

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, 96 Forest Road, FROME,  
Somerset, BA11 2TU

**Pharmacy reference:** 1036317

**Type of pharmacy:** Community

**Date of inspection:** 21/11/2019

## Pharmacy context

This is a community pharmacy located in a small suburban shopping park in Frome. It serves its local population which is mixed in age range and background. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, provides flu vaccinations and dispenses multi-compartment compliance aids for people to use in their own homes.

## 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	2.2	Good practice	The pharmacy team can access training to keep their knowledge up to date and receive time to complete it.
		2.4	Good practice	The pharmacy team maintain a clear and embedded culture of openness, honesty and learning.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	4.1	Good practice	The pharmacy team increase the accessibility of the flu vaccination service to their local patient population.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has written procedures to help make sure the team works safely. Pharmacy team members are clear about their roles and responsibilities. Pharmacy team members record and review mistakes that happen and use this information and learning to avoid future mistakes. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong. The pharmacy maintains the records that it must keep by law.

### Inspector's evidence

Processes were in place for identifying and managing risks. Near misses are recorded and reviewed when they occurred and the pharmacy manager would discuss the incident with the members of the dispensary team. These were then reviewed monthly and a briefing was discussed with all members of staff. Examples of near miss error logs were seen from previous months displayed in the dispensary. 'Sound alike' and 'look alike' medicines, such as omeprazole and olanzapine, had been marked and separated in the dispensary drawers. Staff explained how they had noticed that some medicines had similar packaging and gave an example of two different eye drop medicines that they had talked about as a team. Other medicines with similar packaging were displayed in the dispensary with photographs.

Staff were required to complete a 'safer care checklist' on a weekly basis to ensure the team have the right environment, people and processes to deliver a safe pharmacy service. Dispensing incidents were recorded electronically and these were submitted to the superintendent's office. The pharmacy team were required to carry out a root cause analysis following significant dispensing incidents. There was a clear and established workflow in the pharmacy where labelling, dispensing and checking were all carried out at dedicated areas of the work benches. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

All the standard operating procedures (SOPs) had the roles and responsibilities of each member of staff set out and the dispensary team were all clear on this and explained that they would refer to the pharmacist if they were unsure of something.

There was a complaints procedure in place and the staff were all clear on the processes they should follow if they received a complaint. The team completed an annual Community Pharmacy Patient Questionnaire (CPPQ) survey to gather feedback from patients.

Professional indemnity insurance from the NPA was in place and was valid and in date until June 2020. Records of controlled drugs (CDs) and patient returned CDs were all seen to be in order. A sample of a random CD was checked for record accuracy and was seen to be correct. The controlled drug balances were checked weekly.

A responsible pharmacist (RP) record was retained electronically and the RP notice was displayed in pharmacy where patients could see it. Date checking was carried out regularly and records were kept to demonstrate this. The fridge temperatures were recorded daily and were within the two to eight degrees Celsius range. The private prescription, emergency supply and specials records were retained

and were in order.

The computers were all password protected and the screens were not visible to the public. Confidential waste was collected in confidential waste bags which were removed by the company for destruction. Staff were required to complete online training for information governance (IG).

The pharmacy team had also been trained on safeguarding children and vulnerable adults. Staff had signed a declaration to indicate that they had completed the safeguarding training. Staff were able to explain the signs to look out for that may indicate safeguarding issues in vulnerable adults. Contact details for local safeguarding advice, referrals and support were displayed on the wall in the dispensary.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy staff have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

### Inspector's evidence

At the time of the inspection there was one pharmacist, one technician and one dispensing assistant present in the pharmacy. Staff were seen to be working well together and there were sufficient staff for the services provided during the inspection. Staff performance was monitored, reviewed and discussed informally throughout the year and formally at regular reviews using the 'annual contribution dialogue' process.

The staff usually completed monthly training online and had a medicines skills assessment at the end of each training session to assess their knowledge and understanding of products and services. Staff were in the process of completing CPPE packages on sepsis. Staff had recently completed training on valproate medicines that they reported had raised their awareness about the use of these medicines in women. Staff received protected time regularly to complete any required training.

'Safer care briefings' were held monthly to discuss near misses and significant errors and learning from these. A board was displayed in the dispensary to help staff keep up to date with any patient safety issues. A 'WhatsApp' group was used to discuss safety issues. The company had an annual staff survey which was an opportunity for the staff to feedback any opinion they had about their roles and the company anonymously. Staff explained they were happy to raise any concerns they had immediately with the pharmacy manager or the area manager.

There were targets in place but the team explained that they did not feel any pressure to deliver these targets and would never compromise their professional judgement to achieve them.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protects private information and the pharmacy is secure and protected from unauthorised access.

### Inspector's evidence

The pharmacy had a dispensary which was separated from the waiting area by a medicines counter to allow for the preparation of prescriptions in private. There was a sink available in the dispensary and consultation room with hot and cold running water with sanitiser to allow for hand washing. Medicines were stored on the shelves in a generic and alphabetical manner.

The consultation room was clean, tidy and professionally presented. Patient confidential information was kept securely in locked cabinets. The ambient temperature was suitable for the storage of medicines and the lighting throughout the store was appropriate for the delivery of pharmacy services.

## Principle 4 - Services ✓ Standards met

### Summary findings

Pharmacy services are accessible, effectively managed and safely delivered, pharmaceutical stock is appropriately obtained, stored and supplied. Where a medicinal product is not fit for purpose, the team take appropriate action.

### Inspector's evidence

There was a range of leaflets and posters available to the public about services on offer. There was step free access to the pharmacy available. There was adequate seating for patients or customers waiting for services and space for a wheelchair user or a pushchair to navigate. A hearing loop was available for use by people with hearing difficulties.

The pharmacy team had been offering the flu vaccination service since September and had completed around 120 vaccinations at the time of the inspection. Staff explained how this service had increased accessibility to patients who find it difficult to attend limited GP appointments. The pharmacist had completed recent anaphylaxis and resuscitation training. The patient group direction (PGD) was valid, in date and signed by the pharmacist.

The pharmacy team dispensed multi-compartment compliance for around 120 patients in their own homes. These were dispensed at the back of the dispensary to reduce distractions to staff. Audit trails were generally kept to show where each compliance aid was in the dispensing process. But one compliance aid examined did not contain the initials of the pharmacist who had checked it. Descriptions were routinely provided for the medicines contained within the compliance aid. Staff reported that patient information leaflets were supplied on a regular basis.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy and had completed training on this. At the time of the inspection, valproate patient cards were available for use during the dispensing of valproate to all female patients. The pharmacist reported that she would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they were aware of these and query if they were taking effective contraception.

The pharmacy obtained medicinal stock from AAH and Alliance. Specials were ordered from suppliers such as AAH specials. There were destruction kits available for the destruction of controlled drugs and designated bins for storing waste medicines were available and seen being used for the disposal of medicines returned by patients. A hazardous waste medicines disposal bin was also available for use.

The majority of medicines and medical devices were stored within their original manufacturer's packaging. Methocarbamol 750mg tablets was stored in the dispensary without a batch number and expiry date on the container. Pharmaceutical stock was subject to date checks which were documented. But the following out of date medicines were found on the dispensary shelf:  
Lymecycline 408mg capsules out of date as of 30/09/19  
Sevikar HCT 20 mg/5mg/12.5 mg tablets out of date as of 31/10/19

The pharmacy team were aware of the European Falsified Medicines Directive (FMD). The pharmacy

team had the appropriate hardware and reported that the software was currently undergoing updates from their head office. The fridges were in good working order. Fridge items which had been dispensed and were ready to be collected were stored in clear plastic bags to help identification of high-risk medicines like insulin. MHRA alerts came to the team electronically through the company's intranet and these were actioned appropriately. Audit trails to demonstrate this were kept.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services offered. These are used in a way that helps protect patient confidentiality and dignity.

### Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Separate measures were in use to dispense CDs. Measures were seen to be clean. Amber medicines bottles were seen to be capped when stored and there were counting triangles available for use. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access.

Up-to-date reference sources were available online and this access included the BNF, the BNF for Children and the Drug Tariff. Internet access was available should the staff require further information sources. There was one fridge used for the storage of thermolabile medicines which was in good working order and the maximum and minimum temperatures were recorded daily and were seen to always be within the correct range.

Designated bins for storing waste medicines were available for use and there was sufficient storage for medicines. The computers were all password protected and patient information was safeguarded.

### 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.