

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 2 Commercial Road, Asda
Precinct, Totton, SOUTHAMPTON, Hampshire, SO40 3BY

Pharmacy reference: 1031848

Type of pharmacy: Community

Date of inspection: 24/06/2019

Pharmacy context

A Lloyds pharmacy located in a small precinct in Totton, Southampton. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also dispenses some medicines in multi-compartment compliance aids (MDS trays or blister packs) for those who may have difficulty managing their medicines at home and for patients in care homes. The pharmacy provides a supervised consumption service for substance misuse patients, needle exchange, emergency hormonal contraception and a local delivery service.

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	3.1	Good practice	The pharmacy is well fitted out, clean, hygienic and professional in appearance.
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

Overall, the pharmacy's working practices are safe and effective. Team members record and review their mistakes to help reduce the risk of them happening again. The pharmacy keeps all the records that it needs to by law and it keeps people's information safe. Team members help to protect vulnerable people.

Inspector's evidence

A near miss log was present in the pharmacy and was seen to be used regularly by the team. However, not all the entries included a lot of detail explaining why the incident occurred making it difficult for the pharmacy team to fully review the mistakes. The team explained that the near misses would be reviewed every week and then they would have a 'Safer Care' meeting each month in which near misses would be discussed.

The pharmacy team would carry out a Root Cause Analysis following significant dispensing incidents or where the pharmacist deemed it appropriate. Examples of previous analyses were seen to be held in the 'Safer Care' logbook. The team completed 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. Examples of previous 'Safer Care' checklists were seen.

Anything identified in the 'Safer Care' checklists or with the near misses was highlighted in the monthly 'Safer Care' meeting. The dispenser explained that recently, the team had improved on their labelling as they had started using the Off-Site Dispensary. The current information on the 'Safer Care' notice board included information about new oral anti-coagulants, drugs found in the pharmacy with similar names and staff training on valproates and the pregnancy prevention programme (PPP).

There was an established workflow in the pharmacy where labelling, dispensing and checking were all carried out at dedicated areas of the work benches. Trays for domiciliary patients and care homes were prepared in a dispensary upstairs in the building. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

All the SOPs had the roles and responsibilities of each member of staff set out and on questioning, the dispensary team were all clear on their responsibilities and explained that they would refer to the pharmacist if they were unsure of something. The SOPs had all been read and signed by the team members. The pharmacist explained that due to the longer opening hours, he only worked across three or four days a week but felt confident all the team knew their roles and tasks to be completed and he could confidently leave them without having to inform them of what to do when he wasn't there.

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 complaints procedure was detailed in the Customer Charter Standards of Service leaflet which was available to the public on the shop floor. The leaflet contained the contact information for the company's head office as well as the Patient Advisory Liaison Service.

The previous Community Pharmacy Patient Questionnaire (CPPQ) survey was displayed on the nhs.uk website and by the waiting area of the pharmacy and was seen to be very positive. A certificate of

public liability and professional indemnity insurance from the NPA was on display in the office and was valid until the end of June 2019.

Records of controlled drugs and patient returned controlled drugs were all seen to be complete and accurate. A sample of Zomorph 100mg capsules was checked for record accuracy and was seen to be correct. The controlled drug running balance, including the methadone balance, was checked every week by the pharmacist.

The responsible pharmacist record was complete, and the responsible pharmacist notice was displayed in pharmacy. The maximum and minimum fridge temperatures were recorded daily and were always in the 2 to 8 degrees Celsius range. The private prescription records were seen to be completed appropriately with all the required information.

Date checking was carried out in a manner which meant the whole pharmacy is date checked four times in a year and records of this were seen to be completed appropriately. The specials records were all held in a file and the examined certificates of conformity were seen to contain all the required information.

The computers were all password protected and the screens were not visible to the public. Confidential information was stored in locked filing cabinets and conversations inside the consultation room could not be overheard. There were cordless telephones available for use and confidential waste paper was collected in white confidential waste bins which were removed by the company for destruction. Information Governance (IG) practice was reviewed annually in the pharmacy against the requirements and the team had submitted the latest IG Toolkit.

The pharmacist had completed the Community Pharmacy Post-graduate Education (CPPE) learning module on safeguarding children and vulnerable adults. The pharmacy team had also been trained on safeguarding children and vulnerable adults and had signed a training matrix to say they had read and understood the training and were competent to safeguard children and vulnerable adults. The team displayed a poster in the dispensary from the Wessex Multi-Agency Safeguarding Hub which included a flow chart to follow if the team had safeguarding concerns and contact details for all the local safeguarding authorities.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services safely. Team members have access to training materials to ensure that they have the skills they need, and the pharmacy gives them time to do this training. Pharmacy team members make decisions and use their professional judgement to help people. Team members can share information and raise concerns to keep the pharmacy safe.

Inspector's evidence

During the inspection there was one pharmacist, one registered technician, three dispensers and one medicines counter assistant. The staff were observed to be working calmly and well together and providing support to one another when required.

Staff performance was monitored using an online performance review twice a year. The store manager explained that she would discuss staff performance, development and their goals with them every year and then review it halfway through the year to see if any further support was required.

The team members completed training online using a 'My Learn' programme and had a medicines skills assessment every month to assess their knowledge and understanding of products and services. The team explained they had recently completed training on valproates electronically.

The company had an annual staff survey to allow the staff to feedback any opinions they had about their roles and the company anonymously. The members of the team explained that they were happy to raise any concerns they had instantly with the pharmacist or the store manager. There was also a whistleblowing policy in place and a poster of about this was displayed in the staff areas of the building. The team was aware of this and was happy to use it if required.

There were targets in place for MURs and NMS, but the pharmacist explained that he did not feel any pressure to deliver these targets and would never compromise his professional judgement to achieve targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is safe and clean, and suitable for delivery of its services. Pharmacy team members use a private room for sensitive conversations with people. The pharmacy is secure when closed.

Inspector's evidence

The pharmacy was based on two floors of the building. On the ground floor was a large retail area, medicines counter, consultation room, dispensary and office. Upstairs was the MDS preparation room, office, a large stock room, staff rest rooms and bathrooms. The pharmacy was very clean and tidy, and the team explained they would clean the pharmacy between themselves and they would have a professional floor clean carried out regularly.

The pharmacy was presented in a professional manner and was well laid out with the professional areas clearly defined from the main retail area. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services. The shop had been refitted and had two separate areas for skin care and pain relief where people could purchase relevant products from and obtain further information. The medicines counter assistant explained that the team had extra training on pain relief and skin care following the creation of these two healthcare areas. Medicines were stored on the shelves and in the drawers in a generic and alphabetical manner and the team explained that the shelves would be cleaned when the date checking was carried out.

The dispensary was screened to allow for the preparation of prescriptions in private and the consultation room was advertised as being available for private conversations. Conversations in the consultation room could not be overheard. The consultation room was fit for purpose, allowed for the movement of a wheelchair and included seating, a computer with the PMR, locked storage and a clean sink.

There were also sinks available in the dispensaries with hot and cold running water to allow for hand washing and preparation of medicines. The ambient temperature was suitable for the storage of medicines and regulated with an air conditioning system. Lighting throughout the store was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people with different needs. Staff members provide the pharmacy services safely. The pharmacy sources and stores medicines appropriately.

Inspector's evidence

Pharmacy services were clearly displayed in the shop window and on posters around the pharmacy area. There was a range of leaflets available to the public about services on offer in the pharmacy near the medicines counter and in the consultation room. The pharmacy was a healthy living pharmacy and the team had a healthy living area on the shop floor which including information about prostate cancer, male suicide and mental health.

There was step-free access into the pharmacy and seating for patients or customers waiting for services. The pharmacy also had an induction loop available should someone require it. The team had started using the company's Off-Site Dispensary where prescriptions would be made up away from the branch to reduce the workload. The team would label prescriptions ready for screening by the pharmacist. Once the pharmacist had checked the prescriptions, they would be sent off to the hub where the prescription would be made up before being sent to the pharmacy completed and the team would match up the prepared medicines with the prescriptions. The whole process would take about two days and the dispenser explained that it helped them to organise their workload effectively.

The MDS trays and care home medicines were organised into a four-week cycle. The team used a rota to document which patient and care home would be having their deliveries on each day. The MDS trays were supplied with descriptions of the medicines inside and Patient Information Leaflets (PILs) were provided every month. The team explained that if there were any requests for the trays to include medicines which were not suitable, they would discuss these requests with the GP and consider patient compliance before making any changes.

The team were all aware of the enhanced requirements for women of child bearing age to be on a pregnancy prevention programme if they were taking valproates. The team had completed an audit and identified 2 patients in the pharmacy who were in the affected age groups. The pharmacist explained that he had discussions with the patients about the effects of valproates and had placed notes on their PMR regarding this.

The pharmacist explained that he would check that a patient's INR levels were safe, they were having regular blood tests and they were taking their warfarin according to their yellow monitoring book. However, information about their INR levels and blood tests was not always documented, unless during an MUR.

The pharmacy obtained medicinal stock from AAH and Alliance. Specials were ordered from AAH Specials. Invoices were seen to demonstrate this. There were destruction kits available for the destruction of controlled drugs and doop bins were available and seen being used for the disposal of medicines returned by patients. There was also a bin for the disposal of hazardous waste and a list of hazardous waste medicines which need to be disposed of in these bins.

The fridges were in good working order and the stock inside was stored in an orderly manner. MHRA alerts came to the team electronically through the company's intranet and they were actioned appropriately. The team kept a robust audit trail for the MHRA recalls and recorded when they had received the recall as well as who had actioned it and what action had occurred following the recall. Recently, the team had received a recall for paracetamol tablets and the alert was annotated to say this had been actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely.

Inspector's evidence

There were several crown-stamped measures available for use, including 250ml, 100ml and 10ml measures. Some were marked to show they should only be used with methadone liquid. They were all seen to be clean. Amber medicines bottles were seen to be capped when stored and there were counting triangles available as well as capsule counters.

Up-to-date reference sources were available such as a BNF, a BNF for Children, Stockley's Drug Interaction and a Drug Tariff as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources.

The fridges were in good working order and the maximum and minimum temperatures were recorded daily and were seen to always be within the correct range. Doop bins were available for use and there was enough storage for medicines. Hazardous waste bins were also available as well as lists of which drugs were hazardous. The computers were all password protected and conversations going on inside the consultation could not be overheard.

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.