

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 9 St James Road, Shirley,
SOUTHAMPTON, Hampshire, SO15 5FB

Pharmacy reference: 1031867

Type of pharmacy: Community

Date of inspection: 21/08/2019

Pharmacy context

A Lloyds pharmacy located in a small shopping parade in Shirley, 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. The pharmacy provides a minor ailments service, a flu vaccination service, emergency hormonal contraception service 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	1.2	Good practice	The pharmacy's team members regularly record and review incidents to ensure that they learn from them and the learning is shared. The team members also keep records of their review meetings to document the learnings
2. Staff	Standards met	2.2	Good practice	The pharmacy provides regular training for staff to keep their knowledge up to date.
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'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 pharmacy team. The team explained that the near misses would be reviewed every month by the pharmacist and then there would be a team meeting to discuss the trends in the near misses and what they could do to reduce the likelihood of incidents occurring. Where near misses were not found in a day, the team would enter in the log that no near misses were found. 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 on a 'Safer Care' notice board displayed in the dispensary. The current information on the board included the team highlighting 'Look Alike, Sound Alike' medicines, a new case study about interventions and problem solving, and the learning programme about ellaONE.

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 for domiciliary patients 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 Standard Operating Procedures (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 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 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 in a leaflet stand by the waiting area and in 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 was seen to be very positive.

Records of controlled drugs and patient returned controlled drugs were all seen to be complete and accurate. A sample of OxyContin 10mg tablets was checked for record accuracy and was seen to be correct. The controlled drug running balance was checked every week by the pharmacist for both the solid and liquid drugs. The responsible pharmacist record was seen as 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 always in the 2 to 8 degrees Celsius range. 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 completed appropriately. The specials records were all held in a file and 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 Data Security and Protection Toolkit.

The pharmacist had completed the Centre for Pharmacy Postgraduate 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 contact details for all the relevant safeguarding authorities were demonstrated to be held in a signposting and safeguarding file and on a poster displayed in the dispensary. The team had also all completed the Dementia Friends learning online.

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. Pharmacy team members make decisions and use their professional judgement to help people. They work well together and feel able to discuss ways of improving their services.

Inspector's evidence

In the pharmacy there was one regular pharmacist, one NVQ Level 2 dispenser 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 the 'My Pad' system. This happened formally twice a year with a final annual review. During these reviews, the pharmacist and staff members would have a two-way discussion about performance as well as any improvements which would be required and training and development needs. Team members completed training online and had a medicines skills assessment every month to assess their knowledge and understanding of products and services. Certificates of completed training for the staff were held in the dispensary. The pharmacist explained that each team member has dedicated training time 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. Alongside this, the members of staff explained that they were happy to raise any concerns they had instantly with the pharmacist or their senior managers. 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 team explained that they did not feel any pressure to deliver these targets and would never compromise their professional judgement to achieve targets.

The pharmacist explained that he had recently applied for the independent prescribing course and had been supported to do so by his regional management team. He explained that he would be doing it in his own time so that it did not impact on the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are safe, 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 the ground floor of the building and included a retail area, medicines counter, consultation room, dispensary, office, stock room, staff kitchen and bathrooms. The pharmacy was very clean and tidy and the team explained that they maintained this to allow them to work in a safe and uncluttered environment. 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 off.

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 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 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 delivers its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and manages medicines safely, and so makes sure that the medicines it supplies are fit for purpose. They identify people supplied with high-risk medicines so that they can be given extra information they may need to take their medicines safely. The pharmacy responds well to drug alerts or product recalls so that people only get medicines or devices which are safe.

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 via an electric sliding door 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 and care home would be having their deliveries on each day and held a communications board by the preparation area to communicate any message regarding the compliance aids. 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 team also had leaflets and information cards which they would provide with prescriptions for valproates. The pharmacist explained that they place 'Pharmacist' stickers on all prescriptions with 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. The pharmacist explained that not all patients carried their anti-coagulant monitoring books and so he could not check the results, but most patients were able to tell him when they had their last blood test and what their INR levels were. The pharmacy kept a record of interventions and referrals. The pharmacy used valid and up to date PGD for their EHC service and minor ailments service.

Pharmacy team members were aware of the European Falsified Medicines Directive (FMD) and they had the scanners in place, but the pharmacy was not yet compliant with the directive and was awaiting the company's roll out of software and training. The pharmacy obtained medicinal stock from AAH and Alliance. Specials were ordered from AAH Specials. Invoices were seen to demonstrate 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 fridge was in good working order and the stock inside was stored in an orderly manner.

MHRA alerts and recalls 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 aripiprazole solution and the alert was annotated to say this had been actioned.

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 500ml, 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, 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 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.