

Registered pharmacy inspection report

Pharmacy Name: Lloyds pharmacy, 191 Hampton Lane, Blackfield, SOUTHAMPTON, Hampshire, SO45 1XA

Pharmacy reference: 1031843

Type of pharmacy: Community

Date of inspection: 11/08/2020

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) and the New Medicine Service (NMS). 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. The inspection was undertaken during the COVID-19 pandemic.

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 identifies and manages the risks associated with its services appropriately. It has procedures in place to help minimise risks. Members of the pharmacy team regularly monitor the safety of their services by recording their mistakes and learning from them. They understand their role in protecting the welfare of vulnerable people. The pharmacy suitably protects people's private information. And, it maintains all its records in accordance with the law.

Inspector's evidence

The pharmacy's processes and procedures had significantly improved since the last inspection. Work surfaces were clear of clutter. The team was up to date with the workload and there were systems in place to identify, monitor and manage risks. This included adapting the premises to manage the spread of infection from COVID-19 (see Principle 3). The pharmacy was cleaned several times a day. Staff had plenty of personal protective equipment (PPE). Team members explained that they had limited the number of people who could enter the pharmacy to four as this felt safe and manageable. The size of the retail space meant that the pharmacy could safely allow four people to socially distance at a space of two metres from one another. Staff also described people monitoring this situation themselves. The necessary risk assessments for COVID-19 had been completed and documented standard operating procedures (SOPs) were in place to support the services provided. Only counter staff were wearing PPE during the inspection. It was a warm day and the use of PPE was discussed at the time.

The pharmacy's team members had been routinely recording their near miss mistakes and the company's 'Safer Care' procedures were being adhered to. The near miss mistakes were routinely reviewed, trends or patterns were identified, and any remedial action required was taken in response. Staff had separated amitriptyline to help prevent mistakes and mix-ups with amlodipine. They had identified look-alike and sound-alike (LASA) medicines by placing alert stickers in front of stock as a visual prompt and used a stamp. The responsible pharmacist (RP) handled incidents in line with the company's complaints procedure. This included recording details on the company's internal system. According to the team, there had been no issues with the social distancing measures or incidents since the last inspection.

The team separated confidential waste into designated bins which were then disposed of through the company and there was no sensitive information present in the retail area. Dispensed prescriptions awaiting collection were stored in a location that prevented sensitive information being visible from the retail area. Staff were trained to safeguard the welfare of vulnerable people although they had not heard of the Safe Space initiative that was being run during the pandemic for victims of domestic abuse. This was discussed at the time.

The pharmacy's records seen were fully compliant with statutory requirements. This included a section of the RP record, records of unlicensed medicines, private prescriptions and a sample of registers seen for controlled drugs (CDs). 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 2021. Records of CDs that had been returned by people and destroyed at the pharmacy were complete, along with records verifying that fridge temperatures had remained within the required

range.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are suitably trained. And they are kept informed about current health matters.

Inspector's evidence

Staff present during the inspection included a regular relief RP, a full-time trained dispensing assistant and a part-time medicines counter assistant (MCA). Other staff included a part-time MCA and the full-time manager who was also an accuracy checking technician. Staff wore name badges, their certificates of qualifications obtained were not seen.

The team was observed to be up to date with the current workload and routine tasks. Counter staff asked people relevant questions before over-the-counter (OTC) medicines were sold. The company provided online resources for the team to use as ongoing training although this was described as on hold during the pandemic. Staff explained that information about training on weight loss had been sent through recently. Team members had been receiving regular communications from their head office and had signed up to a mobile application. This helped ensure their knowledge about the current situation was kept up to date.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are appropriate to deliver healthcare services. The pharmacy is clean. And it has been modified to help ensure people can socially distance during the pandemic.

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 pharmacy was clean. The retail space was professional in appearance. The pharmacy was appropriately ventilated and lit. A sign-posted consultation room was available to hold private conversations and services. The latter was clear of clutter.

The pharmacy had been adapted because of the pandemic. This helped ensure people could socially distance so that the risk of the COVID-19 infection spreading could be reduced. On approaching the pharmacy, there was signage in the window indicating that only four people at a time could enter the premises. This included a sandwich board. A one-way system was in place with markers on the floor to highlight where people could stand. This meant that people were always two metres away from one another. A screen had been positioned in front of the medicines counter as a barrier and hand sanitisers were available.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely. It has records to help show this. And it makes its services easily accessible to people. The pharmacy sources its medicines from reputable suppliers. It stores them properly. And it largely manages its medicines appropriately. The team understands the action to take if medicines or medical devices are not safe to use. This helps them protect people's health and wellbeing.

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. Some seats were available for people waiting for prescriptions and there was space for a few cars to park outside the premises. People were offered consultations for MURs or the NMS inside the consultation room. All staff wore PPE when providing services in the consulting room but not everyone was willing to enter the room. Team members were aware of the risks associated with valproates. Posters about this and relevant literature was available to provide upon supply. Prescriptions for higher-risk medicines were identified, people were counselled, and relevant checks were made about blood test results. The RP explained that fewer people were now prescribed warfarin as they had been switched during the pandemic.

People requiring treatment for drug misuse, including those who needed to be supervised while taking their medicine, had been transferred to a fortnightly collection of their prescriptions during lock-down. This service had now returned to normal. The RP described people stepping into the consultation room for this service, while he stood outside to see that their medicine had been taken appropriately. This also helped to maintain social distancing. A paper bag was then used to help dispose of the container or people took it away with them.

The pharmacy delivered medicines via a designated driver. Staff explained that during lock-down, people had used this service more but demand for this had since returned to normal. Contactless deliveries were being made and the driver was signing for people on their behalf. Failed deliveries were brought back to the pharmacy. Notes were left to inform people about the attempt made and medicines were not left unattended. The pharmacy supplied compliance packs. The team did not currently have capacity to take on any more, and referred new requests. The pharmacy maintained records of the process. Those records included details of any changes made, and they were updated accordingly. Descriptions of the medicines inside the compliance packs were provided and patient information leaflets (PILs) were routinely supplied.

The pharmacy team used baskets during the dispensing process to hold prescriptions and medicines. They were colour coded to help manage the workload. Using baskets helped prevent the inadvertent transfer of items. A dispensing audit trail was used to identify each member of staff involved in the process. This was through a facility on dispensing labels. Dispensed prescriptions awaiting collection were stored within an alphabetical retrieval system.

The pharmacy used licensed wholesalers such as AAH, Alliance Healthcare and Phoenix to obtain medicines and medical devices. The pharmacy was not yet fully set up to comply with the

decommissioning process under the European Falsified Medicines Directive (FMD). 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. Short dated medicines were identified. No date-expired or mixed batches of medicines were seen. Staff described being up to date with checking the dates of medicines for expiry. They did this regularly although the date-checking schedule was last seen completed in January 2020. This limited their ability to demonstrate that the process had been routinely taking place.

Medicines returned for disposal, were accepted by staff and stored within designated containers. People returning sharps for disposal were referred to the local council. Drug alerts were received by email and actioned appropriately. Recent safety alerts were attached to the monthly briefings for 'Safer Care'.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. Its equipment is clean. The team takes extra precautions when people use the pharmacy's facilities. This helps reduce the spread of infection during COVID-19. And the pharmacy's equipment is used in a way to help keep people's private information safe.

Inspector's evidence

The pharmacy held 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 and sanitisers available. The fridges used for medicines requiring cold storage had been operating at appropriate temperatures and the CD cabinets complied with statutory requirements. Equipment and facilities were clean.

The RP explained that the consultation room was kept clean before and after use. The computer terminal was positioned in a manner that prevented unauthorised access. Cordless phones were available to maintain people's privacy. Staff held their own NHS smartcards to access electronic prescriptions, and were kept secure overnight.

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.