

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 28 Church Road, CHINNOR,
Oxfordshire, OX39 4PG

Pharmacy reference: 1035914

Type of pharmacy: Community

Date of inspection: 06/09/2019

Pharmacy context

This is a community pharmacy located on a small parade of shops in the centre of the village of Chinnor in South Oxfordshire. The pharmacy dispenses NHS and private prescriptions. It offers some services such as Medicines Use Reviews (MURs), the New Medicines Service (NMS), seasonal flu vaccinations, Emergency Hormonal Contraception (EHC) and trimethoprim for simple urinary infections. And, it acts as a collection point for people to collect multi-compartment compliance aids once they have been assembled from another one of the company's pharmacies.

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 manages risks appropriately. It has processes in place to help the pharmacy's team members to record their mistakes and learn from them. This helps to prevent similar mistakes happening. And, members of the pharmacy team understand how they can help to protect the welfare of vulnerable people. But, the pharmacy does not always maintain all of its records in accordance with the law. This means that team members may not have all the information they need if problems or queries arise.

Inspector's evidence

The pharmacy was organised, but parts of the dispensary were cluttered with baskets of prescriptions awaiting checks. This was work in progress and somewhat hindered by the presence of the inspector. Prescriptions were processed and assembled by the team in the back section or on one side of the dispensary, the responsible pharmacist (RP) worked and accuracy-checked prescriptions from the front section. The latter was routinely kept clear of clutter.

The company carried out audits to ensure its pharmacies were complying with the professional standards that they had set. The RP had used the last audit and the areas identified to improve the pharmacy's internal processes and evidence of this was seen. The pharmacy team was adhering to the company's Safer Care processes, workbooks were complete, and the Safer Care board was up to date. The RP routinely recorded the team's near misses and discussed details with them at the time. She explained that when staff were asked to record their own mistakes, this did not happen.

The near misses were reviewed every month to identify trends or patterns and this information was then shared with the staff. An annual patient safety report was also seen completed. The team highlighted and separated look-alike and sound-alike (LASA) medicines. Caution labels were placed in front of stock as an additional visual alert. Details about the pharmacy's complaints procedure were on display. Incidents were handled by the pharmacist and the RP's process was in line with the company's policy. Documented details of previous incidents were seen. Staff routinely completed root cause analyses and reflective statements.

Team members could identify signs of concern to safeguard vulnerable people, they referred to the RP in the first instance and were trained by the RP as well as by reading the company's policy. The RP was trained to level 2 via the Centre for Pharmacy Postgraduate Education. The company's chaperone policy was also on display. Trained members of staff were informed about the EU General Data Protection Regulation, staff separated confidential waste before it was disposed of by the company and there was no confidential information left in the retail area. Sensitive details on dispensed prescriptions could not be seen from the front counter, the pharmacy informed people about how it maintained their privacy and written records about when consent was obtained for Summary Care Records were kept. The company's information governance policy was present to provide guidance to the team and this included checklists and audits that had previously been completed.

The pharmacy held a range of documented standard operating procedures (SOPs) to support its services. They were due for review in August 2019. Staff had read and signed the SOPs, newly employed members of the team were in the process of doing this and there was a documented training tracker for the staff to verify this. The team's roles were defined within the SOPs, team members knew their

responsibilities and in general, the tasks that were permissible in the absence of the RP. The correct RP notice was on display and this provided details of the pharmacist in charge at the time. However, this was not fully visible from the retail space. The RP was advised to move this to a more prominent position.

The team kept daily records of the minimum and maximum temperatures for the fridge and this verified that medicines were stored here appropriately. Staff also maintained a record of the receipt and destruction of controlled drugs (CDs) that were returned for disposal although there were occasional missing entries with missing details. The pharmacy's professional indemnity insurance was through the National Pharmacy Association and this was due for renewal after June 2020.

Most of the pharmacy's records were maintained in line with statutory requirements. This included a sample of registers seen for CDs, the RP record, records of unlicensed medicines, most emergency supplies and records of private prescriptions. For CDs, balances were checked and documented every week. On randomly selecting CDs held in the cabinet, the quantities held matched balances within corresponding registers. Some records of emergency supplies were made using generated labels that had faded and sometimes, team members were only recording the prescriber's name and registration number with the General Medical Council instead of their address. Ensuring the pharmacy's record keeping routinely complied with legal requirements was discussed during the inspection.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Members of the pharmacy team understand their roles and responsibilities. The pharmacy provides them with resources to complete ongoing training. This helps to ensure that their skills and knowledge are kept up to date.

Inspector's evidence

The staffing profile consisted of a regular pharmacist, seven members of staff who were either trained for both the dispensary and medicines counter, undertaking accredited training for this role or were very newly employed. Three members of staff were full-time, the rest were part-time. There was also a trained dispensing assistant and an agency delivery driver. Staff wore name badges, their certificates of qualifications obtained were not seen.

The team asked relevant questions before selling over-the-counter (OTC) medicines and they knew when to refer to the pharmacist. To assist with training needs, staff completed online modules every month through a company provided resource and took instruction from the pharmacists or read SOPs and company updates. Team members received formal appraisals every six months, they held regular team meetings and communicated verbally with updates provided by the regular pharmacist. The RP explained that the pharmacy was 30 MURs short of the target, this was described as manageable with no undue pressure being applied to complete them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a professional environment for the delivery of its services. The premises are secure. And, the pharmacy provides a separate space for private conversations and services. This helps to protect people's privacy.

Inspector's evidence

The pharmacy premises consisted of a medium sized retail space and dispensary at the rear with staff and stock areas upstairs. The pharmacy's fixtures and fittings in the retail space were modern. The pharmacy was bright, suitably ventilated, professional in appearance and clean in general (see Principle 5). A signposted consultation room was available for private conversations and services. The room was unlocked, there were lockable cabinets here and no confidential information present or accessible. Pharmacy medicines (P) were stored in unlocked Perspex units in the retail space and marked to ask staff for assistance. People were observed asking staff during the inspection when they wanted to purchase a P medicine and staff explained that occasionally when anyone tried to help themselves, staff intervened.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services in a satisfactory manner. It sources, stores and manages its medicines well. Team members highlight prescriptions that require extra advice and take care with people who receive higher-risk medicines. But, the pharmacy does not always obtain details or keep records of the compliance aids that are delivered or collected from the pharmacy. This means that the team may not have all the information needed if problems or queries arise.

Inspector's evidence

People could access the pharmacy's services through a wide, automatic front door at street level. There was clear, open space and a wide aisle which enabled people using wheelchairs to access the pharmacy easily. There were two seats available for people waiting for prescriptions and some car parking spaces outside the pharmacy. Staff described physically assisting people who were visually impaired, facing people who were partially deaf to enable them to lip read or providing written details. The pharmacy's opening hours were on display and the pharmacy was healthy living accredited. The team provided information in line with the national public health topics such as smoking cessation and antibiotic resistance for example and used online resources to create displays about this.

Licensed wholesalers such as Alliance Healthcare and AAH were used to obtain medicines and medical devices. Unlicensed medicines were obtained from AAH. Staff were aware of the process involved for the European Falsified Medicines Directive (FMD) and relevant equipment was present. However, this was not functioning at the point of inspection and the pharmacy was not yet complying with the process.

Medicines were stored in an organised manner, short-dated medicines were identified using stickers and there were no date-expired medicines or mixed batches seen. The team used a date-checking schedule to verify when this process was carried out, medicines were date-checked for expiry every week. Liquid medicines were marked with the date upon which they were opened, and medicines were stored evenly in the fridge. CDs were stored under safe custody and keys to the cabinet were maintained in a manner that prevented unauthorised access during the day as well as overnight. The pharmacy had also recently implemented a CD key log to help verify this. Drug alerts and product recalls were received through the company, stock was checked, and action taken as necessary. The pharmacy kept an audit trail to verify this.

The team used appropriate designated containers to store medicines returned by people that required disposal. There was a list available for staff to identify hazardous or cytotoxic medicines. People returning sharps for disposal were referred to the local council. Returned CDs were brought to the attention of the RP, entered into the CD returns register, segregated and stored in the CD cabinet prior to destruction.

During the dispensing process, the team used baskets to hold prescriptions and medicines and this helped to prevent the inadvertent transfer of items. Baskets were colour co-ordinated to highlight priority and a dispensing audit trail was used to identify the staff involved. This was through a facility on generated labels.

Dispensed prescriptions awaiting collection were stored within an alphabetical retrieval system. The

team identified fridge items, CDs (Schedules 2-4) and when pharmacist intervention was required with stickers. Clear bags were used to hold assembled fridge items and CDs to assist in identifying the contents when they were handed out to people and uncollected prescriptions were removed every four weeks.

Staff were aware of the risks associated with valproates and there was guidance material available to provide to people at risk. Audits had been completed in the past and no females at risk were identified as having been supplied this medicine. People prescribed higher-risk medicines were identified, counselled and relevant parameters were routinely checked. This included checking the International Normalised Ratio (INR) levels for people prescribed warfarin and asking about blood test results. There were some details documented to demonstrate this but some of the records were dated (from 2018 or early 2019). Routinely recording this information was discussed at the time.

The pharmacy provided a delivery service and the team retained audit trails for this. CDs and fridge items were highlighted. The driver obtained people's signatures when they were in receipt of their medicines. However, there was a risk of access to confidential information from the way people's details were laid out on the driver's sheet. Minimising this risk was discussed at the time. Failed deliveries were brought back to the pharmacy, notes were left to inform people about the attempt made and medicines were not left unattended.

Some people could collect their multi-compartment compliance aids from the pharmacy. The compliance aids were assembled from another one of the company's pharmacy premises in Princes Risborough. People were verbally informed about this arrangement according to staff and there was an SOP to cover the service. There had been no compliance aids with CDs or fridge items at the point of inspection. A copy of the person's individual record as well their prescription was attached to the dispensed compliance aids. Patient information leaflets were supplied and descriptions of the medicines inside the compliance aids were provided. Any queries about the service or compliance aids were directed to the other pharmacy. The compliance aids were delivered to the pharmacy via the driver but there were no records or audit trails about which compliance aids had been sent and the date that this had happened. The RP explained that since the agency driver had been implemented, this information was not being provided.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has in general, appropriate equipment and facilities it needs to provide its services safely. And, its equipment is used in a way that helps to protect people's privacy.

Inspector's evidence

The pharmacy held an appropriate range of equipment for its services. This included current reference sources, crown stamped, conical measures for liquid medicines, counting triangles and a separate one for cytotoxic medicines. The CD cabinet was secured in line with statutory requirements and the medical fridge appeared to be operating appropriately. The dispensary sink used to reconstitute medicines was stained and the measures needed cleaning. This was discussed at the time. There was hand wash and hot as well as cold running water available. The blood pressure machine was marked as replaced in January 2018. Computer terminals were password protected and positioned in a manner that prevented unauthorised access. There were cordless phones present to provide conversations in private if needed and the team held their own NHS smart cards to access electronic prescriptions. The latter were taken home overnight.

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.