separated in the dispensary drawers.

Staff were required to complete 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. Dispensing incidents were recorded electronically and these were submitted to the superintendent's office. The pharmacy team were required to carry out a root cause analysis following significant dispensing incidents. There was a clear and established workflow in the pharmacy where labelling, dispensing and checking were all carried out at dedicated areas of the work benches. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

All the standard operating procedures (SOPs) had the roles and responsibilities of each member of staff set out and the dispensary team were all clear on this and explained that they would refer to the pharmacist if they were unsure of something.

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 team completed an annual Community Pharmacy Patient Questionnaire (CPPQ) survey to gather feedback from patients.

Professional indemnity insurance from the NPA was in place and was valid and in date until June 2020. Records of controlled drugs (CDs) and patient returned CDs were all seen to be in order. There was some evidence of overwriting and obliterations in the CD registers examined. A sample of a random CD was checked for record accuracy and was seen to be correct. The controlled drug balances were checked weekly. There were some out of date CDs which had been separated from regular CD stock and labelled appropriately.

A responsible pharmacist (RP) record was retained electronically and the RP notice was displayed in pharmacy where patients could see it. Date checking of all medicinal stock had been carried out in January but was only partially completed once in 2019. The pharmacist reported that this was due to prior staffing issues. Short dated stock was marked with stickers. The fridge temperatures were

recorded daily and were within the two to eight degrees Celsius range. The private prescription records were retained and were in order. The specials records were retained but entries omitted the patient's and prescriber's name and address details. The pharmacist reported that emergency supplies were not usually given in the pharmacy.

The computers were all password protected and the screens were not visible to the public. Confidential waste was collected in confidential waste bags which were removed by the company for destruction. Staff were required to complete online training for information governance (IG).

The pharmacy team had also been trained on safeguarding children and vulnerable adults. Staff were able to explain the signs to look out for that may indicate safeguarding issues in vulnerable adults. Contact details for local safeguarding advice, referrals and support were available and staff were able to locate these.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy staff have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

### Inspector's evidence

At the time of the inspection there was one pharmacist, three dispensing assistants and one untrained member of staff present in the pharmacy. The pharmacist explained that the untrained member of staff was on her probationary period and was due to be put onto a training course. Staff were seen to be working well together and supporting each other when required.

Staff performance was monitored and reviewed formally annually using a process known as the 'annual contribution dialogue'. In these reviews, a development plan would be introduced to help further develop and train the members of staff. Staff would also get the opportunity to give feedback about the place that they work.

The staff usually completed monthly training online and had a medicines skills assessment at the end of each training session to assess their knowledge and understanding of products and services. But the pharmacy team reported that they could not access the e-learning platform at the time of the inspection as it had been blocked because of cyber security concerns. This had been reported to Lloyds head office. Staff reported that they had recently completed training on valproate medicines that they reported had raised their awareness about the use of these medicines in women.

The pharmacist reported that 'safer care briefings' were held monthly to discuss near misses and significant errors and learning from these. A recent near miss review was held in the dispensary and this highlighted the main learning points to the pharmacy team. Staff reported that their head office would regularly release updates which were read and actioned by staff. The company had an annual staff survey which was an opportunity for the staff to feedback any opinion they had about their roles and the company anonymously. The pharmacy team explained they were happy to raise any concerns they had immediately with the pharmacy manager or the area manager. The pharmacy team were aware of the whistleblowing policy on questioning.

There were targets in place but the team explained that they did not feel any pressure to deliver these targets and would never compromise their professional judgement to achieve them.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protects private information and the pharmacy is secure and protected from unauthorised access.

### Inspector's evidence

The pharmacy had a dispensary which was separated from the waiting area by a medicines counter to allow for the preparation of prescriptions in private. Fixtures and fittings were modern and the pharmacy was generally clean, tidy and professionally presented.

There was a sink available in the dispensary and consultation room with hot and cold running water with sanitiser to allow for hand washing. Medicines were stored on the shelves in a generic and alphabetical manner.

The consultation room was clean, tidy and well soundproofed. Patient confidential information was kept securely in locked cabinets. The ambient temperature was suitable for the storage of medicines and the 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, effectively managed and delivered safely. The pharmacy generally obtains, stores and manages medicines safely and ensure that all of the medicines it supplies are fit for purpose. The pharmacy team take appropriate action where a medicine is not fit for purpose and maintain audit trails to demonstrate this.

### Inspector's evidence

There was a range of leaflets and posters available to the public about services on offer. There was step free access to the pharmacy available. There was adequate seating for patients or customers waiting for services and space for a wheelchair user or a pushchair to navigate.

The pharmacy team dispensed multi-compartment compliance packs for around 64 patients in their own homes. These were dispensed towards the rear of the pharmacy to reduce distractions to staff. There were three unsealed compliance packs that were stored on the floor at the start of the inspection. These were removed immediately and placed on a dispensary shelf. The pharmacist acknowledged the potential risks of storing unsealed trays on the floor and gave an assurance that this would not happen again in the future. One multi-compartment compliance pack was examined and an audit trail to demonstrate who dispensed and checked it was complete. Descriptions were routinely provided for the medicines contained within the compliance pack. Patient information leaflets were supplied on a regular basis.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. At the time of the inspection, valproate patient cards were available for use during the dispensing of valproate to all female patients. The pharmacist reported that she would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and that they were aware of these and query if they were taking effective contraception.

The pharmacy obtained medicinal stock from AAH and Alliance. Specials were ordered from suppliers such as AAH specials. There were destruction kits available for the destruction of controlled drugs and designated bins for storing waste medicines were available and seen being used for the disposal of medicines returned by patients. The pharmacy had a hazardous waste bin but access to this was blocked due to several designated medicinal waste bins that had not been collected for some time. The pharmacist gave an assurance that she would address this.

Medicines and medical devices were stored within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented. The pharmacy team were aware of the European Falsified Medicines Directive (FMD). The pharmacy team had the appropriate hardware and reported that the software was currently undergoing updates from their head office. The fridges were in good working order. Fridge items which had been dispensed and were ready to be collected were stored in clear plastic bags to help identification of high-risk medicines like insulin. MHRA alerts came to the team electronically through the company's intranet and these were actioned appropriately. Audit trails to demonstrate this were kept.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services offered. These are used in a way that helps protect patient confidentiality and dignity.

### Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Measures were seen to be clean. Amber medicines bottles were seen to be capped when stored and there were counting triangles available for use. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access.

Up-to-date reference sources were available online and this access included the BNF, the BNF for Children and the Drug Tariff. Internet access was available should the staff require further information sources. There was one fridge used for the storage of thermolabile medicines which was in good working order and the maximum and minimum temperatures were recorded daily and were seen to always be within the correct range.

Designated bins for storing waste medicines were available for use and there was sufficient storage for medicines. The computers were all password protected and patient information was safeguarded.

### 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.