

Registered pharmacy inspection report

Pharmacy Name: Lillington Pharmacy, 100 Cubbington Road,
Lillington, LEAMINGTON SPA, Warwickshire, CV32 7AG

Pharmacy reference: 1037768

Type of pharmacy: Community

Date of inspection: 10/09/2019

Pharmacy context

This is an independent community pharmacy and is one of several pharmacies owned by the same local company. It is located in a residential area of Leamington Spa. It dispenses prescriptions, sells a range of over-the-counter medicines and dispenses medicines in multi-compartment compliance packs to some people who need help in managing their medicines at home. The pharmacy has a small number of people who receive instalment supplies for substance misuse treatment. And it also provides a free prescription delivery service mainly to people who are unable to come into pharmacy to collect their medicines.

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 has written instructions to help make sure that its services are delivered safely. And members of the pharmacy team generally follow safe practices. They record their mistakes so that they can learn from them. They keep the records required by law and they keep people's private information securely. But the pharmacy's written instructions have not been reviewed recently. So, this could mean that they do not reflect current best practice.

Inspector's evidence

The pharmacy had a range of written standard operating procedures (SOPs) which had been due to be reviewed in January 2019. Members of the pharmacy team had read and signed the SOPs. And they were clear on their roles and responsibilities but these had not been defined within the SOPs. A Responsible Pharmacist (RP) notice was prominently displayed in the pharmacy and members of the pharmacy team could explain the tasks they could or could not undertake in the absence of an RP.

The pharmacy had systems to review the safety and quality of its pharmacy services. The dispenser described some of the actions taken to prevent risks in the dispensing process, such as separating look-alike and sound-alike medicines. Dispensing errors and near misses were recorded and reviewed. But the records of near misses were very brief and did not include much detail of contributory points, learning points or any actions taken to prevent similar incidents recurring. This could make it harder to carry out any meaningful analysis or identify any emerging trends.

The pharmacy had a complaints procedure and information about this was advertised in the pharmacy. Feedback from the patient survey conducted in 2019 was posted on the NHS website and 97% of respondents were satisfied overall with the service provided by the pharmacy. There was some feedback about scruffy chairs and the pharmacy had provided new chairs in the waiting area.

The pharmacy had appropriate indemnity insurance arrangements and the certificate was on display in the pharmacy. The RP records were up to date and complete. Records about controlled drugs (CDs) were kept in line with requirements and running balances were checked at regular intervals. A random balance check of an item during the inspection showed that the recorded balance matched the physical stock in the cabinet. CDs returned by people for disposal were recorded when received and denaturing kits were used for safe disposal. Records about private prescriptions, emergency supplies and unlicensed specials were in order.

The pharmacy had an information governance policy and it was registered with the Information Commissioner's Office (ICO). Members of the pharmacy team had all signed confidentiality agreements but they were not sure if they had completed training about the General Data Protection Regulation (GDPR). The pharmacy's privacy notice was displayed adjacent to the pharmacy counter but it was not visible to the people visiting the pharmacy. So, people may not be fully aware of how the pharmacy manages their private information. The pharmacy's computers were password protected and members of the pharmacy team used their own NHS smartcards to download electronic prescriptions. Confidential waste was separated and collected by a waste contractor. Prescriptions awaiting collection were stored securely and private information on them was not visible to people visiting the pharmacy.

The pharmacy had procedures about safeguarding vulnerable people and members of the pharmacy team had read and signed the safeguarding SOPs. The locum pharmacist on duty on the day of the inspection had completed Level 2 safeguarding training and contact details for local agencies were available for staff to escalate any safeguarding concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

Members of the pharmacy team have the appropriate skills and qualifications for their roles. They are supportive of each other and work well together. And they have some resources to help keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy was normally managed by two regular locum pharmacists who job shared. But they were both on annual leave. On the day of the inspection, a locum pharmacist, two dispensers and a medicine counter assistant were on duty. Members of the pharmacy team were working well together and they were managing their workload adequately.

A member of the pharmacy team said that she had worked for the pharmacy for many years and felt comfortable discussing any concerns she may have, with the superintendent pharmacist (SI) who visited the branch frequently. They were no specific targets or incentives set.

Members of the pharmacy team had all completed the mandatory training required for the pharmacy to become a Healthy Living Pharmacy. Records of completed training were available in the pharmacy. They said they were given regular feedback about their performance by the SI and RP. And had access to trade magazines to help keep their skills and knowledge up to date.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are safe, secure, and adequate for the services it provides.

Inspector's evidence

The pharmacy was clean and tidy. It had undergone a minor refit about two years ago and its layout had been changed to create additional space for the assembly of multi-compartment compliance packs. The dispensary was long and very narrow but it had adequate storage and bench space to allow safe working.

The sink in the dispensary for preparation of medicines was clean and had a supply of hot and cold running water. There were separate handwashing facilities for members of the pharmacy team. And they had adequate hygiene facilities. Antibacterial hand-wash and alcoholic hand gel were available. There was adequate lighting throughout the premises

A consultation room was available for counselling and it was suitable for private conversations. The room was very basic but clean and it had just about enough space for a desk and two chairs. The premises were lockable and secured against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services effectively. People receive the advice and support they need to help them take their medicines safely. The pharmacy obtains its medicines from appropriate suppliers. And it generally takes the right actions if any medicines are not safe to use to protect people's health and wellbeing.

Inspector's evidence

The entrance to the pharmacy was at street level and was step free. The retail area of the pharmacy was clear of slip or trip hazards and could accommodate wheelchairs and prams. And there was some seating available for people waiting for services. A range of leaflets and posters were on display providing information about various healthcare matters. Members of the pharmacy team used their local knowledge to signpost people to other providers if a service required was not offered at the pharmacy. The pharmacy offered a prescription delivery service mainly to housebound and vulnerable people. And signatures were obtained from recipients to show that medicines had reached the right people. The workflow in the pharmacy was organised and different coloured baskets were used during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. Owing slips were issued to provide an audit trail when a prescription could not be fully supplied.

The pharmacy supplied medicines in disposable multi-compartment compliance packs to people who had difficulties in managing their medication. The pharmacy kept records for everyone who received compliance packs, and these listed the medicines and administration timings. Prescriptions were checked against these records and any anomalies were raised with the surgery. Descriptions of individual medicines contained within the compliance packs and a dispensing audit trail were both present on the packs checked. Patient information leaflets were supplied routinely with these packs.

Members of the pharmacy team were aware of the valproate pregnancy prevention programme and knew which people needed to be provided with additional advice about its contraindications and precautions. The pharmacy did not have any people in the at-risk group. Educational material was available for supply to people when valproate was dispensed. The pharmacy did not have a specific system to mark higher-risk medicines. And therapeutic monitoring (INR) levels for people receiving warfarin were not routinely recorded on patient's medication records.

Medicines were obtained from licensed wholesalers and unlicensed specials were obtained from specials manufacturers. No extemporaneous dispensing was carried out. Pharmacy-only medicines were stored out of reach of the public. At the time of the inspection, the pharmacy was not yet compliant with the Falsified Medicines Directive (FMD). Members of the pharmacy team were aware of the FMD and said that the superintendent pharmacist (SI) was currently looking into which companies provided the most cost-effective system and was considering the financial implications this would have on the pharmacy. Medicines requiring cold storage were kept in a pharmaceutical refrigerator and stored between 2 and 8 degrees Celsius. The maximum and minimum fridge temperatures were monitored and recorded daily.

All CDs were stored in line with requirements. Denaturing kits were available to dispose of waste CDs safely. Other medicines returned by people were segregated into designated bins and disposed of

appropriately. Prescriptions for CDs were highlighted to ensure these were not handed out beyond their validity period. Medicines were date checked at regular intervals and the checks were recorded. Short-dated medicines had been marked so that they could be identified and removed at an appropriate time. The pharmacy had a process to deal with safety alerts and medicines recalls. Records of these and the actions taken by members of the pharmacy team were kept to provide an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the equipment and facilities it needs for the services it provides.

Inspector's evidence

Members of the pharmacy team had access to the internet and a range of up-to-date reference sources. Pharmacy computers were password protected and computer terminals were not visible to customers visiting the pharmacy. A consultation room was available for private conversations and counselling. The dispensary was clearly separated from the retail area and afforded good privacy for the dispensing operation and any associated conversations or telephone calls.

Equipment for counting loose tablets and capsules was clean. And a range of clean crown-stamped glass measures were available at the pharmacy with some reserved only for dispensing methadone mixture, to avoid cross contamination. And all electrical equipment appeared to be in good working order.

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.