

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Queens Parade, 157 Privett Road,
GOSPORT, Hampshire, PO12 3SS

Pharmacy reference: 1031736

Type of pharmacy: Community

Date of inspection: 06/08/2019

Pharmacy context

A community pharmacy in Gosport, belonging to the Lloyds multiple pharmacy chain. As well as the NHS Essential Services, the pharmacy had a prescription contract with the Ministry of Defence and it provides medicines in multi-compartment compliance aids for approximately 50-60 people. Other services include, Medicines Use Reviews (MURs), New Medicines Service (NMS), seasonal flu vaccinations, and drug misuse support services including the supervised consumption of methadone and buprenorphine and needle exchange. The pharmacy also has a prescription delivery service for the elderly and housebound.

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	N/A	N/A	N/A
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

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, or in the way they record information required in law.

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 at the time and recorded. The technician then reviewed the records regularly, with the RP and dispenser manager, to help prevent the same mistakes being repeated. She then produced a safer care report. Near miss records indicated that mistakes were made when staff were not concentrating or busy. Follow up action was for staff to slow down or read the prescription carefully when dispensing and concentrate on one task at a time. But it was not clear what specific steps were to be taken in order to prevent a reoccurrence and whether staff had adequately reflected on what had gone wrong, so that they could prevent similar mistakes in future.

But, the team identified risk and made changes to prevent reoccurrence in other ways. Monthly patient safety reports identified that the team should tidy stock away after dispensing. Warning stickers had been added to shelf edges in front of look-alike-sound-alike drugs (LASA's) and could be seen on shelf edges in front of ropinirole and risperidone, prednisolone and propranolol. The team had a 'safer care' board on the wall containing notices reminding staff about LASA's, recalled items and patient confidentiality.

The pharmacy team had a positive approach to customer feedback. The most recent survey indicated a high level of customer satisfaction with a small number of people raising a concern about out-of-stock medicines. Staff said that the availability of some medicines had been affected by manufacturers' shortages so as a result staff would contact neighbouring pharmacies with different suppliers to try to obtain stock when necessary. Where no stock was available they would contact the patient's GP for an alternative. But, the team said that they tried to manage stock, so they didn't run out of fast-moving lines. Stickers had been placed in front of fast-moving lines, reminding staff to never run out of these products.

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 online one-portal reporting system. Although 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, records for, unlicensed 'Specials', emergency supplies and the responsible pharmacist. 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. Records for private prescriptions were generally in order, but some older register entries had been made by sticking duplicate prescription labels in the private prescription book. These records were difficult to decipher as the print had faded. The records were less than two years old and therefore were still required. More recently private prescription records had been made by scanning the prescriptions and filing them. While this system captured most of the required information it did not provide the date of dispensing, a detail required in law.

Staff understood the importance of safeguarding people's private information. They had received information governance training 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 online training module and dementia friends training but had not had any concerns to report from this branch.

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 managed by two regular RPs. Support staff consisted of a part time technician, a full-time dispenser and manager, a part-time dispenser, a part-time medicines counter assistant (MCA) and a part-time, trainee MCA. On the day of the inspection the pharmacy was run by a regular RP, the technician, and a dispenser on the counter. On being informed of the inspection the area manager and dispensary manager arrived to assist.

Staff had regular performance reviews and were able to raise any concerns they had, either during reviews or on a day to day basis. The dispenser described how, together with the new manager, they had improved communications within the team. They achieved this by reintroducing a communications diary and ensuring that it was used every day. This meant that the team were kept up to date with priority tasks each day. Staff kept their knowledge up to date through the Lloyds on-line training modules. Recent topics included confidentiality and safeguarding training and training on the risks associated with sodium valproate in certain groups of people.

The team was half a day behind with the daily workload of prescriptions. But, felt that they would be able to catch up on the backlog by the following day. Customers were generally attended to promptly. Team members felt supported in their roles and could raise concerns. They described having regular informal discussions with, pharmacists, line managers, and colleagues. The pharmacist was set targets for Medicines Use Reviews (MUR)s. She aimed to provide MURs for people who needed them 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, but there is not quite enough work space and some staff areas are not as clean as they could be.

Inspector's evidence

The pharmacy was on a small parade of local shops in a residential area on the edge of Gosport centre. The premises had a traditional appearance with two large windows across the front and a double door in the centre. The pharmacy was bright and professional looking. The shop floor area was uncluttered but the area behind the counter was slightly cluttered with delivery totes of counter stock from the day before.

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. Access to the dispensary was restricted to authorised individuals only, and at the discretion of the pharmacist.

The dispensary was situated to the rear of the premises, behind the counter. The main dispensing area had an L-shaped area of work surface and a separate, smaller work surface with a sink. The majority of dispensing was carried out within the L-shaped area. The main pharmacy computer and the prescription checking area overlooked the counter and shop floor, allowing staff to see people at the counter. Dispensing surface was taken up with several baskets of prescriptions waiting to be dispensed, part dispensed prescriptions and repeat prescriptions to be checked. Further dispensing surface was taken up with dispensing of multi-compartment compliance aids. Therefore, there was not much free space remaining. Once checked prescriptions were bagged and stored ready for collection or delivery. Although there was not much free space, the dispensary was clean and organised with clean sinks, floors, shelves, worktops.

The pharmacy had staff facilities, a stock room and a fire door to the rear. Back shop areas were generally clean and tidy although toilet facilities were not as clean as they could be. 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 take their medicines safely and properly. The pharmacy manages its medicines safely and effectively and it carries out the checks that help make sure that its medicines are fit for people to take.

Inspector's evidence

The entrance to the pharmacy was step-free, therefore wheelchair users could enter the premises. The pharmacy had a repeat prescription collection service and a prescription ordering service. The service was offered to a small number of patients who needed help to manage their prescriptions. Services were advertised at the front window for people to see and 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.

In general services were delivered in accordance with SOPs. CDs were audited on a regular basis as per the SOP. A random sample of CD stock was checked during the inspection (Zomorph 30mg). The quantity checked was 250 but 251 was the quantity stated in the register. The RP resolved the discrepancy during the inspection by reviewing several previous entries and correcting a mistake. 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. 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 discharge letters after being informed that people had been in hospital. Staff used the discharge letters to prompt surgeries to update people's prescriptions. This was so that the pharmacy could make the necessary changes and supply people's medicines in accordance with their most up-to-date prescription.

The pharmacy had procedures for targeting and counselling all female patients taking sodium valproate. The pharmacist described including valproate warning cards with relevant prescriptions and referred to the MHRA purple pack which was to hand. The pack contained a guidance sheet for pharmacists, warning cards and information booklets. All patients in the at-risk group, taking valproate, had been identified and counselled. 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). The company had produced training on FMD on its training portal, but staff had yet to complete it.

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. The containers were collected by a licensed waste contractor for safe disposal. A list of hazardous waste had been placed on the back of the cupboard door, next to the waste medicines' containers, so that staff could dispose of hazardous waste medicines properly. Drug recalls and safety alerts were responded to promptly and records were 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 had a red CD sticker placed at the bottom to identify them and prevent their use for measuring other liquids. Amber dispensing bottles had been stored with their caps on to prevent contamination with dust and debris.

The pharmacy had three computers with a patient medication record (PMR) facility. Two in the dispensary and one in the consultation room. It had an additional computer for general management activity. This appeared to be adequate for the workload. Staff had access to up-to-date and reliable information sources 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.

Staff used the pharmacy's equipment and facilities in a way which ensured that people's confidentiality was maintained. 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. Staff were observed using their own smart cards, to maintain an accurate audit trail and ensure that they had the appropriate level of access to patient records.

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.