

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 3 Old Market, Nailsworth,
STROUD, Gloucestershire, GL6 0DU

Pharmacy reference: 1031584

Type of pharmacy: Community

Date of inspection: 20/06/2022

Pharmacy context

This is a community pharmacy located amongst a few shops in the small town of Nailsworth, Gloucestershire. The pharmacy dispenses NHS and private prescriptions. It sells over-the-counter medicines and provides advice. The pharmacy also offers local deliveries and supplies some people with their medicines inside multi-compartment compliance packs if they find it difficult to take them.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy is not identifying and managing several risks associated with its services as indicated under the relevant failed standards and Principles below.
		1.2	Standard not met	The pharmacy is not following its established procedures to assess, review or monitor the safety and quality of the pharmacy's services. The company's internal 'Safer Care' processes have not been fully completed and there is limited evidence of review, remedial activity or learning occurring in response to mistakes.
2. Staff	Standards not all met	2.1	Standard not met	The pharmacy does not have any of its own suitably qualified and skilled staff to provide its services safely and effectively. The current staffing arrangements are completely reliant upon staff from the company's surrounding pharmacies. This situation is unsustainable long-term, and not all routine tasks are being completed or undertaken in a timely manner.
3. Premises	Standards not all met	3.1	Standard not met	The pharmacy's services are not fully being provided in an environment that is appropriate for the provision of healthcare. Parts of the premises are cluttered, require cleaning with health and safety risks from the poorly maintained stairs.
4. Services, including medicines management	Standards not all met	4.2	Standard not met	The pharmacy's services are not always managed or delivered safely and effectively. The pharmacy has not kept appropriate audit trails to verify that it has been following its processes for the delivery service. And, the pharmacy has no processes in place to ensure the safety of people prescribed higher-risk medicines.
		4.3	Standard not met	The pharmacy is not managing its medicines in a satisfactory way. This compromises the safe supply of medicines and medical devices. The team has not consistently been checking medicines for expiry. Short-dated medicines are not

Principle	Principle finding	Exception standard reference	Notable practice	Why
				identified and the staff cannot show that they have been storing medicines requiring refrigeration at the appropriate temperatures.
		4.4	Standard not met	The pharmacy cannot demonstrate that it has appropriate procedures in place to raise concerns when medicines or medical devices are not fit for purpose. There is no evidence that the pharmacy team has been dealing with and appropriately acting upon the drug alerts issued by the Medicines and Healthcare products Regulatory Agency.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy doesn't effectively identify and manage all the risks associated with its services. The company has procedures in place to help guide its team members, to manage risks and to suitably protect people's private information, but current team members are not always following them. This is a direct result of the pharmacy's unstable staffing situation. The pharmacy is unable to fully demonstrate that it records all its mistakes or learns from them. And, it has not been able to show that it is maintaining all its records, in accordance with the law or best practice.

Inspector's evidence

The pharmacy was inspected following receipt of several concerns about it routinely closing, the lack of support staff or pharmacists, staff being seen crying, people experiencing significant queues, delays, no deliveries, medicines not being received on time or not being available for collection, incorrect prescriptions being handed out and people being left without their medicines. The concerns also mentioned seeing clutter in the dispensary with boxes and staff not being able to move easily. At the point of inspection, there were no regular support staff (see Principle 2). Team members brought in from other pharmacies and the existing pharmacists had been trying to re-stabilise the pharmacy. Despite this, they had been unable to complete all routine tasks, this included managing stock appropriately (see Principle 4) and not all the pharmacy's systems to monitor the safety of the services being provided, were in place. There were also some concerns noted with the condition of the premises (see Principle 3).

The pharmacy had a range of documented standard operating procedures (SOPs) to provide guidance on how to complete tasks appropriately. The SOPs had been reviewed recently and it was evident that they had been read as well as signed by the pharmacy's original staff. Members of the pharmacy team present at the pharmacy on the day of the inspection confirmed that they had read and signed the company's SOPs in their respective pharmacies. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

Some members of staff were wearing face masks, they had all been vaccinated against coronavirus, hand sanitisers were present and guidance from the company about coronavirus was in place. It was evident that the regular pharmacists had been working extremely hard and in a high-pressured environment to try and maintain a safe service (see Principle 2). This included supplying people with their medicines inside multi-compartment compliance packs (see Principle 4) on time.

Both pharmacists said that there had been no incidents or direct complaints made to them, most people complained direct to the company's head office and had been understanding towards the pharmacists about the current situation. The responsible pharmacist's (RP) process to manage incidents was suitable and in line with the company's policy. However, the inspector was aware that mistakes had happened due to the nature of the concerns that the GPhC had received. There was no evidence that the pharmacy was routinely identifying its mistakes or learning from them. Very few near miss mistakes had also been recorded. There had been no details recorded to verify that they had been reviewed, about the contributory factors, or the learning and action taken.

The regular pharmacist had only very recently (in June 2022) re-started the company's 'Safer Care'

procedures. Documented details about the pharmacy's poor situation, lack of date-checking, staffing cover and a plan to help manage the workload had all been documented. Prior to this, the company's 'Safer Care' procedures had not been adhered to. As there was no regular team, there were no team meetings or briefings about 'Safer Care'. And there were no current details on the noticeboard. This meant that there was no evidence that the near misses or incidents had been formally identified, reviewed, any trends or patterns identified, or that any remedial action had been taken in response.

Staff said that they had been trained on safeguarding vulnerable people but could not readily provide details about what this term meant. Both pharmacists had been trained to level 2 through the Centre for Pharmacy Postgraduate Education (CPPE). The pharmacy had the company's policy information about safeguarding in place, a flow chart about the process involved was seen, details had been recorded about previous incidents and contact details were readily available for the local safeguarding agencies. There was no sensitive information visible from or left in the retail space and the pharmacy's computer systems were password protected. Staff had access to the company's documented information governance process and confidential waste was separated as well as usually removed by an authorised contractor. However, at the inspection, there were several bags of uncollected confidential waste stored upstairs. In addition, it was evident that other people's NHS smart cards were being used to access electronic prescriptions. One member of staff's password was known and being used in a computer terminal during the inspection, they had not worked at the pharmacy for the past few months. This limits the pharmacy's ability to control access to people's private information.

The pharmacy's professional indemnity insurance was through the National Pharmacy Association and due for renewal after 30 June 2022. Most of the pharmacy's records were compliant with statutory and best practice requirements. This included the record for supplies made against private prescriptions, emergency supplies, unlicensed medicines, in general, a sample of registers seen for controlled drugs (CDs), and records of CDs that had been returned by people and destroyed at the pharmacy. On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. However, there were several gaps seen in the RP record and records verifying that fridge temperatures had remained within the required range had not been regularly completed (see Principle 4).

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy does not have any of its own staff to support the volume of workload. It is currently having to rely completely on support from the company's other pharmacies in the area. These members of staff have been appropriately trained. They have helped to somewhat stabilise the pharmacy. But this situation is unsustainable long-term. The pharmacists are under considerable pressure to maintain a safe service. And the pharmacy is unable to effectively or always keep up to date with routine tasks.

Inspector's evidence

The pharmacy dispensed a large volume of prescriptions. At the inspection, the RP who was a relief, company-employed pharmacist, a locum pharmacist and three trained dispensers were present, but the latter had all come from the company's surrounding pharmacies. One had come from the company's pharmacy in Tewkesbury, one from Cheltenham and one from Swindon. The former two explained that they had been working one day a week here recently. There had also been additional locum pharmacist cover.

There were no regular members of staff working at this pharmacy aside from two pharmacists - a part-time, company employed pharmacist worked three days a week and the relief RP who worked one day in the week. The inspector was informed that within the last six months, all the pharmacy's staff had either resigned or were on long-term sick leave. Both the regular pharmacists independently said that they had been left previously without staff, they therefore, had to keep the pharmacy closed and served people at the door. The inspector was also told that they were having to start early and work late. This had been an unsafe working environment with considerable pressure put on them to deliver a safe service. The pharmacy was subsequently behind with its workload as a result of the lack of staff. All the staff from the company's other pharmacies said that their pharmacies were busy, but generally up to date with their workloads, they could therefore work in this pharmacy one day a week without it having too much of an impact on their usual pharmacy. This has not been verified by the inspector.

The regular pharmacist had documented that the pharmacy would no longer be operating without support staff. Both the regular, part-time pharmacist and regional manager had also contacted the local surgery to inform, keep an open conversation going and liaise with them where possible about this situation.

There were notices on display about the staff shortages, the pharmacy not tolerating abuse and an advertisement to recruit staff. On the day of the inspection, the pharmacy had somewhat caught up with dispensing people's prescriptions. This was largely because a team from the company's pharmacy in Malvern had worked over the weekend and helped the pharmacy to get back on track with its workload. The inspector was told that the pharmacy had previously been four weeks behind with its dispensing. At the inspection, several prescriptions from the beginning of June had been dispensed through the pharmacy system with dispensing labels generated but still required assembling. There were no queues outside the pharmacy, people entering the pharmacy were acknowledged and served readily without having to wait too long for their prescriptions. Some people's prescriptions were not ready when they arrived, but were relatively quickly located, assembled and supplied. However, several routine tasks had not been completed as described under the other Principles.

Dispensing staff were trained through accredited routes, they wore name badges and were familiar with the company's processes. Medicines were sold over the counter using established processes and team members knew what to do in the absence of the RP. Towards the end of the inspection, the regional manager (RM) arrived. He explained that together, with the company's divisional quality manager, a plan had been put in place to manage the pharmacy's current staffing situation. This included pulling in one member of staff into this pharmacy, every day, from each of the company's other pharmacies which were one hour away. The RM said that because some members of staff were off-sick, he could not recruit more team members to replace them. Some people had resigned, and a few members of staff were due back soon. He had planned a phased return for these people over the next six weeks to help give them the support that they needed to return. Additional locum pharmacist cover had also been booked. The RM stated that the situation was being assessed on a week-by-week basis. Two locum dispensing staff had been requested but this had not transpired according to the RM.

However, it was noted and stressed by the inspector that this situation was not sustainable long-term. Taking support staff from other surrounding pharmacies risks de-stabilising those pharmacies and impacting the safety of the services that they provide. The inspector has also had this conversation and stressed this point with the previous regional manager and members of the company's superintendent's team on a number of occasions.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy does not adequately maintain its premises. Nor does it keep them clean enough and free of clutter. But otherwise, the premises provide an appropriate environment for the delivery of healthcare services. The pharmacy is secure, and it can provide a suitable space for private conversations to take place.

Inspector's evidence

The pharmacy premises consisted of a medium-sized retail space and a suitably sized dispensary on the ground floor. There was a stock room, staff areas and an office upstairs. The pharmacy also had a signposted consultation room present for private conversations and services. The room was of an adequate size for its intended purpose. It contained appropriate equipment, and lockable cabinets. The ambient temperature inside the premises was suitable for the storage of medicines and the pharmacy was appropriately lit and ventilated.

The pharmacy could have been cleaner. The dispensary sink was relatively clean but the whole premises needed sweeping. This included the retail space and consultation room. It was also quite cluttered in some places. There were numerous boxes of stock in the stock room and office that had been left in a haphazard way. Both these areas were very untidy. There were also several boxes of stock in the dispensary that needed putting away, but they had been left in an ordered way to one side of the dispensary. Some assembled bags of prescriptions were stored directed on the floor. Moving them off the floor to minimise the risk of tripping or damaging medicines was advised at the time. Additional health and safety risks were also seen when accessing the first floor as some of the pharmacy's fixtures and fittings had not been appropriately maintained. A few of the steps up to this floor were broken, they had not been repaired, nor were they adequately or clearly identifiable. The regional manager confirmed that this had been reported to the company's maintenance department. The team was advised to ensure this risk was appropriately highlighted until it could be repaired.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy cannot always show that all its services are provided safely or that its medicines are stored in a safe and effective way. Some of the pharmacy's records about its services are unsatisfactory or missing altogether. The pharmacy cannot show that it has safely delivered medicines to people, or that it routinely deals with safety alerts appropriately. The pharmacy cannot show that temperature sensitive medicines are stored appropriately. And the team cannot demonstrate that they are routinely checking the expiry dates of their medicines. But the pharmacy obtains its medicines from reputable suppliers and suitably supplies people with their medicines inside multi-compartment compliance packs.

Inspector's evidence

The pharmacy had several free, car parks available in its vicinity. People could enter the pharmacy through wide doors at street level and the retail area was made up of some clear, open space. This assisted people with restricted mobility or using wheelchairs to easily enter and access the pharmacy's services. There were also a few seats available for people to use if required. The inspector was told that no additional services were currently being provided.

The pharmacy prepared and supplied some people with their medicines inside compliance packs. The pharmacy ordered prescriptions on behalf of people for this service and specific records were kept for this purpose. Any queries were checked with the prescriber and the records were updated accordingly. Unstable medicines, 'when required' items and higher-risk medicines were supplied separately. All the medicines were de-blistered into the packs with none supplied within their outer packaging. The regular pharmacist confirmed that the pharmacy was up to date with preparing and supplying this service. Descriptions of the medicines inside the compliance packs were accurate. Patient information leaflets were supplied regularly.

The pharmacy provided a delivery service. The driver used a hand-held device to obtain people's signatures once they were in receipt of their medicines. Failed deliveries were brought back to the pharmacy and medicines were not left unattended. However, the team was not maintaining an audit trail or records at the pharmacy that could verify when, where and to whom prescription-only medicines had been supplied. This was not in keeping with the GPhC's guidance for registered pharmacies providing pharmacy services at a distance, including on the internet.

The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. CDs were stored under safe custody and keys to the cabinet were maintained in a manner that prevented unauthorised access during the day as well as overnight. But a CD key log to help verify this was not seen or located. The pharmacy used licensed wholesalers such as AAH and Alliance Healthcare to obtain medicines and medical devices. Medicines returned for disposal, were accepted by staff, and stored appropriately.

Once prescriptions were assembled and bagged, they were stored within an alphabetical retrieval system. Other than for CDs and fridge items, there were no prescriptions seen marked for the pharmacist's attention or to counsel people. And people prescribed higher-risk medicines were not routinely identified, asked relevant questions or details about their treatment recorded to help verify

that this had taken place.

The team had also not date-checked medicines for expiry regularly. There were no specific records seen or being kept verifying this process. Short-dated medicines had not been identified. The regular pharmacist had made staff aware of this situation. She confirmed that they had not had time to complete this task. As mentioned in Principle 1, records to verify that the temperature of the fridges had remained within the required range had also not been maintained. There were several and sustained gaps seen in the records with the last recorded details made in April 2022.

Drug alerts and product recalls were usually received through the company. However, staff could not confirm that the stock had been regularly checked and appropriate action taken in response. The company's system could not be accessed by the team present, nor could an up-to-date audit trail be located which could verify that this process had been followed. The pharmacy therefore could not show that it had taken the appropriate action in response to affected batches of medicines.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has a suitable range of equipment and facilities available. Its equipment is sufficiently clean.

Inspector's evidence

The pharmacy was equipped with current versions of reference sources and relevant equipment. This included counting triangles, clean, standardised, conical measures, a pharmacy fridge, legally compliant CD cabinets and in general, a clean sink that was used to reconstitute medicines. Hot and cold running water was available as well as hand wash. The pharmacy had its computer terminals positioned in a way and location that prevented unauthorised access. The team also had cordless phones available so that private conversations could take place away from the retail space if needed.

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.