

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, 280B Lower Farnham Road,  
ALDERSHOT, Hampshire, GU11 3RD

**Pharmacy reference:** 1031622

**Type of pharmacy:** Community

**Date of inspection:** 24/04/2019

## Pharmacy context

A busy community pharmacy belonging to the Lloyds pharmacy multiple. The pharmacy is in a residential area on the edge of Aldershot town centre. It is situated on a small parade of local shops and businesses, next to a busy main road. The Pharmacy processes approximately 12,000 prescriptions per month and provides MDS trays for 170 people. Other services include; Medicines Use Reviews (MUR)s, New Medicines Service (NMS), blood pressure checks, Emergency Hormonal Contraception (EHC) and seasonal 'flu vaccinations. The pharmacy also provides a supervised consumption service and a Blood Borne Virus screening service for substance misuse clients.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards not all met	2.1	Standard not met	A review of staffing levels is required. There are not enough staff to ensure that the dispensing workload is up to date.
<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 team identifies and manages risks effectively. Staff support each other to make sure that the same mistakes are not repeated. Staff have a good understanding of their roles and responsibilities.

### Inspector's evidence

The pharmacy had procedures for managing risks in the dispensing process. All incidents, including near misses, were discussed at the time and recorded. All incidents including concerns raised by the public were discussed with the individual involved. The matter would then be discussed within the team to find ways to support each other and to prevent a reoccurrence. In response to a recent incident, dispensing staff had reviewed their procedures for dispensing, checking and bagging prescriptions. Staff were able to demonstrate how they conducted a reflective account of what happened when a mistake was made and were able to show how they put what they had learned into practice.

Staff worked under the supervision of the Responsible Pharmacist whose sign was displayed for the public to see. There was a set of Standard Operating Procedures (SOP)s for staff to follow. Staff had read and signed SOPs relevant to their roles. The pharmacy had a documented complaints procedure in place. Details of the local NHS complaints advocacy service and PALs were available on a leaflet on the counter. However, customer concerns were generally dealt with at the time by the regular pharmacist, where possible. Formal complaints were recorded and referred to the superintendent. Staff said that formal complaints were rare. The pharmacy had professional indemnity and public liability arrangements so, they could provide insurance protection for staff and customers. Record keeping under standard 1.6 was not inspected.

Staff were aware of the need to protect patient confidentiality. Confidential records were stored away from customer areas. Waste labels and electronic prescription tokens were discarded into a designated confidential waste bag in the confidential waste bin along with other confidential waste. When full, these were set aside for collection and disposal by a licensed contractor. A confidentiality and information governance training pack had been read and signed by staff.

The pharmacist on duty and the pre-reg technician had completed level 2 CPPE training. Remaining staff had been briefed. All staff had completed dementia friends training. Contact details for the relevant safeguarding authorities were available online.

## Principle 2 - Staffing Standards not all met

### Summary findings

The pharmacy provides services using a team with a range of skills. Team members work well together and support one another. But current staff levels are inadequate. This means that the team are not able to keep up to date with the workload.

### Inspector's evidence

There was an adequate number of qualified and skilled staff on hand to manage the immediate workload. But there were insufficient staff for the team to be able to keep up to date with the prescription workload. The pharmacy was working with fewer staffing hours than it had one year previously but the work load had remained the same. And in recent months staff holidays and absence had added additional pressures to the general dispensing service and the MDS service, with staff under pressure to get MDS trays ready on time for delivery or collection. The pharmacist said that they were three to four days behind with their prescriptions. This had improved from being a week behind 6 months previously. The team tried to cover staff shortages by working overtime when they could.

At the time of inspection, the team consisted of the regular Responsible Pharmacist (RP), a NVQ3 qualified Accredited Checking Technician (ACT) and a medicines counter assistant (MCA). Regular locums were available to cover pharmacists' days off or when additional cover was required. All staff assisted one another to deliver services. MCAs managed the shop floor and counter with the support of pharmacists and dispensing staff when needed. Staff were observed to have a good working relationship.

At the time of the inspection the working atmosphere was busy, with all staff fully occupied attending to customers, the inspection and essential tasks. Dispensing staff were observed to consult one another regularly and it was clear that there were regular discussions within the team. Staff were heard providing each other with updates on the progress of prescriptions and a range of other queries.

Prescriptions were processed in a timely manner and customers were served promptly. The RP was observed, accuracy checking prescriptions, assisting staff and counselling patients. The MCA was observed consulting the RP and the ACT when necessary. The pharmacist was set targets for services such as MURs. But she said these did not compromise patient care. She often took the decision not to provide a service when the workload was high, or she would ask people to come back another time.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is a suitable place to provide healthcare. But there is limited space and hence work surfaces can become cluttered. This increases the risk of mistakes..

### Inspector's evidence

The pharmacy had a shop floor and dispensary area typical of a small community pharmacy and therefore was small for the volume of prescriptions dispensed. The dispensary extended behind the counter. The accuracy checking area overlooked the counter and offered a clear view of the shop floor. Walk-in prescriptions were dispensed next to the checking area. There was a further area to the side of the dispensary where there was an additional computer and a small bench space.

Dossett trays were dispensed upstairs in a separate room to help the overall workflow but there still wasn't much free bench space in the main dispensary. Surfaces were taken up with prescriptions baskets stacked together. Some were, awaiting a check and others were incomplete or had a query associated with them. Although the dispensary was small for the volume of work undertaken, it was tidy and organised and unnecessary clutter was kept to a minimum. Staff were seen to clear surfaces as they worked. In general prescriptions were bagged and stored promptly after checking.

The pharmacy was generally clean with clean floors, work surfaces, sinks and shelves. Pharmacy shelves were cleaned as part of the date checking process and records were kept. The consultation room was located to the front of the shop floor. The door was kept open but cupboards containing confidential information were locked. Only authorised individuals were allowed access to the dispensary. Overall the premises were bright and well ventilated with temperature control systems in place. It had a professional appearance and stocked items related to healthcare, personal care and baby care.

## Principle 4 - Services ✓ Standards met

### Summary findings

In general, the pharmacy has working practices which are safe and effective.

### Inspector's evidence

A selection of services was advertised at the front window. There was a small range of information leaflets available for customer selection. The pharmacy had an automatic door. There was a very small lip at the entrance, but staff said that wheelchair users could enter the pharmacy, and they would help anyone having difficulty.

The consultation room was also wide enough for wheelchair access. SOPs had been signed as read and understood by staff. Dispensing and checking SOPs had recently been reviewed by dispensing staff. Although the dispensary was small it had a clear work flow. It had designated areas for dispensing and checking prescriptions. Non-urgent items and baskets with incomplete prescriptions were set aside to await completion.

There was also a clear work flow in the MDS room. Staff were able to work in a relatively quiet environment, away from the bustle of the main dispensary, when dispensing and checking MDS trays. Standards 4.3 and 4.4 were not inspected during this inspection.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

In general, the pharmacy has the equipment and facilities it needs to provide its services safely.

### Inspector's evidence

There were five computer terminals available Three computers were in the dispensary. One was on the counter and another in the consultation room. There were four PMR computer terminals available for use, all of which were available for pharmacy services. One computer was in the main dispensary, one in the consultation room, one in the side room and one in the MDS room upstairs. All computers had a PMR facility. Computers were password protected and were out of view of patients and the public. The pharmacy had all the equipment necessary for dispensing MDS trays.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✔</span> <b>Excellent practice</b>	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.
<span style="color: green;">✔</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✔</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.