

Registered pharmacy inspection report

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

Pharmacy reference: 1035914

Type of pharmacy: Community

Date of inspection: 31/05/2023

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 sells over-the-counter (OTC) medicines. And it offers a few services such as the New Medicines Service (NMS) and local deliveries.

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

The pharmacy largely has appropriate systems in place to identify and manage the risks associated with its services. Members of the pharmacy team deal with their mistakes responsibly. But they are not always recording all the details. This could mean that they may be missing opportunities to spot patterns and prevent similar mistakes happening in future. And, the pharmacy doesn't always maintain all its records fully. But team members understand their role in protecting the welfare of vulnerable people. And the pharmacy protects people's private information appropriately.

Inspector's evidence

At the time of the inspection, the pharmacy was in the final stages of changing ownership and as a consequence changes were taking place in relation to the systems in use at the pharmacy. Overall, the pharmacy's working practices were observed to be safe and effective with capable members of staff in place. The pharmacy team had access to a range of documented standard operating procedures (SOPs). They provided guidance for the team to carry out tasks correctly and had been signed by the staff. Team members understood their roles and responsibilities. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

The pharmacy had systems in place to identify and manage risks associated with its services. The pharmacy was clean and tidy. The team processed and assembled prescriptions in the back section or on one side of the dispensary, the responsible pharmacist (RP) worked and accuracy-checked prescriptions from a separate section in the dispensary which was kept clear of clutter. Different members of staff were involved in printing and preparing prescriptions which helped identify any errors. Details of look-alike and sound-alike (LASA) medicines were displayed above the drawers containing stock.

The pharmacy team had previously been adhering to the company's Safer Care processes and workbooks were seen to be complete up until January 2023. However, team members were no longer formally recording or reviewing their near-miss mistakes. This was now described as an informal process, so members of the pharmacy team were told about their mistakes, they discussed ways to make processes safer informally before implementing them. This included highlighting different forms or brands of medicines on prescriptions.

Incidents were handled by the pharmacist and the RP's process was suitable. Documented details of previous dispensing incidents were seen where staff had routinely completed root cause analyses and reflective statements. However, recent records were not being maintained. The team explained that they could no longer submit details about incidents to the superintendent's office as the company's system, used to record and submit this information was no longer accessible. This was thought to be due to the upcoming transfer of ownership. However, this meant that the superintendent had no effective oversight about any mistakes that had occurred. Team members had kept the relevant packaging, identified who had been involved and implemented ways to minimise the likelihood of these kinds of mistakes recurring. Staff were subsequently advised to ensure appropriate details were recorded manually and the incident management process followed.

Records of controlled drugs (CDs) were compliant with statutory and best practice requirements. On

randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Records of CDs that had been returned by people and destroyed at the pharmacy were complete and the pharmacy had suitable professional indemnity insurance arrangements in place. However, recent records of unlicensed medicines, the RP record and records verifying whether fridge temperatures had remained within the required range all had some gaps. The lack of recording appeared to be a recurring theme for the past few months. The company's electronic RP record could no longer be accessed, and paper records were now being kept. On occasion, a few supplies made against private prescriptions had not always been documented within the private prescription register. This was discussed at the time.

The pharmacy's team members had been trained to protect people's confidential information and to safeguard vulnerable people. They could recognise signs of concern and knew who to refer to in the event of a concern. The RP had been trained to level two through the Centre for Pharmacy Postgraduate Education (CPPE). Details about local safeguarding agencies were on display and easily accessible. Confidential material was stored and disposed of appropriately. Sensitive details could not be seen from the retail space. Computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload appropriately. The pharmacy provides its services using a team with different levels of experience. But they are no longer provided with many resources to complete ongoing training. This could affect how well their skills and knowledge are kept up to date.

Inspector's evidence

The pharmacy had enough staff to support the workload and the team was up to date with this. Staff present during the inspection included a regular locum pharmacist, a trained dispenser who was undertaking the NVQ3 in dispensing and a dual-trained dispensing assistant who predominantly worked on the counter. The pharmacy manager and regular, employed pharmacist had left a few months before and the pharmacy was currently being run on locums. The staffing profile consisted of seven members of staff who were either experienced members of the team or undertaking accredited training for this role and were newly employed. All were part-time. There was also a delivery driver. Staff wore name badges, their certificates of qualifications obtained were not seen.

Staff knew which activities could take place in the absence of the RP and they referred appropriately. Team members in training completed course material at work. They said that they rarely saw the company's regional manager but one of the dispenser's had access to the area's WhatsApp group so were kept informed of updates. They communicated verbally and described receiving regular formal performance reviews previously. Members of the pharmacy team were also previously provided with resources for ongoing training through an online learning platform. This helped ensure they continually learnt and kept their knowledge up to date. However, this was no longer available due to the pending change of ownership.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a suitable environment to delivery its services. The premises are secure. And the pharmacy has a separate space where private conversations and services can take place. This helps 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. 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. However, there were several gaps on the shelves which detracted from the overall professional look and feel of the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services appropriately and efficiently. It's team members help ensure that people with different needs can easily access the pharmacy's services. The pharmacy sources its medicines from reputable suppliers and stores its medicines suitably. But the pharmacy does not always manage its medicines in the most effective way. The pharmacy has some checks in place to ensure that medicines are not supplied beyond their expiry date. And the pharmacy's team members are not always identifying people who receive higher-risk medicines or making the relevant checks. This makes it difficult for them to show that people are provided with appropriate advice when these medicines are supplied.

Inspector's evidence

People could enter the pharmacy through double doors and the pharmacy's retail area consisted of clear, open space. The automatic function on the front doors was out of order but staff explained that they physically assisted people with restricted mobility or using wheelchairs to easily enter and access the pharmacy's services. Details about the pharmacy's services as well as its opening times were clearly advertised. Staff described making reasonable adjustments for some people with different needs if this was required. This included using the consultation room, providing people with written details, information in braille where possible, or larger sized font and communicating verbally.

The pharmacy's workload was predominantly dispensing prescriptions which were collection-based. After receiving prescriptions electronically and printing them, they were processed and assembled. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. After the staff had generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process. Team members routinely used these as an audit trail.

The pharmacy provided local deliveries and the team kept records about this service. CDs and fridge items were highlighted. People's signatures were obtained upon delivery. Failed deliveries were brought back to the pharmacy, notes were left to inform people about the attempt made and medicines were not left unattended. However, people's confidential information could potentially be seen from the way the details had been laid out when delivery signatures were obtained from patients. Methods to prevent this risk were discussed during the inspection.

Staff were aware of the risks associated with valproates. Relevant checks had been completed about this but no-one at risk was currently receiving this medicine from the pharmacy. Appropriate literature was available to provide to people if needed. The team did not routinely identify people prescribed other higher-risk medicines, details about relevant parameters, such as blood test results, were not asked about, details were not obtained nor appropriate records kept.

The pharmacy's stock was stored in an organised way. The pharmacy used licensed wholesalers to obtain medicines and medical devices. Medicines were date-checked for expiry regularly, but appropriate records had not been kept verifying when this had taken place. Short-dated medicines were identified. Medicines returned for disposal, were accepted by staff, and stored within designated containers, except for sharps or needles which were redirected appropriately. Drug alerts were received

by email and actioned appropriately.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. And its equipment ensures people's private information is secure.

Inspector's evidence

The pharmacy held an appropriate range of equipment for its services. This included current reference sources, standardised conical measures for liquid medicines and counting triangles. The CD cabinet was secured suitably, and the medical fridge appeared to be operating appropriately. The dispensary sink used to reconstitute medicines was clean. There was hand wash and hot as well as cold running water available. The blood pressure machine was marked as replaced in 2022. Computer terminals were password protected and positioned in a manner that prevented unauthorised access. Cordless phones were available to provide conversations in private if needed and team members held their own NHS smart cards to access electronic prescriptions.

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.