

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, Cogges Hill Road, Cogges Hill,  
WITNEY, Oxfordshire, OX28 3FP

**Pharmacy reference:** 1035992

**Type of pharmacy:** Community

**Date of inspection:** 23/04/2019

## Pharmacy context

This is a community pharmacy located next door to a GP surgery in a residential area of Witney in Oxfordshire. A range of people from the local area use the pharmacy. The pharmacy dispenses NHS and private prescriptions. It also offers a few services such as Medicines Use Reviews (MURs) and the New Medicines Service (NMS).

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy does not always identify or manage risks associated with its services effectively. It has written instructions to help with this. But, team members don't always put them into practice. And, their training records are not kept up to date. This makes it harder for the pharmacy to show that its staff have been properly trained and that they are working safely. Pharmacy team members record some information about the mistakes they make during the dispensing process. But, they don't formally review them. This could mean that opportunities to spot patterns or trends are missed. Whilst the pharmacy team has some understanding of data protection, the pharmacy doesn't provide people with information explaining how it handles or stores data, so it may not comply with data protection laws. And, team members are sharing one of their colleagues NHS smart card to access electronic prescriptions. Their password is easily accessible. This makes it more difficult for the pharmacy to control access to people's records and keep information safe. The pharmacy generally maintains the records that it must keep by law. But, not all team members understand how they can help to protect the welfare of vulnerable people. So, they may not know how to respond to concerns appropriately.

### Inspector's evidence

The pharmacy was small and cluttered in several places (see Principle 3). The team was previously run on locum pharmacists and had experienced staff shortages (see Principle 2). The Responsible Pharmacist (RP) was working with the current team to bring the pharmacy's processes back in line with company procedures.

Staff explained that due to the space constraints, they processed prescriptions for people who were waiting first. The RP held her own segregated space to accuracy check prescriptions. Staff waited until the RP had enough space for this process before transferring assembled prescriptions that were on the floor (see Principle 3) or placing any further assembled prescriptions in this area.

Some near misses were seen recorded up until March 2019. The action taken in response to these was missing from odd entries. There were no details about the review of these recorded for some months. Staff were unable to provide examples of trends, patterns or remedial activity taken in response to prevent mistakes occurring in the future.

The company's last Safer Care checklists were completed in December 2018 and workbooks seen were completed in April 2018. There was no information on display about the pharmacy's complaints procedure. Documented details of previous incident report forms were present. These did not include the root cause analysis or reflective statements. There were also two dispensing incidents that had recently occurred, the medicines involved had been retrieved from people and were placed to one side. According to the RP, staff present did not know how to process these on the company system, the pharmacist was going to instruct them on how to do this.

A range of documented Standard Operating Procedures (SOPs) were present to support the provision of services. One member of staff had read and signed these and their record of competence was present to verify. The remaining staff stated that they had signed these at other branches. This included the newest member of staff. According to the RP, she had asked this member of staff to bring in her paperwork. This had not occurred.

Not all staff were trained to identify signs of concern to safeguard vulnerable people. Some members of the team described the company having a duty of care to safeguard their employees from being intimidated because of frustrated customers. Trained dispensing staff could protect the welfare of vulnerable people and held sufficient knowledge on this topic. This was through their previous experience, course material and reading company policy information. The RP was trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE). They brought concerns to the attention of the RP in the first instance. There was no local contact details or policy information present. There was no company policy present to provide guidance to the team.

Staff separated confidential waste. This was then disposed of through company procedures. Confidential details on bagged prescriptions awaiting collection could not be seen from the retail space. The pharmacy's Information Governance policy was present but had not been signed by any of the team members present. There was no notice on display at the point of inspection to inform people about how their privacy was maintained.

The part-time counter assistant/trainee dispensing assistant was the only member of the team to hold a functioning NHS smart card. Her password was known and being shared by the team. There was also a sticker on the member of staff's card which held details of her password. The RP explained that she was trying to fix this situation and had contacted the cluster manager to arrange this. The company's professional support manager also provided email confirmation that this would be remedied.

The correct RP notice was on display. This provided details of the pharmacist in charge. The register to record details about CDs brought back by the public for destruction, was mostly complete. There were odd missing entries of destruction seen. Only a few entries could be viewed on the electronic RP register. These were complete. On checking a sample of registers for Controlled Drugs (CD), these were generally maintained in line with the Regulations. Odd crossed out entries were seen. Balances were seen checked and recorded mostly every week.

Records of private prescriptions and emergency supplies in the main were documented in line with legal requirements. The nature of the emergency was recorded for the latter but some records were made using generated labels. Some of these had faded which made details difficult to read. There were odd prescriber details missing from records of unlicensed medicines. Professional indemnity insurance to cover the services provided was through the National Pharmacy Association (NPA).

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has experienced staffing issues in its recent past although, it does now have enough staff to manage its workload safely. But, there is a risk that services could be interrupted again if the current numbers of staff are not maintained. Members of the pharmacy team have access to training material. But, they don't have protected study time. This means that they may not always have opportunities to complete ongoing training and keep their skills and knowledge up to date. And, the team do not have regular performance reviews. This could mean that gaps in their skills and knowledge are not identified or supported.

### Inspector's evidence

The pharmacy dispensed between 5,000 to 6,000 prescription items every month with 10 people receiving their medicines through instalment prescriptions and no people supplied Monitored Dosage Systems (MDS).

Staff present included the RP, two trained dispensing assistants, one of whom was undertaking accredited training for the NVQ 3 in dispensing, a recently employed dual trainee dispensing/counter assistant and a medicines counter assistant (MCA) who was undertaking accredited training for dispensing. The two trained dispensing assistants had been deployed from other branches in the area. Name badges were worn by staff. Certificates for staff qualifications obtained were not seen.

In the absence of the RP, the newest member of staff knew which activities were permissible and the process involved if the pharmacist failed to arrive. Before selling medicines over-the-counter (OTC), team members asked a few questions to determine suitability. They referred to the RP when unsure or when required. Some knowledge of OTC medicines was demonstrated.

Staff in training were completing course material at home. To assist with training needs, staff described access to online modules and literature that was provided through the company. They described not having time to complete the former. Some team members described receiving their last formal appraisal a few years ago. The pharmacist stated that she had not been set any formal targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are adequate to ensure the effective delivery of pharmacy services. Some items were stored on the floor. This could increase the chance of trips or falls occurring. The pharmacy is also small. And, there is limited space to store dispensed medicines and stock safely. But, the company is currently reviewing this in order to improve the amount of space available.

### Inspector's evidence

The premises consisted of a small retail space and smaller dispensary located behind. There was very little bench space available for dispensing. Consequently, some assembled prescriptions were stored in baskets that were in totes on the floor. Staff were also observed having to dispense prescriptions on a stack of totes because of the lack of space.

There were two further rooms available, one was smaller and held a staff kitchenette area, the other was larger but completely cluttered. This included a stack of bins that were used to dispose of medicines, no longer required by the public. This second space could have assisted with providing additional dispensing space for the team but not in the current state seen. Following the inspection, email confirmation was received from the company's professional support manager. An assurance was provided that the back section would be cleared and additional bench space created for the team.

Public facing areas were well ventilated. The pharmacy was sufficiently lit. Fixtures and fittings were dated. There were several totes from the pharmacy's main wholesaler that were stacked in the retail space. Staff were unable to put some of the stock contained within these away and random totes were placed in the retail space that contained excess stock. Pharmacy only (P) medicines were stored within unlocked Perspex units in the retail space. They were marked to ask staff for assistance. Staff explained that people did try to help themselves and they intervened when this was noticed.

A signposted consultation room was available to provide services and confidential information. The door was unlocked. The space was of a suitable size for the services provided. The room contained lockable cabinets. There was no confidential information present or readily accessible.

## Principle 4 - Services ✓ Standards met

### Summary findings

In general, the pharmacy sources, stores and manages its medicines safely. The team are making some checks to ensure that medicines are not supplied beyond their expiry date. But, the pharmacy has no up-to-date written details to demonstrate this. So, the team may not always be able to provide assurance that all stock is fit for purpose. Pharmacy services are generally provided safely and effectively. But, members of the pharmacy team don't always record relevant information when people receive some medicines. This makes it difficult for them to show that appropriate advice has been provided when these medicines are supplied. And, they are not removing date-expired prescriptions in time. This increases the chance of these medicines being supplied unlawfully.

### Inspector's evidence

People could enter the pharmacy through a wide and double front door. This entrance was from a slight slope off the street. There were two wide aisles and some clear open space inside the premises. This helped facilitate entry for people with mobility issues. There were two seats available for people waiting for prescriptions and some car parking spaces available outside the premises.

The team used a dispensing audit trail through a facility on generated labels. This identified their involvement in processes. They used baskets to hold prescriptions and associated medicines. This helped prevent any inadvertent transfer. Staff stated that they identified prescriptions for higher risk medicines and marked this for the attention of pharmacists. Some staff had seen pharmacists asking about blood test results and relevant parameters. There were no details seen documented to help verify this.

Team members were aware of risks associated with valproate. There were no details present to confirm that an audit to identify females who may become pregnant had been undertaken. Staff were unable to provide any further information (because of their recent deployment to the branch) and there was no relevant literature seen.

Medicines were delivered. The delivery driver explained that his initial training involved spending a week shadowing an experienced driver. The driver had read and signed SOPs. There were records to demonstrate when and where medicines were delivered. This included identifying CDs and fridge items. Signatures were obtained from people when they were in receipt. The driver used a hand-held device to assist with this. Medicines were not left unattended and failed deliveries were brought back to the pharmacy. Notes were left to inform people of the attempt to deliver.

Licensed wholesalers such as AAH and Alliance Healthcare were used to obtain medicines and medical devices. Unlicensed medicines were obtained through AAH specials. Staff held some knowledge of processes involved with the European Falsified Medicines Directive (FMD). Relevant equipment was present. This was not connected at the point of inspection to enable compliance with the process.

Medicines were generally stored in an ordered manner in the dispensary. The team were currently date-checking medicines for expiry every other day and the RP explained that she also checked expiry dates on medicine packs as part of her accuracy checking process. Short dated medicines were identified by stickers. There was a schedule in place to demonstrate the process but this was last

completed in January 2019. CDs were stored under safe custody. Keys to the cabinet were maintained in a manner that prevented unauthorised access during the day and overnight.

Assembled prescriptions awaiting collection were held in an alphabetical retrieval system. Fridge items and CDs (Schedules 2-4) were in the main identified. Uncollected prescriptions were checked and removed every five weeks. One date-expired prescription for gabapentin was present (from March 2019) that had not been marked as a CD. Medicines returned by people for disposal were held within appropriate containers prior to collection. People bringing back sharps for disposal were referred to the GP surgery next door. Returned CDs were brought to the attention of the RP. There were a few bins present, according to staff, they were unable to increase the frequency of their collection when they had tried previously.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely.

### Inspector's evidence

The pharmacy was equipped with current versions of reference sources. The blood pressure machine was last replaced in February 2018 according to the information present on the machine.

There were crown-stamped conical measures available for liquid medicines. The fridge used for medicines requiring cold storage was appropriate. Temperature records were seen. The CD cabinets were secured in line with legal requirements.

The sole computer terminal was positioned in a manner that prevented unauthorised access. There were also counting triangles as well as a separate one that could be used for cytotoxic medicines. However, these were dusty and required cleaning. The dispensary sink used to reconstitute medicines could have been cleaner. There was hot and cold running water with hand wash available.

### 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.