

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, 135 Highlands Road, FAREHAM, Hampshire, PO15 6HZ

**Pharmacy reference:** 1031703

**Type of pharmacy:** Community

**Date of inspection:** 20/08/2019

## Pharmacy context

A community pharmacy, belonging to Lloyds pharmacy. The pharmacy is located on a small parade of shops in a residential area of Fareham. As well as the NHS Essential Services, the pharmacy provides medicines in multi-compartment compliance aids for approximately 100 people. Other services include, Medicines Use Reviews (MURs), New Medicines Service (NMS), seasonal flu vaccinations. The pharmacy also has a prescription delivery service for those with a clinical need. There is a chargeable delivery service for others. The MUR and NMS service would not be offered from September.

## 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's working practices are safe and effective. Its team members understand their roles and responsibilities. They listen to people's concerns and keep people's information safe. They discuss any mistakes they make and share information on what could go wrong to help reduce the chance of making mistakes in future. But they are not always thorough enough in the way they use information to learn and improve.

### Inspector's evidence

Staff worked under the supervision of the responsible pharmacist (RP), whose sign was displayed for the public to see. Staff had standard operating procedures (SOPs) to follow and team members had read those relevant to their roles. The pharmacy had a 'safer care' process for managing risks in the dispensing procedure, whereby all incidents, including near misses, were discussed between the pharmacist and dispenser at the time, and recorded. A dispenser (safer care champion) then reviewed the records every month and discussed with the team including the RP and to help prevent the same mistakes being repeated. She then produced a safer care report. Near miss records indicated that mistakes were made when stock had not been put away tidily or when medicines were in unfamiliar pack sizes. Follow up action was for staff to check pack sizes every time they dispense. During the previous month there had been a number of near misses where the wrong strength had been dispensed. The cause of the near miss was identified as staff not checking as they dispensed. But, records did not give a clear indication that staff had reflected enough on what had gone wrong so that they could prevent similar mistakes in future. And, repetition of similar learning points indicated that follow up actions may not always be sustained and may need closer monitoring.

But, the team identified risk and made changes to prevent reoccurrence in other ways. Monthly patient safety reports advised the team to tidy stock away after dispensing. Staff had been briefed on look-alike-sound-alike drugs (LASAs) such as amlodipine amitriptyline, atenolol and allopurinol. Warning notes had been added to drawers and shelf edges for at risk products. The safer care champion had also briefed staff on the similarity between the 14 tablet packs and 28 tablet packs of letrozole and terbinafine.

The pharmacy team had a positive approach to customer feedback. A previous customer survey demonstrated a very high level of customer satisfaction. But, out of stocks were raised as an area for improvement, so staff tried to get out of stock medicines from several different sources, including other local pharmacies, with different suppliers. They also accessed their main wholesalers' websites to find the availability of all brands of the drug they were looking for. When a drug was unavailable they would contact GPs to arrange for an alternative for their patients. But, staff said they tried to manage stock, so they didn't run out of fast-moving lines.

The pharmacy had a documented complaints procedure. A standard operating procedure (SOP) for the full procedure was available for staff to refer to. Customer concerns were generally dealt with at the time and more formal complaints were recorded on the Lloyds on line one-portal reporting system. And, details of the local NHS complaints advocacy service and PALs could be provided on request. The pharmacy had professional indemnity and public liability arrangements so, they could provide insurance protection for staff and customers. Insurance arrangements were in place until 30th June 2020 when they would be renewed for the following year.

All the necessary records were kept and were generally in order including controlled drug (CD) registers, and records for, private prescriptions, unlicensed 'Specials', responsible pharmacist and emergency supplies. The pharmacy had records for patient returned CDs. Records of returned CDs were kept for audit trail and to account for all the non-stock CDs which RPs had under their control, although some returned CDs had not yet been recorded.

Staff understood the importance of safeguarding people's private information. They had received information governance training and through the Lloyds on line training programme. Discarded labels and prescription tokens were discarded into a separate bin and collected for confidential disposal by a licensed waste contractor. The pharmacist had completed level 2 CPPE safeguarding training. Staff had also completed the Lloyds on line training module and dementia friends training.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team manages the workload safely and effectively and team members work well together. They are comfortable about providing feedback to employers and are involved in improving the pharmacy's services.

### Inspector's evidence

In general pharmacy services were delivered by the regular RP with the support of a team consisting of a full-time dispenser and manager, two full-time dispensers, a part-time dispenser, a full-time trainee health care partner and a part-time healthcare partner. Healthcare partner is a job role within Lloyds for staff with medicines counter assistant (MCA) and dispensing assistant training. On the day of the inspection the pharmacy was run by a Lloyds relief RP, the dispenser manager, two dispensers and the trainee healthcare partner.

Staff had regular performance reviews and were able to raise any concerns either during reviews or while they were working, day to day. The trainee healthcare partner described how the dispensing team, along with the manager, had improved the system of filing prescription tokens so that they could retrieve items quickly. The new system had been introduced the previous week and was still under review. Staff kept their knowledge up to date through the Lloyds on-line training modules. Recent topics included the confidentiality and safeguarding training, and sodium Valproate training.

The team was almost up to date with the daily workload of prescriptions. They were half a day behind while they finished working on yesterday's prescriptions before starting on today's. Customers were generally attended to promptly. Team members felt supported in their roles and could raise concerns. They described having regular informal discussions with the pharmacists, manager, line managers and colleagues.

The pharmacist was set targets for Medicines Use Reviews (MUR)s. She aimed to provide MURs for people who needed one but would not compromise her attention to the remaining workload. She said she tried to do MURs whenever she could.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are clean, tidy and organised. They provide a safe, secure and professional environment for people to receive healthcare services.

### Inspector's evidence

The pharmacy's premises were at the end of a small parade of local shops. It had full height windows to two sides and a double glass door. The premises had a bright modern appearance and the shop floor area was uncluttered. The consultation room was situated to the side of the counter. The pharmacist used the room for MURs, and other services. Customers were asked if they wanted to use the room if they wished to talk in private. The pharmacy had a seating area for anyone waiting.

The dispensary was situated behind the counter. The main dispensing area had a U-shaped area of work surface with open shelving above and below. This extended into a further L-shaped area run of bench space with a sink and a run of drawer units. The majority of dispensing was done on the longest dispensing bench where the checking area overlooked the counter and shop floor. This was also where the main pharmacy computer was. A separate area of this bench space contained part-dispensed prescriptions and repeat prescriptions waiting to be dispensed. Much of the remaining bench space was taken up with several baskets of repeat prescriptions waiting to be checked and prescriptions waiting for items that had been ordered. Once checked prescriptions were bagged and stored ready for collection or delivery. The dispensary was clean and organised with clean sinks, floors, shelves and worktops. Access to the dispensary was restricted to authorised individuals only, and at the discretion of the pharmacist.

The pharmacy had a stock room, staff facilities and an office to the rear and a fire door exit. The pharmacy stocked a variety of goods including items for health and personal care as well as a range of cosmetics, perfumery, gift items, baby care and household items. Overall, the pharmacy was adequately lit and ventilated with temperature control systems in place. It was suitable for the provision of healthcare services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely and effectively and makes them available to everyone. Team members are good at giving people the advice and support they need to help them use their medicines safely and properly. In general, the pharmacy manages its medicines safely and effectively and it carries out most of the checks that help make sure that its medicines are fit for people to take.

### Inspector's evidence

Opening hours were clearly displayed and services were promoted at the pharmacy window and on the company website. There was a variety of information leaflets available for customer selection. Information leaflets were placed in a rack on the shop floor and in the consultation room. The pharmacy had a wide automatic door and step-free access, suitable for wheelchair users. Once inside there was sufficient space for wheelchair users to move around. Wheelchair users would also be able to access the consultation room. There was a prescription delivery service for those unable to collect their own medication. The pharmacy also had a repeat prescription collection service and a prescription ordering service. The service was offered to a number of patients who needed help to manage their prescriptions.

In general services were delivered in accordance with SOPs. CDs were audited on a regular basis as per the SOP. Random samples of CD stock were checked during the inspection (MST 30mg) and the quantity checked was as stated in the register. Dispensing labels were initialled by the person dispensing and the person checking, to provide a dispensing audit trail. This was as per the SOP.

Multi-compartment compliance aids were provided for patients who needed them. Patient information leaflets (PILs) were offered with new medicines and on a regular basis thereafter. The medication in compliance aids was given a description, including colour and shape, to help people to identify them. And, labelling directions gave the required BNF advisory information to help people take their medicines properly. Medicines summary sheets were created for each person and checked against prescriptions each time. Staff would receive people's discharge letters after being informed that they had been in hospital. This helped staff when asking surgeries for the most up-to-date prescriptions.

The pharmacy had procedures for targeting and counselling all patients in the at-risk group, taking sodium valproate. The pharmacist described supplying valproate warning cards and booklets with relevant prescriptions and referred to the MHRA guidance pack which they had placed on order. All patients in the at-risk group had been identified and counselled and were counselled each time a supply was made. Packs of sodium valproate in stock bore the updated warning label and additional warning stickers were available for split packs.

Medicines and Medical equipment were obtained from established wholesalers; Alliance Healthcare, AAH, and Sigma. Unlicensed 'specials' were obtained from AAH. All suppliers held the appropriate licences and stock was generally stored in a tidy, organised fashion. Two CD cabinets and fridge were available for storing medicines for safe custody, or cold chain storage as required. Fridge temperatures were read, recorded and monitored to ensure that the medication inside was kept within the correct temperature range. The pharmacy team had the equipment in place but were not yet scanning products with a unique barcode in accordance with the European Falsified Medicines Directive (FMD).

Stock was regularly date checked and records kept. Short-dated stock was identified and highlighted using a dot sticker. Waste medicines were disposed of in the appropriate containers for collection by a licensed waste contractor. A list of Hazardous waste had been placed on the back of the cupboard door next to the waste medicines container. The pharmacy also had also a separate hazardous waste container for staff so that they could dispose of all waste medicines properly. Drug recalls and safety alerts were responded to promptly and records kept. Staff could recall responding to the recent recall for aripiprazole 1mg/ml. They had not had any of the affected stock.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. And, it uses its facilities and equipment to keep people's private information safe.

### Inspector's evidence

The pharmacy had all the necessary facilities and equipment for the services offered. Equipment was generally clean and in good order. There was a range of crown stamped measuring cylinders and tablet and capsule counting equipment. Methadone measures were labelled with a 'methadone' label to identify it and prevent its use for measuring other liquids, although the pharmacy did not currently have any methadone clients. Amber dispensing bottles had been stored with their caps on to prevent contamination with dust and debris. The pharmacy had a separate triangle for cytotoxic tablets to reduce the chance of cross contamination with other tablets. But some of the general counting triangles contained a dusty residue from previous use. The pharmacy's blood pressure monitor was replaced every two years to ensure that it remained accurate.

There were up to date information resources available in the form of a BNF, a BNF for children and the drug tariff. Pharmacists also had access to a range of reputable online information sources such as EMC, Patient.co.uk, and the NHS website. There were four computers with a patient medication record (PMR) facility. Three were in the dispensary and one in the consultation room. There was an additional computer for general management activity. This appeared to be adequate for the workload.

Confidentiality was maintained through the appropriate use of equipment and facilities. Computer terminals were password protected and were out of view of patients and the public. Computer screens could not be viewed by customers and were switched off when not in use. Patient sensitive documentation was generally kept out of public view and confidential waste was set aside in a basket and shredded daily. And, staff were observed using their own smart cards when accessing patient records.

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

Finding	Meaning
✓ <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.
✓ <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.
✓ <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.