

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 5 Warwick Parade, Kenton Lane, HARROW, Middlesex, HA3 8SA

Pharmacy reference: 1035014

Type of pharmacy: Community

Date of inspection: 13/01/2020

Pharmacy context

An independent pharmacy located on a busy shopping parade in Harrow. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also provides Medicines Use Reviews (MURs), a New Medicine Service (NMS), multi-compartment compliance aids for patients in their own homes, a supervised consumption service and 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's working practices are safe and effective. It records and reviews its mistakes to learn from them and prevent them from happening again. The pharmacy also keeps all the records required by law. Team members keep people's information safe and they help to protect vulnerable people.

Inspector's evidence

Near misses were recorded in a log held in the dispensary and would be analysed at the end of each month as part of the company's 'Safer Care Process'. Near misses were highlighted to the team member who made the error, and they were asked to look at the error again and change it. Errors that left the premises were recorded electronically in the pharmacy and submitted to the company's head office. At the end of each month, the team have a meeting to highlight any trends in the errors and the main points from these meetings are noted on the 'Safer Care Notice Board' in the dispensary. Recently, the team have been reminded to ensure that they always include a 'LASA' sticker on all drugs which come under the Look Alike Sound Alike (LASA) categories e.g amlodipine and amitriptyline. There was a logical workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches. Multi-compartment compliance aids were prepared in a dedicated area of the dispensary to prevent distractions. Standard operating procedures (SOPs) were in place for the dispensing tasks and were updated every two years. The team had signed the SOPs to say they had read and understood them. Staff roles and responsibilities were described in the SOPs. A certificate of public liability and professional indemnity insurance from the NPA was on display in the dispensary and valid until the end of June 2020. There was a complaints procedure in place and the staff were clear on the processes they should follow if they received a complaint. The team carried out an annual community pharmacy patient questionnaire (CPPQ) and the results of the 2018 survey were positive and displayed on the nhs.uk website, and in the pharmacy.

Records of controlled drugs and patient returned controlled drugs were complete and accurate. A sample of MST 15mg tablets was checked for record accuracy and was seen to be correct. The controlled drug register was maintained, and the pharmacy checked the running balance of each drug every month. The pharmacy held an electronic responsible pharmacist record, 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 accurately, and the specials records were complete with the required information documented.

The computers were all password protected and the screens were not visible to the public. Confidential information was stored away from the public and conversations inside the consultation room could not be overheard. There were cordless telephones available for use and confidential waste paper was disposed of in confidential waste which was removed regularly by the company for destruction. The team had an information governance policy in place which had been signed by them and they had completed GDPR training. The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children and the team members explained that they had all completed safeguarding training on the company's training portal and were aware of things to look out for which may suggest a safeguarding issue. They were also

all Dementia Friends and had completed this learning online.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. Team members are trained for the jobs they do, and they complete regular additional training to help them keep their knowledge up to date. They can use their professional judgement to decide whether it is safe to supply medicines.

Inspector's evidence

During the inspection, there was one pharmacist, one pre-registration pharmacist who was competing a split placement between community pharmacy and industry, an NVQ Level 2 dispenser and one medicines counter assistant. Certificates of completed training were available. The staff were seen to be working well together.

Staff completed regular training on the Lloyds 'My Learn' training website and the pre-registration pharmacist had access to the 'My Learn Plus' site which was more clinical. The pre-registration pharmacist would attend regular study days held by the company to prepare him for the pre-registration exam and would continue to attend these days even while on his industry placement. The medicines counter assistant was observed using an appropriate questioning technique to find out more information when someone presented at the pharmacy with eczema. She explained the difference between various products allowing the person to make an informed decision before counselling them effectively.

The team members explained that they were able to raise anything with one another whether it was something which caused concern or anything which they believed would improve service provision. There were no targets in place and the team explained that they would never compromise their professional judgement for business gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean and suitable for the provision of its services. The premises are secure when closed and pharmacy team members use a private room for sensitive conversations with people to protect their privacy.

Inspector's evidence

The pharmacy was based on the ground floor of the building and included a retail area, medicine counter, dispensary, consultation room, a staff and stock area and a bathroom. The pharmacy was slightly dated in appearance, but the door frame and lighting had recently been updated. The team explained that there were plans in place for a refit, but not a definite date yet. The dispensary was a bit cluttered as the workload in the pharmacy was quite high for the work area they had. However, the team used their workspace well and everything was organised.

The pharmacy was professional in appearance and clean. The products for sale around the pharmacy area were healthcare related and relevant to pharmacy services. The team explained that they cleaned the pharmacy between themselves daily and there was a cleaning rota on display in the dispensary. The ambient temperature was suitable for the storage of medicines and lighting throughout the pharmacy was appropriate for the delivery of pharmacy services. Medicines were stored on the shelves in a suitable manner and the shelves were 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 included seating, locked storage and a computer with the PMR.

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. Team members identify people supplied with high-risk medicines so that they can be given any extra information they may need to take their medicines safely. The pharmacy responds satisfactorily to drug alerts or product recalls so that people only receive medicines or devices which are safe for them to take.

Inspector's evidence

Pharmacy services were displayed in the window of the pharmacy. There was a range of leaflets available to the public about the services on offer in the pharmacy and general health promotion in the consultation room. There was step-free access into the pharmacy. There was also seating available should people require it when waiting for services.

The pharmacy team prepared multi-compartment compliance aids for domiciliary patients. The compliance aids were seen to include accurate descriptions of the medicines inside and they were supplied with patient information leaflets (PILs). The pharmacy team was aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were taking valproates and they had checked the PMR to see if they had any patients in the at-risk group. There was an information pack about the risks of valproates in the dispensary which the team would use when dispensing prescriptions for valproates to patients in the at-risk group. The pharmacist explained that she would ask patients taking warfarin if they were aware of their dose and they were having regular blood tests, They would ask to see a patient's yellow anti-coagulant monitoring book and if the INR levels were out of range, this would be documented on the PMR and a referral would be made using the 'Interventions and Referral' forms available in the dispensary. Dispensing labels were signed to indicate who had dispensed and who had checked a prescription.

The pharmacy was compliant with the European Falsified Medicines Directive (FMD) and the pharmacist demonstrated how they were decommissioning medicines using the Certa FMD program. The pharmacy obtained medicinal stock from AAH and Alliance. Invoices were seen to verify this. Date checking was carried out every three months and the team highlighted items due to expire with a red pen. There were denaturing kits available for the destruction of controlled drugs and designated bins for the disposal of waste medicines were available and seen being used for the disposal of medicines returned by patients. The fridge was in good working order and the stock inside was stored in an orderly manner. The CD cabinets were appropriate for use and secured in accordance with regulations. Expired, patient returned CDs and CDs ready to be collected were segregated from the rest of the stock. MHRA alerts came to the team via email and they were actioned appropriately. The team kept an audit trail for the MHRA recalls and had recently actioned a recall for ranitidine tablets. The recall notices were printed off in the pharmacy and annotated to show the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for the delivery of its services. It looks after this equipment to ensure it works and is accurate.

Inspector's evidence

There were several clean crown-stamped measures available for use, including 100ml, 50ml and 10ml measures. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters.

Up-to-date reference sources were available such as a BNF and a BNF for Children as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources and the team could also access the NPA Information Service. 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.