

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 17 Grove Road, Shirley,
SOUTHAMPTON, Hampshire, SO15 3HH

Pharmacy reference: 1031856

Type of pharmacy: Community

Date of inspection: 21/08/2019

Pharmacy context

A Lloyds pharmacy located in a residential area of Shirley in 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 for those who may have difficulty managing their medicines at home and provides a 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	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

Overall, the pharmacy manages most risks well. It keeps the records it needs to by law. And the pharmacy's team members understand how to protect vulnerable people and people's personal information. However, while the pharmacy records its mistakes it doesn't always review them regularly. So it might miss opportunities to spot patterns and trends and so reduce the chances of making the same mistakes again in the future. The pharmacy keeps people's information safe and 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 pharmacy team. However, the entries did not include a lot of detail explaining why the incidents occurred making it difficult for the pharmacy team to fully review the mistakes. The supervisor explained that since the manager had gone on maternity leave, the team have not been able to review the near misses effectively to be able to highlight any areas of improvement required. The pharmacy team would complete an incident report which would be sent to the company's head office when they had an error which left the pharmacy or any significant incident. The team would normally complete a 'Safer Care' process whereby they would assess they had what they needed to run the pharmacy with minimal risk. However, the team explained that due to the lack of management in place at the moment, they have been unable to complete this process recently.

There was an established workflow in the pharmacy where labelling, dispensing and checking were all carried out at dedicated areas of the work benches. Multi-compartment compliance aids were prepared in a dedicated area at the back of the dispensary to reduce distractions. 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 roles and responsibilities and explained that they would refer to the pharmacist or supervisor if they were unsure of something. The SOPs had all been read by the team members. 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 2020.

There was a complaints procedure in place and 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 a leaflet stand by the consultation room. 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 consultation room and was seen to be very positive.

Records of controlled drugs and patient returned controlled drugs were all seen to be complete. The controlled drug running balance was checked by the pharmacist for both the solid and liquid drugs regularly. The responsible pharmacist record was complete and the responsible pharmacist notice was displayed in the pharmacy where patients could see it. The maximum and minimum fridge temperatures were recorded daily and were mostly in the 2 to 8 degrees Celsius range. Some maximum temperatures were recorded as 8.8 degrees Celsius without any note to say the fridge was reset and the temperature was rechecked. The private prescription records were completed appropriately. 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 most of the examined certificates of conformity included 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 NHS Data Security and Protection Toolkit. The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 learning module on safeguarding children and vulnerable adults. Pharmacy team members 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.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services safely. Team members have easy access to training materials to ensure that they have the skills they need. Pharmacy team members feel able to make their own decisions and frequently use their professional judgement to help people.

Inspector's evidence

In the pharmacy there was one locum pharmacist, one NVQ Level 2 dispenser, one trainee dispenser who had recently joined and was due to be placed on the NVQ 2 course and one medicines counter assistant. The staff were observed to be working calmly and well together and providing support to one another when required.

The team explained that staff performance was monitored formally during annual reviews, but they had not had reviews for a while. The team members completed monthly training online with the company's 'My Knowledge' programme to improve and assess their knowledge and understanding of products and services. The supervisor explained that each team member had dedicated training time for this every month.

The company had an annual staff satisfaction survey which was an opportunity for the staff to feedback any opinions they had about their roles and the company anonymously. The members of staff explained that they were able to raise any concerns they had instantly with the pharmacist or their cluster lead. There was also a whistleblowing policy in place and a poster 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 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's premises are generally suitable for the provision of its services and they are secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy.

Inspector's evidence

The pharmacy is located on the ground floor of the building and included a retail area, medicines counter, consultation room, dispensary, staff room and staff bathroom. The pharmacy was clean but a bit cluttered due to the team trying to keep up with the compliance aid dispensing at the back of the dispensary. There was a cleaning rota displayed in the staff area of the building with different weekly cleaning tasks which different members of staff took ownership of. The pharmacy was presented in a professional manner and was well laid out with the professional areas clearly defined away from the main retail area. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services. Medicines were stored on the shelves and in the drawers in a generic and alphabetical manner and the manager 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. The consultation room could be locked if required.

There was a sink available in the dispensary 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 ensures that its services are accessible to people with different needs. Generally, the pharmacy team provides safe services and provides people with information to help them use their medicines. However, relevant safety checks when people receive higher-risk medicines are not always recorded. This makes it difficult for them to show that they provide the appropriate advice when they supply these medicines. The pharmacy gets its medicines from reputable sources and the team knows what to do if medicines are not fit for purpose.

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. 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 multi-compartment compliance aids were organised into a four-week cycle. The team used a rota to document which patient would be having their deliveries on each day. The compliance aids were supplied with descriptions of the medicines inside and patient information leaflets (PILs) were provided every month. The team explained that they were all aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were on valproates and they had checked the PMR to see if they had any patients affected by this. The supervisor explained that they place 'Pharmacist' stickers on prescriptions for warfarin to highlight that on hand out, these prescriptions should be referred to the pharmacist, so they could check that a patient's INR levels were safe and they were having regular blood tests. However, this was not always documented, unless the pharmacist completed an MUR on the patient.

The team were all aware of the European Falsified Medicines Directive (FMD) and they had the appropriate scanners in place, but they were not yet compliant with the directive and were awaiting further company instruction. The pharmacy obtained medicinal stock from AAH and Alliance. Specials were ordered from AAH Specials. Invoices were seen to verify this. There were denaturing kits available for the destruction of controlled drugs and designated bins for the storage of unwanted medicines were available and seen being used for the disposal of medicines returned by patients. There was also a separate 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 an 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. However, the latest recall in the alerts and recall file was from March 2019. The dispenser explained that they would action all recalls and alerts, but they may not always print them off and file them.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities to provide its services safely. These are clean and fit for purpose.

Inspector's evidence

There were several crown-stamped measures available for use, including 250ml, 100ml and 10ml measures. 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, Martindale and a Drug Tariff as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources. The computers were all password protected and conversations going on inside the consultation room 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.