

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, 191 Hampton Lane, Blackfield, SOUTHAMPTON, Hampshire, SO45 1XA

**Pharmacy reference:** 1031843

**Type of pharmacy:** Community

**Date of inspection:** 02/12/2019

## Pharmacy context

This is a community pharmacy located amongst a few shops in a residential area in the village of Blackfield near Southampton. The pharmacy dispenses NHS and private prescriptions. It sells a range of over-the-counter (OTC) medicines, delivers medicines and offers a few services such as Medicines Use Reviews (MURs), the New Medicine Service (NMS), seasonal flu vaccinations and Emergency Hormonal Contraception. The pharmacy also provides multi-compartment compliance aids to people in their own homes if they find it difficult to manage their medicines. And, it provides medicines to residents in care 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
<b>1. Governance</b>	Standards not all met	1.1	Standard not met	The pharmacy is not identifying and managing several risks associated with its services as failed under the relevant principles. The staff are not routinely working in line with all of the pharmacy's standard operating procedures. The pharmacy has no processes in place to ensure the safety of people prescribed higher-risk medicines and there are date-expired prescriptions present in the retrieval system that have not been identified as controlled drugs or processed in a timely manner
		1.2	Standard not met	There is not enough assurance that the pharmacy has a robust process in place to manage and learn from dispensing incidents. Staff are not routinely recording near misses, they are not completing their company's internal Safer Care processes and there is no evidence of remedial activity or learning occurring in response to mistakes
		1.7	Standard not met	The pharmacy is not routinely safeguarding people's confidential information. There is confidential information constantly left in an unlocked consultation room, the pharmacy does not inform people about how their private information is maintained, team members are sharing NHS smart cards to access electronic prescriptions and passwords are known
<b>2. Staff</b>	Standards not all met	2.1	Standard not met	The pharmacy does not have enough suitably qualified and skilled staff to provide its services safely and effectively. The current staffing arrangements are insufficient to cope with the workload, routine tasks are therefore not being completed or undertaken in a timely manner
<b>3. Premises</b>	Standards not all met	3.1	Standard not met	The pharmacy's services are not currently being provided in an environment that is appropriate for the provision of healthcare. The dispensary is extremely cluttered,

Principle	Principle finding	Exception standard reference	Notable practice	Why
				untidy and disorganized and the pharmacy's workspaces are not kept clear enough to work safely on
<b>4. Services, including medicines management</b>	Standards not all met	4.4	Standard not met	The pharmacy is not making the appropriate checks in response to drug safety alerts. This means that they could supply medicines or medical devices that are not fit for purpose
<b>5. Equipment and facilities</b>	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 the risks associated with its services. It's working environment is unsafe. The pharmacy has procedures in place to help manage risks. But members of the pharmacy team are not always working in line with them. They deal with their mistakes responsibly. But they are not always recording all the details or formally reviewing them. This could mean that they may be missing opportunities to learn and prevent similar mistakes happening in future.

### Inspector's evidence

The pharmacy was busy with queues of people building and constant walk-in trade, this was being managed as best possible by the staff present. However, at the point of inspection, the pharmacy did not have enough staff to manage the workload effectively (see Principle 2). The team was behind with the workload and had been unable to complete routine tasks. There were also limited systems in place to monitor the safety of the services being provided. The pharmacy was currently being run on company employed relief or self-employed locum pharmacists.

There were date-expired medicines present (see Principle 4) and some workspaces were cluttered with stacked baskets of prescriptions that had either been labelled and required dispensing or paperwork, prescriptions and multi-compartment compliance aids that required stock or a final accuracy-check. During the inspection staff were having to look in several different areas to locate people's prescriptions. People's prescriptions were not ready on time for them to collect.

The pharmacy team had been sporadically recording their near misses and there were some gaps seen in the near miss records with details about the contributory factors, the learning and action taken missing. The company's 'Safer Care' procedures were also not being adhered to. There was nothing in the 'Safer Care' folder at the point of inspection, booklets and case studies had not been completed. The inspector was told by staff that there had been no or very few team meetings or briefings about 'Safer Care'. This meant that there was no evidence that the near misses or incidents had been formally reviewed, any trends or patterns identified, or that any remedial action had taken place in response.

The pharmacy had a documented complaints procedure in place and the pharmacist described handling incidents in line with this. Staff described recording details on the company's internal system. However, there were no documented details seen that could help verify the process. There was no information on display about the pharmacy's complaints procedure. This meant that people may not have been able to raise their concerns easily.

The pharmacy held a range of documented standard operating procedures (SOPs) to support the services provided. They were dated from 2017-19. Staff understood their role and responsibilities, they knew when to refer to the responsible pharmacist (RP) and which activities were permissible in the absence of the RP. However, an incorrect RP notice was on display. This is a legal requirement and meant that people were being provided with incorrect details of the pharmacist in charge of operational activities. This was discussed with the RP at the time and subsequently changed.

Dispensed prescriptions awaiting collection were stored in a location that prevented sensitive information being visible from the retail area. Confidential waste was segregated before being disposed

of through the company. However, there was sensitive information present in the consultation room (see Principle 3) that could be easily accessed and no information on display to inform people about how their privacy was maintained. In addition, one person's NHS smart card to access electronic prescriptions was left within a computer terminal and was being used by the team. This member of staff was not on the premises at the time and their password was known. This limited the ability of the team to control access to people's private information.

The pharmacist was trained to level 2 to safeguard the welfare of vulnerable people. This was through the Centre for Pharmacy Postgraduate Education (CPPE). Staff could also identify signs of concern and described one incident involving a vulnerable person where the GP had been informed and potentially the school. However, there were no documented details seen about this, no policy information located and staff had not seen any contact details for the local safeguarding agencies. This could lead to a delay in the appropriate action being taken.

The pharmacy's records relating to its services were seen but only a few were fully compliant with statutory requirements. This included a section of the RP record and records of emergency supplies. On checking a sample of registers seen for controlled drugs (CDs), they were mostly compliant with the Regulations although occasional missing headers were seen. On randomly selecting CDs held in the cabinet, their quantities matched the balances that were recorded in the corresponding registers. The pharmacy's professional indemnity insurance arrangements were through the National Pharmacy Association and due for renewal after 31 January 2020.

However, there were details seen to be missing from a few records of unlicensed medicines and dates were missing in between records of private prescriptions. There were some gaps seen in the record of CDs that had been returned by people and destroyed at the pharmacy where either no-one or only a dispensing assistant had signed to state that the returned CDs had been destroyed with no pharmacist oversight recorded. Records that verified fridge temperatures had remained within the required range had recently improved although there were gaps in the previous records.

## Principle 2 - Staffing Standards not all met

### Summary findings

The pharmacy does not have enough staff to manage the workload safely. Its current staffing levels means that the team is struggling with the workload. As a result, members of the pharmacy team are under considerable pressure and are unable to keep up to date with routine tasks. This situation is unsafe.

### Inspector's evidence

The pharmacy dispensed a large volume of prescriptions, it provided services to care homes and supplied 40 people with their medicines inside compliance aids. Staff present during the inspection included a full-time trained dispensing assistant, a part-time medicines counter assistant (MCA) and a relief RP. Other staff included two part-time MCAs and the full-time manager who was also an accuracy checking technician. Staff wore name badges, their certificates of qualifications obtained were not seen.

There were not enough staff available at the point of inspection to safely manage the pharmacy's workload. This was also the case at the last GPhC inspection. The team was a few days behind in the main dispensary with people's repeat prescriptions. Staff were observed looking in several different places to locate people's prescriptions as they were not ready when they arrived to collect them. The team was also considerably behind with routine tasks such as removing date-expired prescriptions and date-checking. The inspector was told that the last regular pharmacist had left in July or August 2019 and they had been unable to cope with the lack of staff.

The relief RP described having to dispense, self-check and serve on the counter. She had previously worked at the pharmacy in August 2019 and the pharmacy had been chaotic at that time. This had been raised as a concern with the cluster manager and the regional manager who according to the team, subsequently came in, brought some cake, assisted the team on the day and then left without providing additional or ongoing support. The inspector was told that there had been no action plan put in despite the RP raising concerns about the situation, or extra cover provided. Staff stated that they were unable to cover each other as contingency. The week before the inspection, the dispensing assistant was off work and no cover had been arranged despite the team asking for additional help.

Counter staff asked people relevant questions before over-the-counter (OTC) medicines were sold. Long-standing members of staff described receiving one to two appraisals in the last seven years with the most recent one possibly having taken place last year. The company provided online resources for the team to use as ongoing training. However, the inspector was told by the team that they had been too busy to access the online training. The pharmacist described a background expectation to complete as many services as possible, pressure was felt due to the lack of support staff being present.

## Principle 3 - Premises Standards not all met

### Summary findings

In general, the pharmacy's premises are appropriate to deliver healthcare services. But parts of them are not being kept in a safe manner. The pharmacy's workspaces are extremely untidy. This increases the risk of mistakes happening. And, people's private information is not kept as secure as it should be.

### Inspector's evidence

The pharmacy premises consisted of a spacious retail area, a medium sized, enclosed dispensary with a large amount of space at the very rear. The latter consisted of staff areas, the stock room and a bench where compliance aids could be dispensed. This back area including the workspace was extremely untidy with expired medicines here that were potentially still being used for compliance aids (see Principle 4). The staff WC also needed cleaning, the plug hole in the sink was black with grime.

The retail area was professional in appearance. The pharmacy was appropriately ventilated. Parts of the retail space appeared dim although but there was still an adequate amount of light here. The dispensary and rear areas were sufficiently bright. Some Pharmacy (P) medicines were stored behind the counter although most were stored within unlocked Perspex units in the retail space. They were marked as requiring staff assistance. Counter staff described people trying to help themselves to these medicines, but they intervened, explained and supervised the transaction.

A sign-posted consultation room was available to hold private conversations and services. The door was open. Along with a sharps bin on the table, there was confidential information present as baskets with prescriptions had been left in here. This mean that unauthorised access to people's sensitive information and a risk of needle-stick injury was possible.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy doesn't always provide its services or store its medicines in a safe and effective way. It is not making enough checks to prevent medicines from being supplied beyond their expiry date. And the pharmacy is not always taking the appropriate action in response to safety alerts. This means that people could receive medicines and devices that are not safe to use. But it does obtain its medicines from reputable sources.

### Inspector's evidence

Entry into the pharmacy was through the front door from the street. The retail space consisted of wide aisles and clear, open space which helped people with wheelchairs to use the pharmacy's services. Three seats were available for people waiting for prescriptions and space for a few cars to park outside the premises. Staff physically assisted people with additional requirements, they spoke clearly and faced people who were partially deaf so that they could lip-read. Although there was a zone about healthy living, no advice was being provided or campaigns held to promote this at the point of inspection.

The pharmacy delivered medicines via a designated driver. The pharmacy had been keeping some records to verify this although the records were stored and maintained in a haphazard manner. People's signatures were obtained once they were in receipt of their medicines through a hand-held device. Failed deliveries were brought back to the pharmacy with notes left to inform people about the attempt made and medicines were not left unattended.

Team members were aware of the risks associated with valproates, they stated that they had seen relevant literature to provide upon supply, however this could not be located during the inspection. The last audit seen completed about the supply of valproates was from 2018. Prescriptions for higher-risk medicines were not being routinely identified. On checking the pharmacy's records, there was no indication that relevant checks were being made with people about blood test results or details seen recorded to help verify that this was happening. There were also no details about interventions seen recorded from 2019, previous records were dated from before 2018.

Baskets were used during the dispensing process to hold prescriptions and medicines. This helped to prevent the inadvertent transfer of items. A dispensing audit trail was used to identify the staff involved. This was through a facility on generated labels. Dispensed prescriptions awaiting collection were stored within an alphabetical retrieval system. Schedule 2 CDs and fridge lines were stored within clear bags to help identify their contents upon hand-out. However, the team had not removed uncollected prescriptions for some time and dispensed prescriptions were present here from July 2019. In addition, there were date-expired prescriptions for CDs present (for example, tramadol, dated October 2019) that had not been identified as a CD or removed.

The pharmacy used licensed wholesalers such as AAH, Alliance Healthcare and Phoenix to obtain medicines and medical devices. Staff were unaware of and stated that they had not been trained about the European Falsified Medicines Directive (FMD). The pharmacy was not yet fully set up to comply with the decommissioning process. There was equipment present to help comply with this process, but this was not functioning during the inspection.



CDs were stored under safe custody and the keys to the cabinet were maintained in a manner that prevented unauthorised access during the day as well as overnight. However, there were several date-expired medicines present. This included medicines that had expired in November, August, September and April 2019. This included expired stock pots being used for compliance aids. None of these medicines were identified as approaching expiry and medicines that were due to expire in December 2019 had not been highlighted. The date-checking schedule was blank. Staff admitted that they had not been date-checking and were behind with the process. The team, including the RP were also not incorporating an additional accuracy-check of the expiry date which meant that there was a significant risk that date-expired medicines could be easily supplied.

Medicines returned for disposal, were accepted by staff and stored within designated containers. Although there was a list available for the team to identify hazardous and cytotoxic medicines requiring disposal, there were no designated containers to store them. There was also a large amount of returned medicines stored in the back section that had not been processed or stored appropriately because of the lack of staff available to complete this task.

Staff stated that drug alerts were received by email and that the manager dealt with them. However, there was no evidence that safety alerts about recalled medicines were being actioned. No audit trail could be located to support this. In addition, there were four to five stock pots of 1000 Paracetamol tablets present by the manufacturer M&A Pharmachem Ltd which were being used for compliance aids. Batches from this company had been recalled the week before the inspection (27 November 2019) and there was no indication that any checks had been made about whether they were affected.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment and facilities it needs to provide its services safely. Its equipment is generally kept clean.

### Inspector's evidence

The pharmacy held the necessary equipment for it to operate appropriately. This included current versions of reference sources, a range of standardised conical measure for liquid medicines and the dispensary sink that was used to reconstitute medicines. There was hot and cold running water with hand wash available. Except for the staff WC, the equipment and facilities seen were relatively clean although some lime scale on the conical measures was seen. The fridges used for medicines requiring cold storage appeared to be operating at appropriate temperatures. The computer terminal was positioned in a manner that prevented unauthorised access. Cordless phones were available to maintain people's privacy.

### 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.