

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 51 Crown Way, Lillington,
LEAMINGTON SPA, Warwickshire, CV32 7SH

Pharmacy reference: 1037770

Type of pharmacy: Community

Date of inspection: 16/12/2019

Pharmacy context

This is a community pharmacy in a parade of shops in a suburb of Leamington Spa. It sells a range of over-the-counter medicines and dispenses prescriptions. It offers Medicines Use Reviews (MURs), New Medicine Service (NMS) checks, a needle exchange scheme and prescription collection and delivery service. It also supplies emergency hormonal contraception (EHC) and administers flu vaccinations in the winter season. And it supplies medicines in multi-compartment compliance packs to some people who need help in managing their medicines. The pharmacy has a small number of people receiving instalment medicines for substance misuse treatment.

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	Good practice	1.2	Good practice	Members of the pharmacy team are good at recording and reviewing any mistakes that happen during the dispensing process. This helps them learn and make the pharmacy's services safer.
		1.4	Good practice	Members of the pharmacy team encourage feedback from people who use the pharmacy's services. And the pharmacy can demonstrate how it has used this feedback to improve the quality of the services it provides.
2. Staff	Standards met	2.2	Good practice	Members of the pharmacy team are well supported by their manager and get time set aside to undertake on-going training. This helps them keep their skills and knowledge up to date.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy offers a good range of services which are aligned with the needs of its local population. And its team members actively participate in health promotion campaigns to positively influence the health and well-being of people who use its services.
		4.2	Good practice	The pharmacy carries out clinical audits of people on higher-risk medicines. And it keeps records of interventions showing how it helps achieve positive health outcomes for people who use its services.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Good practice

Summary findings

The pharmacy has safe and effective working practices. Members of the pharmacy team are good at recording and reviewing any mistakes that happen during the dispensing process. This helps them learn and make the pharmacy's services safer. And they keep the records they need to by law to ensure medicines are supplied safely and legally. They encourage feedback from people who use the pharmacy's services. And the pharmacy can demonstrate how it has used this feedback to improve the quality of the services it provides. The pharmacy keeps people's private information safe. And members of the pharmacy take the right action to get vulnerable people the help and support they need.

Inspector's evidence

The pharmacy had a range of up-to-date standard operating procedures (SOPs) in place for the services provided. The pharmacy team members had read and signed the SOPs relevant to their roles and responsibilities. The roles and responsibilities of team members were set out in the SOPs and they were aware of the tasks they could not undertake in the absence of a responsible pharmacist (RP).

Members of the pharmacy team managed risks in the dispensing process by working in accordance with the SOPs and by identifying and monitoring near misses and dispensing errors. Near misses were documented, reviewed and discussed with the team members to identify learning points. The pharmacy manager completed monthly patient safety reviews and described some of the actions taken to prevent risks in the dispensing process, such as separating 'look-alike' and 'sound-alike' (LASA) medicines. LASA medicines had been marked with stickers to minimise picking errors during the dispensing process. Members of the pharmacy team also mitigated dispensing errors by ensuring medicines awaiting a final check were stored in a separate area. This helped to keep the bench space clutter-free and avoided prescriptions getting mixed up. The shelves in the dispensary were tidied up at regular intervals and medicines were kept in an organised fashion.

The pharmacy manager discussed a recent dispensing error involving exemestane and ezetimibe. The incident had been fully documented, a root cause analysis had been undertaken, and a report of the incident submitted to the superintendent's office. Members of the pharmacy team had added exemestane and ezetimibe to the list of LASA medicines and separated the products on the shelf to help prevent a similar incident.

The pharmacy had a complaints procedure and information about this was included in the pharmacy's practice leaflet. Results of the most recent customer survey were generally positive, and they were advertised in the pharmacy. There was some feedback about waiting times and stock availability. As a result, the pharmacy manager said that the team had reviewed how they prioritised their managed repeat prescriptions and walk-in prescriptions. And counter staff were now confirming waiting times with the pharmacist before informing people how long their prescriptions would take. This helped to better manage people's expectations about waiting times. The pharmacy's stock holding had also been reviewed and the stock availability of its top 150 lines had increased from 80% to 100%. This meant there were fewer prescriptions with items owed.

Appropriate indemnity insurance arrangements were in place for the services provided. The pharmacy's RP records were complete and up to date. Records about controlled drugs (CDs) were kept in

accordance with requirements. Running balances were recorded and checked weekly. CDs returned by people were recorded in a separate register. Records about private prescriptions, emergency supplies and unlicensed specials were in order.

Members of the pharmacy team had all signed confidentiality agreements and they had undertaken training about the General Data Protection Regulation. People's personal information was kept away from public view. Confidential waste was separated and disposed of securely. The pharmacy's computers were password protected and they were positioned away from public view. Members of the pharmacy team used their own NHS smart cards to access electronic prescriptions. A privacy policy was advertised in the retail area of the pharmacy and it informed people about the management of their private information by the company.

A safeguarding policy was in place and a list of key contacts for escalating safeguarding concerns was available in the pharmacy. Members of the pharmacy team had all read safeguarding procedures and they could explain what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person. The pharmacy manager had completed Level 2 safeguarding training. The pharmacy manager discussed a recent incident involving medication delivery arrangements to a person with mobility problems.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to provide its services safely. They have the right skills and training they need for their roles and responsibilities. They are well supported by their pharmacy manager with on-going training to help keep their skills and knowledge up to date. Members of the pharmacy team work well together and they can make suggestions to improve the pharmacy's services.

Inspector's evidence

At the time of the inspection there was one pharmacist (the pharmacy manager), two trained dispensers, a supervisor (training to be a dispenser), and a medicine counter assistant. Members of the pharmacy team were working well together and were managing their workload comfortably. The team appeared to be happy in their work and shared a very good rapport with the people visiting the pharmacy. And it was observed that customers were served promptly and compassionately.

Members of the pharmacy team had annual performance appraisals. And they received regular updates from the company about professional matters and to share learning from dispensing incidents that had occurred in other branches. They were supported to complete ongoing learning via a web-based portal and training records were kept in the pharmacy. The pharmacy manager said she monitored staff progress and members of the pharmacy team had recently completed training on sepsis, Otrivine duo nasal spray and staying well in the winter.

Members of the pharmacy team felt comfortable about raising concerns or making suggestions. And they said that there was a good working environment in the pharmacy because their pharmacy manager was very supportive of them. A whistle blowing policy was in place and it had been signed by all staff members. Meetings were held routinely to update staff, share learning and to encourage team members to raise any concerns they may have about the way the pharmacy operated. There were company targets and incentives for the services provided. But team members did not feel their professional judgement or patient safety was compromised by these in any way. The pharmacy manager said that she was very well supported by head office.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are safe, secure and suitable for the services it offers. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was clean, tidy and projected a professional image. There was enough storage and work space to help undertake workload safely. The sink in the dispensary for preparation of medicines was clean and it had a supply of hot and cold running water. A consultation room was available for private consultations and counselling. The room was bright, tidy and offered good privacy. The dispensary was clearly separated from the retail area and afforded privacy for the dispensing operation and telephone calls. The premises were well-lit throughout and the temperatures were appropriate for the storage of medicines. Members of the pharmacy team had access to good hygiene facilities. The premises were lockable and could be secured against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services well. It offers a good range of services which are aligned with the needs of its local population. It dispenses medicines in multi-compartment compliance packs safely. And its team members actively participate in health promotion to positively influence the health and well-being of people who use its services. The pharmacy carries out clinical audits of people on higher-risk medicines. And it keeps records of interventions showing how it helps achieve positive health outcomes for people who use its services. It obtains its medicines and medical devices from reputable sources and stores them appropriately. It takes the right action in response to safety alerts and recalls to make sure people get medicines and devices that are safe to use.

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. There was some seating available for customers. The pharmacy's opening hours and a list of the services available were published within the pharmacy's practice leaflet and advertised in the store. Members of the pharmacy team used local knowledge to signpost people to other providers when a service required was not offered at the pharmacy.

A range of healthcare leaflets and posters were on display in the pharmacy. Team members routinely participated in Healthy Living campaigns and were currently raising awareness about urology. The Health Promotion Zone was tidy and well-stocked with leaflets. Posters had been suitably displayed. The pharmacy's previous campaigns included raising awareness about asthma, cancer, diabetes and winter health. The pharmacy manager gave several examples of interventions made during various health promotion campaigns and shared photographs of previous campaigns undertaken by members of the pharmacy team.

The pharmacy offered a prescription collection and delivery service mainly to housebound and vulnerable people. And signatures were obtained from recipients to ensure a safe service. A note was left if nobody was available to receive the delivery and medicines were returned to the pharmacy. The workflow in the dispensary was calm and organised. Different coloured baskets were used during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. 'Dispensed by' and 'checked by' boxes on the dispensing labels were initialled to provide an audit trail of which staff members had been involved at various stages of the dispensing process. An 'owing' note was issued to provide an audit trail when a prescription could not be fully supplied. The pharmacy manager said that she often contacted the prescriber if there was a long-term stock problem or manufacturers could not supply an item so that an alternative could be supplied to people. She was aware of the serious shortage protocol.

The pharmacy had begun offering its winter flu vaccination service in October and the uptake of the service had been good. It had in-date patient group directions in place and the pharmacy manager had received appropriate training to deliver the service. The vaccines were stored in accordance with the manufacturer's instructions. Procedures to follow in the event of a needle stick injury, fainting, seizures and anaphylaxis algorithm were in place. And the anaphylaxis kit was in-date. Each person requiring the vaccination was required to complete a consent form before being administered the vaccine. And the copy of the consent was sent to the GP where appropriate. The pharmacy's chaperone policy was

advertised.

The uptake for the pharmacy's needle exchange was low but the pharmacy manager said that the rate of return of used needles was approximately 70%. And people accessing the scheme were routinely reminded to return used needles back to the pharmacy for safe disposal. The pharmacy did not supply naloxone for overdose reversal but members of the pharmacy team knew where to signpost people. People on substance misuse treatment were monitored for missed doses and routinely advised to store their medicines safely and to keep them out of reach of children.

The pharmacy supplied medicines in multi-compartment compliance packs to some people living at home. Assembled compliance packs checked during the inspection included a dispensing audit trail and descriptions of the medicine contained within them. The pharmacy manager confirmed that patient information leaflets were routinely supplied with the compliance packs. And she was aware about conducting a needs assessment for people requesting their medicines to be dispensed in compliance packs. But said that the pharmacy had not had any new requests for this service. The pharmacy had a tracking system to prompt members of the pharmacy team when people's prescriptions were to be ordered and processed so that medicines were supplied in a timely manner. Records were kept for each person using the service and these records included the current medication the person was on and the time of day it should be taken. Members of the pharmacy team kept records of any communication about medication changes, which helped make sure people received the correct medicines in their compliance packs.

Members of the pharmacy team knew about providing additional advice to people on higher-risk medicines. And said that people on warfarin were generally asked about their therapeutic monitoring (INR) levels and these were recorded on the person's medication records. The pharmacy had stickers to highlight CD prescriptions to ensure these were supplied within their 28-day validity period. There were no CD items awaiting collection on the shelf. Clear bags were used for assembled CDs and refrigerated medicines to allow an additional check at hand out. The pharmacy manager was aware of the Medicines and Healthcare products Regulatory Agency's guidelines about valproate-containing medicines and the pregnancy prevention program (PPP). She knew which people needed to be provided with additional advice about valproate's contraindications and precautions. The pharmacy had one person in the at-risk group who had been given appropriate advice about pregnancy prevention. And a note had been made on the person's medication records. Patient information leaflets and cards were available in the pharmacy.

The pharmacy had completed a clinical audit about lithium and had identified two people who could not describe how to prevent lithium toxicity and one person who was not having his weight checked at regular intervals. The pharmacy manager said that these people had been provided with appropriate advice and a copy of the recommendations made had been sent to their GP.

Medicines were obtained from licensed wholesalers and specials were obtained from specials manufacturers. No extemporaneous dispensing was carried out. Medicines were stored tidily and in an orderly fashion. The pharmacy had not yet fully implemented procedures to comply with the Falsified Medicines Directive (FMD). The pharmacy manager said that the relevant equipment and procedures were being trialled in some branches and she was awaiting further guidance from the head office. The team had completed e-learning on the FMD and the appropriate SOPs were in place.

Stock medicines were date checked at regular intervals and records of checks were kept. Short-dated medicines were marked for removal at an appropriate time. Liquid medicines with limited stability were marked with opening dates. Stock medicines requiring refrigeration were stored correctly between 2 and 8 degrees Celsius. Fridge temperatures were checked and recorded daily. All CDs were stored in

accordance with requirements. Designated bins were used to store waste medicines and denaturing kits were available to denature waste CDs safely. The pharmacy had a process to deal with safety alerts and drug recalls. Records about these and the actions taken by the pharmacy team members were made and kept in the pharmacy to provide an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the equipment and facilities it needs to provide its services. And its equipment is adequately maintained.

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. The pharmacy's consultation room was suitable for private conversations and counselling. Equipment for counting loose tablets and capsules was clean. And a range of clean, crown-stamped, glass measures were available. Some measures were used solely for measuring CDs to prevent cross-contamination. 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.