

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 9a Avenue Road, NEW MILTON,
Hampshire, BH25 5JP

Pharmacy reference: 1031776

Type of pharmacy: Community

Date of inspection: 12/06/2019

Pharmacy context

This is a community pharmacy located adjacent to a doctor's surgery in New Milton. It serves its local population which is mostly elderly. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions and supplies medicines in multi-compartment compliance aids for people to use living in their own homes.

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 does not identify and manage risk well as they cannot demonstrate learning from their mistakes.
		1.4	Standard not met	The pharmacy team gather patient and customer views but do not act on these in a timely manner.
		1.7	Standard not met	The pharmacy team do not adequately protect people's confidential information.
2. Staff	Standards not all met	2.1	Standard not met	The pharmacy does not have sufficient staff to provide services in a timely manner. Staff are under significant pressure and are behind on their dispensing activity.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.2	Standard not met	Pharmacy staff were under pressure to provide dispensing services and this meant that risk management procedures were often not followed.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy has written procedures to help make sure the team works safely. But these are not routinely followed by staff. Pharmacy staff could not demonstrate that they record and review mistakes that happen and so learning from these could be missed. Pharmacy staff are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views but does not act on this feedback to improve services. It does not protect people's confidential information adequately. The pharmacy has appropriate insurance to protect people when things do go wrong.

Inspector's evidence

Pharmacy staff reported that processes were in place for identifying and managing risks. However, no evidence of error recording could be demonstrated as pharmacy staff could not locate the near miss log. In addition, staff admitted that errors had not been reviewed in some months due to staffing issues. The pharmacy manager reported that focus was on delivering core dispensary services and this had led to governance procedures being overlooked.

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. 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 workbenches. 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. But the latest CPPQ was displayed in the pharmacy and showed that 19.6% of patients had highlighted that waiting times had been a problem. The pharmacy staff reported that complaints about this issue were still ongoing at the time of the inspection as they remained short staffed (see principle 2).

Professional indemnity insurance from the NPA was in place and was valid and in date until June 2019. Records of controlled drugs (CDs) and patient returned CDs were all seen to be in order. There was evidence of overwriting in the CD register 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.

The responsible pharmacist record was seen as complete and the responsible pharmacist notice was displayed in pharmacy where patients could see it. The fridge temperatures were recorded daily and were always in the 2 to 8 degrees Celsius range. The private prescription, emergency supply and specials records were retained and were in order.

Pharmacy staff reported that date checking was carried out in a manner which meant the whole pharmacy is date checked four times in a year. But records were not demonstrated as the team could not locate these. The pharmacy team agreed to address this.

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 consultation room was not lockable. Patient confidential information was stored in cabinets which were also not lockable. The consultation room was accessible from the retail area of the pharmacy.

The pharmacy team had also been trained on safeguarding children and vulnerable adults. On questioning, staff were aware of the signs to look out for that may indicate safeguarding issues. Contact details for local safeguarding advice, referrals and support were not available and staff agreed to address this.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy staff have the appropriate skills and qualifications to deliver services safely and effectively. But there are not enough staff to provide maintain the service levels provided and staff are under significant pressure. They do not have enough time to complete training. The pharmacy staff 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, one accuracy checking technician, two dispensing assistants and two medicines counter assistant present in the pharmacy.

Staff reported that they were around three days behind on their dispensing activity at the time of the inspection. This was because the pharmacy was short staffed due to vacancies and staff holidays. The pharmacy manager reported that there was one vacancy for a dispensing assistant for 16 hours a week at the time of the inspection. A locum dispensing assistant had been temporarily utilised for a three day period to help staff attempt to get up to date with their dispensing activity. Despite this, staff reported that they were still under significant pressure.

The staff were required to complete 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 staff could not provide examples of recent learning as staffing issues had meant that they did not have time to complete training.

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. Staff explained they were more than happy to raise any concerns they had with the pharmacist or the area manager. There was a company whistleblowing policy in place and staff were aware of this.

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

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy generally provides a safe and appropriate environment for the provision of pharmacy services. But the pharmacy team do not protect people's private information adequately. 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. Boxes of stock were stored on the floor in the dispensary which may increase the risk of trip hazards to staff.

There was a sink available in the dispensary 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 professionally presented and well soundproofed. But patient confidential information was stored in cupboards which were not lockable. The consultation room was accessible from the retail area of the pharmacy and was not lockable.

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 not all met

Summary findings

The pharmacy's services are accessible but not managed well and not delivered in a timely manner. The pharmacy 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.

Inspector's evidence

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

Pharmacy staff reported that they were approximately three days behind on their dispensing activity at the time of the inspection and felt under significant pressure just to deliver core dispensing services due to staffing issues (see principle 2).

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards were not available for use when dispensing valproate to patients who may become pregnant and the pharmacy manager agreed to address this. The pharmacist reported that he would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them 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. A hazardous waste medicines disposal bin was not available for use during the inspection.

Medicines and medical devices were stored within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented. Short-dated stock was appropriately marked.

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 the pharmacy manager reported that these were actioned appropriately. However, recent records to demonstrate this were not kept and the pharmacy manager agreed to address this.

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 and a capsule counter 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 were two fridges which were 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.