

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 4 Townhill Farm Shopping Centre,
Wessex Road, West End, SOUTHAMPTON, Hampshire, SO18 3RA

Pharmacy reference: 1031904

Type of pharmacy: Community

Date of inspection: 28/08/2019

Pharmacy context

This is a community pharmacy located in a small parade of shops in Southampton, Hampshire. The pharmacy dispenses NHS and private prescriptions. It provides some services such as Medicines Use Reviews (MURs), the New Medicine Service (NMS) and seasonal flu vaccinations. The pharmacy supplies multi-compartment compliance aids for people if they find it difficult to take their medicines on time. Some people's prescriptions are assembled from another part of the company's premises.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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's working practices are generally managed appropriately. Members of the pharmacy team monitor the safety of their services by recording their mistakes and reviewing them. The pharmacy protects people's private information well. In general, its team members understand how to protect the welfare of vulnerable people. And, the pharmacy usually keeps most of its records in accordance with the law.

Inspector's evidence

The pharmacy was cluttered at the point of inspection. Much of the dispensary's workspace was taken up with baskets of prescriptions and general clutter. There were also some baskets containing prescriptions that were yet to be dispensed, placed on the floor. Staff stated that this was usual for the workload because they were experiencing staff shortages (see principle 2).

A range of documented standard operating procedures (SOPs) were available to support the provision of the pharmacy's services. They were due for review in 2019. Staff had read and signed the SOPs. Roles and responsibilities for the team were defined within them and team members were aware of their responsibilities. In the absence of the responsible pharmacist (RP), staff knew which activities were permissible and the procedure to take if the pharmacist failed to arrive. The correct RP notice was also on display and this provided details of the pharmacist in charge of operational activities on the day.

There was an SOP in place to cover the off-site dispensing service. Staff explained that written consent had been obtained from people for this service when people signed up to the pharmacy's managed repeat prescription service. In addition, upon handing out dispensed medicines, staff re-checked and reinforced to people that their medicines had been dispensed elsewhere.

To maintain safety, team members explained that they dealt with one task at a time, they tried to concentrate when dispensing and made sure that fewer people were in the dispensary to help reduce distractions. Staff also showed each other dispensed insulin products before they were handed out to people so that an additional accuracy check could happen at this stage.

The company's Safer Care processes were in place. Workbooks and checklists were complete, the Safer Care board was up to date and staff routinely recorded details about their near misses. They were discussed at the time, reviewed collectively every week and details were shared with the team through regular briefings. Medicines that were involved in mistakes were segregated with other stock placed in between them. Look-alike and sound-alike (LASA) as well as higher-risk medicines were highlighted with caution notes placed in front of the medicines as an additional visual alert.

The pharmacy informed people about its complaints procedure. Incidents were handled by the RP and the process was in line with the company's policy. This included recording details on the company's internal reporting system. Documented details of previous incidents were present, staff routinely completed a root cause analysis of the situation and reflective statements to help reinforce their learning. The last documented incident on the company system involved a data entry to the hub for the off-site dispensing when the pharmacy had initially gone live with the process. The hub identified that the pharmacy had requested an incorrect quantity of simvastatin, this was brought to the pharmacy's attention and the correct amount was then dispensed at the pharmacy with the two matched up when

it arrived from the hub. The team's awareness had been raised, the data had been manually entered because the prescription was on paper as opposed to being scanned from an electronic prescription. A root cause analysis and reflective statements for the situation were carried out.

Staff could identify signs of concern to safeguard vulnerable people although this initially required prompting. They referred to the RP in the first instance and were trained as dementia friends. The RP was trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE). There were contact details for the local safeguarding agencies present, policy information available as guidance and the pharmacy's chaperone policy was on display.

The pharmacy informed people about how their privacy was maintained. The team segregated confidential waste before it was disposed of through the company and staff used the consultation room for private conversations with people. Dispensed prescriptions awaiting collection were stored in an area where sensitive details were not visible from the retail area. The company's information governance policy was present to provide guidance and the team had been trained on the EU General Data Protection Regulation (GDPR). Summary Care Records were accessed for emergency supplies or for queries about people's medicines and consent from people for this had been obtained verbally.

The maximum and minimum temperatures of the pharmacy fridge were routinely checked, and records of this were kept. This helped to verify that medicines were appropriately stored here. The pharmacy held an audit trail for the destruction of controlled drugs (CDs) that were returned for disposal although there was the occasional missing entry. There were current professional indemnity insurance arrangements in place.

Most of the pharmacy's records were maintained in line with statutory requirements. This included the RP record, records of unlicensed medicines, most records of private prescriptions, emergency supplies and a sample of registers checked for CDs. Balances for CDs were checked and documented every week. On selecting random CDs held in the CD cabinet, their quantities corresponded to the balance stated in the registers. However, the pharmacist had signed out of the RP record before her shift had finished. The requirement to contemporaneously make records was discussed at the time. Some records within the private prescription register were only recorded as 'online Dr' for the prescriber details without the full information being documented.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy provides services using a team with a range of skills and experience. The pharmacy's team members understand their roles and responsibilities. They are provided with resources to keep their skills and knowledge up to date. But, the pharmacy's current staffing levels means that they sometimes struggle to manage the workload. And the pharmacy has no contingency plan to cope with staff absence. This could make it more difficult to manage all of their workload safely.

Inspector's evidence

Staff present during the inspection included just the RP and a part-time trained dispensing assistant initially. A medicines counter assistant (MCA) arrived half way through the inspection. There were two more MCAs and a dispensing assistant who was on annual leave. All staff except for the RP were part-time. Staff explained that some members of the team were on annual leave and there was no contingency arrangement in place. This had left them short staffed during this period and they were behind with some of their routine tasks (such as date-checking, see Principle 4).

Name badges were worn by staff and the team's certificates of qualifications obtained were seen. Team members asked relevant questions before selling medicines over the counter (OTC). They referred to the RP when unsure or when required, and in general they held a suitable amount of knowledge of OTC medicines. However, counter staff explained that they had not received any training for some products that were sold from the pharmacy (such as Frontline), this meant that they were limited in the advice that they could provide although they knew that the size of the animal should be checked before this product was sold. The pharmacist supervised sales of OTC medicines in general but was not directly involved in the sale of the latter. Ensuring this and appropriate training was arranged for the team was discussed during the inspection.

To assist with training needs, the team completed online modules every month through a company provided resource, formal appraisals for staff were held annually and as they were a small team, they communicated verbally, through the weekly Safer Care briefings and received updates through the RP and after conference calls. The RP explained that there was an expectation to achieve the maximum of 250 MURs but there was no pressure applied to complete services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are secure and provide an adequate environment to deliver its services. The pharmacy has a separate area where confidential conversations and services can take place.

Inspector's evidence

The premises consisted of a medium sized retail space and dispensary, there was a small kitchenette area at the very rear, the staff WC and stock room were also located here. The pharmacy was suitably lit and well ventilated. Areas that faced the public were professional in appearance. Except for the sink in the dispensary (see Principle 5), the pharmacy was clean. As mentioned under principle 1, the pharmacy was untidy, workspaces were cluttered, there were several large bags containing bulky items in places and some baskets were stored on the floor.

Pharmacy (P) medicines were stored within enclosed but unlocked Perspex units in the retail space and were marked as requiring staff assistance. Staff stated that people did sometimes try to help themselves, but they intervened when this happened. The consultation room was signposted and of a suitable size to provide services and confidential conversations. The door was unlocked and left open. There was no confidential information present or accessible from within the room.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy can make some adjustments to ensure its services are accessible to people with different needs. In general, the pharmacy provides its services safely and effectively. It sources, generally stores and manages most of its medicines appropriately. But, the pharmacy's team members don't record information when people are prescribed higher-risk medicines. This makes it difficult for them to show that appropriate advice has been provided when these medicines are supplied.

Inspector's evidence

Entry into the pharmacy was from the street and through an automatic front door. There was some clear, open space inside the premises with a wide aisle and a lowered counter available. This meant that people requiring wheelchair access could easily use the pharmacy's services. There were two seats available for people wanting to wait for their prescription and plenty of car parking spaces outside the premises. Staff used the hearing aid loop to help communicate with people who were partially deaf and verbally provided details or physically assisted people who were visually impaired. Some members of the team spoke Somali, Swahili and Arabic, others used gestures or google translate for people whose first language was not English.

The pharmacy's opening hours and some leaflets about the services that it provided were on display. It was healthy living accredited, and staff changed the display that informed people about healthier living every two months. They also advertised information about local services, clubs or about the local community here.

During the dispensing process, the team used baskets to hold prescriptions and medicines to prevent any inadvertent transfer. The baskets were colour co-ordinated which helped to identify priority and staff used a dispensing audit trail to identify their involvement. This was through a facility on generated labels.

Team members were aware of the risks associated with valproates and there was educational literature available to provide to females at risk, upon supply of this medicine. People prescribed high-risk medicines were identified, counselled and relevant parameters were checked. This included asking about the International Normalised Ratio (INR) level for people prescribed warfarin. However, the details obtained were not recorded.

Prescriptions awaiting collection were stored within an alphabetical retrieval system. The team could identify fridge items and CDs (Schedules 2-4) from stickers that were used. Clear bags held assembled medicines that were stored in the fridge as well as CDs. This enabled an additional check to ensure that the right medicine was being supplied, when they were handed out to people by the team. Uncollected items were removed every six weeks.

The pharmacy had only very recently implemented the company's off-site dispensing service. This involved inputting prescription details into the pharmacy system, a clinical as well as an accuracy check was conducted at this stage before transmitting the details. The prescriptions themselves were held at the pharmacy and prescriptions for CDs, fridge lines, split packs of medicines or bulky medicines were not sent to the hub in Ruislip. Dispensed prescriptions were sent back from the hub in orange, sealed totes, within two working days. Staff then matched people's details on the bags to prescriptions and the

bags were not opened.

The initial setup for compliance aids involved the person's GP initiating and assessing suitability for them. Prescriptions were ordered by the pharmacy on behalf of people and details about the medicines were cross-checked against people's individual records. If changes were identified, staff confirmed them with the prescriber and documented details onto the records to verify this. Descriptions of the medicines within the compliance aids were provided. They were not left unsealed overnight. All medicines were de-blistered into the compliance aids with none left within their outer packaging. Patient information leaflets (PILs) were supplied routinely. Mid-cycle changes involved either the change taking place from the following cycle onwards or the compliance aids were retrieved, amended, re-checked and re-supplied.

The pharmacy delivered medicines to people's homes and maintained records to verify this. CDs and fridge items were highlighted. The driver used a hand-held device, to capture people's signatures once they were in receipt of their medicines. Failed deliveries were brought back to the pharmacy with notes left to inform people about the attempt that had been made and the medicines were not left unattended.

Licensed wholesalers such as Alliance Healthcare and AAH were used to obtain medicines and medical devices. Unlicensed medicines were obtained from the latter. Staff were aware of the process involved with the European Falsified Medicines Directive (FMD). There was relevant equipment present but this was not functioning at the point of inspection. The team had completed training on FMD and described seeing an update about this, but they had not been provided with guidance information on the process.

Medicines were stored in an organised manner. There were no date-expired medicines present or mixed batches seen although the occasional poorly labelled container was present. Short-dated medicines were identified using stickers. A date-checking schedule was in place, in line with the company's policy, medicines should have been date-checked for expiry every week, but the team was behind with this process and this had not been completed for some time. Staff had subsequently been incorporating a check of the expiry date into their dispensing and accuracy-checking procedure. Liquid medicines were marked with the date on which they were opened. CDs were stored under safe custody. Keys to the cabinet were maintained during the day and overnight in a manner that prevented unauthorised access. Medicines were stored evenly and appropriately within the medical fridge. Drug alerts were received through the company, stock was checked, and action taken as necessary. An audit trail was available to verify this process.

The pharmacy used designated containers to store medicines that had been returned by people for disposal. This included a separate container for hazardous and cytotoxic medicines and there was a list available for the staff to identify these medicines. However, the unsealed containers were stored in the staff WC and this added unnecessary risks. The RP was advised to only store sealed containers here. People returning sharps for disposal, were provided with a leaflet with relevant information and referred to the GP surgery or to the local council. Returned CDs were brought to the attention of the RP, details were entered into the CD returns register, they were segregated and stored in the CD cabinet prior to destruction. A full audit trail was maintained to confirm this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And, its equipment helps protect the privacy of people.

Inspector's evidence

The pharmacy was equipped with current reference sources and the team had access to a range of equipment to provide pharmacy services. This included counting triangles, clean, crown stamped, conical measures for liquid medicines. The blood pressure machine was last replaced in January 2019. The CD cabinet was secured in line with statutory requirements and medicines were being stored at appropriate temperatures within a medical fridge. Staff could store their personal belongings in lockers. The pharmacy had access to hot and cold running water with antibacterial hand wash. Computer terminals were password protected and positioned in a manner that prevented unauthorised access. Cordless phones were used to protect people's privacy. Team members used their own individual NHS smart cards to access electronic prescriptions. They were taken home overnight.

However, the dispensary sink that was used to reconstitute medicines was blocked and semi-full of brown sludge. The team explained that this had happened the day before the inspection, staff had checked with the adjacent retail premises to see if the row of shops had been affected. They had been monitoring the situation, one member of staff had bought in a plunger to see if they could fix this and they were due to report it to the company's maintenance department. The team was not currently using this sink. The staff were advised to ensure that they either used the sink in the staff kitchenette to reconstitute medicines or obtained potable water suitable for this purpose.

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.