

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, St. Lukes Drive, Bath Road,
Rowden Hill, CHIPPENHAM, Wiltshire, SN15 2SD

Pharmacy reference: 1038693

Type of pharmacy: Community

Date of inspection: 26/07/2019

Pharmacy context

This is a community pharmacy located near a community hospital in a residential area of Chippenham. 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, drug misuse services and supplies medicines in multi-compartment compliance aids for people to use living 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
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 procedures to help make sure the team works safely. Pharmacy team members record and review mistakes that happen and use this information and learning to avoid future mistakes. Pharmacy team members are clear about their roles and responsibilities. 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 generally maintains the records that it must keep by law. However, special records were not always completed correctly which could mean that the pharmacy is not able to show exactly what has happened if any problems arise.

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. The 'safer care briefing' process designed to review errors monthly was regularly completed but some learning points identified were often not specific. The pharmacy team agreed to address this. Due to previous errors, different strengths had been lansoprazole capsules had been separated in the dispensary drawers. 'Sound alike' and 'look alike' medicines had been highlighted to staff and there was a poster about these in the dispensary.

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. 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 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 the end of June 2020. Records of controlled drugs (CDs) and patient returned CDs were all seen to be in order. Patient returned CDs were separated from regular CD stock and labelled appropriately. A sample of a random CD was checked for record accuracy and was seen to be correct. The controlled drug balances were checked weekly.

The responsible pharmacist record was seen as complete. The responsible pharmacist notice was

incorrect at the start of the inspection but this was promptly corrected by the pharmacist. The fridge temperatures were recorded daily and were always in the 2 to 8 degrees Celsius range.

The private prescription and emergency supply were retained and were in order. Specials records were retained but some entries omitted the prescriber's name and address. Date checking was carried out in a manner which meant the whole pharmacy is date checked four times in a year and records of this were seen to be completed appropriately.

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. On questioning, staff were aware of the signs to look out for that may indicate safeguarding issues. Contact details for local safeguarding advice, referrals and support were readily available to staff 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. But pharmacy staff do not always have time to complete additional training and so may miss learning opportunities. 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 and three dispensing assistants present in the pharmacy. The pharmacy had recently been short staffed and this had meant that the pharmacy team were five days behind on the dispensing activity. The cluster manager reported that a locum dispenser had been brought in for a few days to help the team catch up with their dispensing. In addition, a new dispensing assistant had been recruited and they were due to start work on 21 August.

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. But another dispensing assistant reported that she did not have much time to complete training because the pharmacy was so busy.

The pharmacy manager reported that meetings were held monthly to discuss patient safety issues. Huddles were held on an ad-hoc basis to update staff on business 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 than happy to raise any concerns they had immediately with the pharmacist or the area manager.

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

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy generally provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protect 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. Some assembled prescriptions were stored on the floor in the dispensary with boxes of stock which may represent a trip hazard to staff. The pharmacy team reported that they were in the process of changing the way that assembled prescriptions waiting to be collected were stored on the dispensary shelf.

There was a sink available in the dispensary 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 well soundproofed and patient confidential information was not accessible to the public.

The temperature in the pharmacy at the time of the inspection was noted to be very hot. Staff reported that the pharmacy would often overheat during hot weather. The cluster manager agreed to address this with a view to install a temporary air conditioning unit. 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 takes appropriate action. But some records to demonstrate this are not complete which could mean that the pharmacy is not able to show exactly what has happened if any problems arise.

Inspector's evidence

There was a range of leaflets available to the public about services on offer. Some services were also displayed on a board near the medicines counter. There was step free access to the pharmacy. There was adequate seating for patients or customers waiting for services and space for a wheelchair user or a pushchair to navigate.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards were available for use during valproate dispensing to all patients who may become pregnant. The dispensary drawer where valproate was stored was also marked to increase staff awareness during the dispensing process. The pharmacist reported that he would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them 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.

Medicines and medical devices were stored within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented. Short dated stock was appropriately marked. There was a bottle of nitrofurantoin 25mg/5ml suspension on the dispensary shelf which had expired as of 30 June 2019 and this was removed during the inspection.

The pharmacy team were aware of the European Falsified Medicines Directive (FMD). The pharmacy team had the appropriate hardware and the software was currently being rolled out by Lloyds 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 such as insulin. One fridge that was used to store insulin was overfull and different types of insulin were stored mixed together. This may increase the risk of selection errors.

MHRA alerts came to the team electronically through the company's intranet and these were actioned appropriately. But some records were missing and the pharmacy team agreed to address this.

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. 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 were two fridges which were 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.