

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 22 High Street, BROADWAY,
Worcestershire, WR12 7DT

Pharmacy reference: 1038823

Type of pharmacy: Community

Date of inspection: 18/07/2019

Pharmacy context

This is a community pharmacy located in the village of Broadway in Worcestershire. The pharmacy dispenses NHS and private prescriptions. It provides some services such as Medicines Use Reviews (MURs) and the New Medicine Service (NMS). And, it provides medicines inside multi-compartment compliance aids for some people if they find it difficult to manage their medicines.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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	2.2	Good practice	Pharmacy team members have the appropriate skills, qualifications and competence for their role and the tasks they carry out or are undertaking appropriate training. Experienced members of the team support team members in training and agency staff to ensure the pharmacy operates in a safe way.
		2.5	Good practice	The pharmacy's team members are empowered to make suggestions to improve communication and the safety of their services. The team has created bespoke ways to communicate with each other and added further records to assist with monitoring the use of multi-compartment compliance aids.
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

Overall, the pharmacy's working practices are safe and effective. Members of the pharmacy team monitor the safety of their services by recording mistakes and learning from them. They understand how they can protect the welfare of vulnerable people. And, they protect people's privacy well. The pharmacy maintains most of its records in accordance with the law.

Inspector's evidence

The pharmacy was organised and clear of clutter. This included the way its medicines and paperwork were stored. A steady stream of people used the pharmacy's services during the inspection and the workload was manageable. The dispensary was set out in a way that allowed the work to flow smoothly and this was in conjunction with the space available. This meant that the different stages occurred in a circular motion and involved segregated sections for staff to process and assemble multi-compartment compliance aids, dispense prescriptions and for the responsible pharmacist (RP) to carry out the final accuracy-check.

The pharmacy team used a range of documented standard operating procedures (SOPs) to support the services. Staff had read and signed the SOPs and their roles were defined within them. Team members knew their responsibilities and the tasks that were permissible in the absence of the RP. The correct RP notice was on display and this provided details of the pharmacist in charge, at the time.

The company's Safer Care processes were in place, workbooks were complete, and the board was up-to-date. Staff routinely recorded their near misses and reviewed them to identify trends or patterns. Details of this were then shared through monthly briefings and this information was on display on one wall (see Principle 2). Staff described seeing trends with quantities where packs of 30 were supplied instead of 28, in response they were now highlighting the quantity on prescriptions when they were processed. The team also separated medicines that were similar sounding or with similar packaging, this included moving amitriptyline away from amlodipine, caution labels were placed in front of stock as a visual alert and their awareness was raised.

People were provided with information about the pharmacy's complaints procedure, as this was on display. Incidents were handled by the pharmacist and the RP's process was in line with the company's policy. Documented details of previous incidents were seen. Staff routinely conducted a root cause analysis and completed reflective statements.

Staff could identify signs of concern to safeguard vulnerable people, they referred to the RP in the first instance and could refer to relevant local contact details that were readily available. The RP was trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE), the team had read information provided by the company and described taking instruction from other members of staff. The company's chaperone policy was also on display.

Staff were trained on the EU General Data Protection Regulation (GDPR), they separated confidential waste which was disposed of through the company and they ensured confidential material was contained within the dispensary. Sensitive details on dispensed prescriptions could not be seen from the front counter, there was no confidential information left in areas that faced the public and the

pharmacy informed people about how it maintained their privacy.

Most of the pharmacy's records were maintained in line with statutory requirements. This included a sample of registers seen for controlled drug (CD), the RP record, private prescriptions and most emergency supplies. For CDs, balances were checked and documented every week. On randomly selecting CDs held in the cabinet, the quantities held matched balances within corresponding registers. Some records of emergency supplies documented before 2018 were made using generated labels that had faded, hence details could not be retrieved, this was discussed at the time and records of unlicensed medicines were not routinely being kept with the full required details. Staff were aware of the latter and explained that their regular relief pharmacist had highlighted some information and they would be working towards implementing this.

The team kept daily records of the minimum and maximum temperatures for the fridge and this demonstrated that appropriate storage of medicines occurred. Staff also maintained a full record of the receipt and destruction of CDs that were brought back by people for disposal. The pharmacy's professional indemnity insurance was through the National Pharmacy Association (NPA) and this was due for renewal after June 2020.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are competent and understand their roles and responsibilities. They keep their skills and knowledge up to date by completing regular training. And, they can make suggestions to improve the safety of the pharmacy's services and the way information is communicated.

Inspector's evidence

The pharmacy dispensed 7,000 prescription items every month, with 76 people receiving their medicines inside multi-compartment compliance aids. A locum pharmacist was present and explained that he had not been set any formal targets to complete services.

The staffing profile included a relief pharmacist manager and five counter and dispensing assistants, one of whom was the supervisor and two of whom were enrolled onto accredited training for their role. A locum pharmacist was present on the day of the inspection and a new manager was due to start in September. There was also a delivery driver.

Staff asked relevant questions before selling over-the-counter (OTC) medicines and they knew when to refer to the pharmacist. Team members wore name badges, their certificates of qualifications were not seen. To assist with training needs, staff completed online modules every month through a company provided resource, they used magazines and took instruction from the pharmacists and learnt from one another. Team members in training described completing course material at home and at work, there was no protected or allocated time for this, but a brief period of overlap between the two members of staff who were training helped to complete course material in a timely manner, according to them.

Staff received formal appraisals annually, they communicated verbally, used the noticeboard, information was provided by the company, updates were received through emails and they regularly discussed details. Team meetings were held every week along with regular huddles occurring first thing in the morning to discuss details if required.

There was also a bespoke and prominent noticeboard that had been created by the team on one wall. This highlighted and included relevant information such as the week's Safer Care briefing, the Safer Care board, the weekly update from the cluster manager and his action plan for the pharmacy as well as contact details for the local safeguarding agency and the protocol for reporting errors with CDs that staff had created. Bespoke monitoring charts had also been created by them for people receiving compliance packs so that they could keep track of the date when they were handed out.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean and provide a professional environment for the delivery of its services.

Inspector's evidence

The premises consisted of a medium sized retail space and an enclosed, appropriately sized dispensary that extended into two back areas, one of which was the office and where compliance aids were stored, the second space was smaller but contained some of the pharmacy's paperwork and the fridge. To one side of the retail space, there was a store room where medicines requiring destruction were stored and upstairs, staff and a few stock areas were located. A third floor provided additional space and was previously used to dispense compliance aids before the re-fit but was not currently being used due to the narrow steps in this location. Public access to this area was restricted from the key coded entry on the door.

The pharmacy had been refurbished since the last inspection and it was professional in appearance, its fixtures and fittings were modern, it was clean, bright and appropriately ventilated. Pharmacy (P) medicines were stored within unlocked perspex units in the retail space, staff explained that people never tried to help themselves to these medicines and always asked for assistance. There was also a signposted consultation room available to provide services and private conversations. This was kept unlocked, cabinets here were locked and there was no confidential information accessible from this space.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy team is helpful and tries to ensure people with different needs can easily access the pharmacy's services. The pharmacy sources and stores its medicines appropriately. In general, it provides its services safely and effectively. But, team members don't always highlight prescriptions that require extra advice or record information. This makes it difficult for them to show that appropriate advice has been provided when these medicines are supplied.

Inspector's evidence

People could access the pharmacy's services from a wide, automatic front door and the retail space was made up of clear space and wide aisles. Staff explained that the automatic button on the door was previously timed to only stay open for three seconds, they had noticed that this was not long enough for people with restricted mobility, those using wheelchairs or for mothers with prams to enter the pharmacy. They therefore, asked for this to be increased to 10 seconds to allow easy access to the pharmacy's services. There were two seats available for people waiting for prescriptions, staff described using a quiet space to hold conversations with people who were partially deaf, or they faced them to allow them to lip read easily. Physical assistance was provided to people who were visually impaired, and the team used gestures and spoke slowly when providing assistance to people whose first language was not English.

During the dispensing process, baskets were used to hold prescriptions and medicines, and this helped to prevent the inadvertent transfer of items. They were colour co-ordinated to highlight priority. A dispensing audit trail was used by the team to identify staff involved and this was through a facility on generated labels.

The initial setup for compliance aids required the person's GP initiating and assessing suitability. Prescriptions were ordered by the pharmacy and cross-checked against people's individual records. If changes were identified, staff confirmed them with the prescriber and documented details onto people's records. Compliance aids were not left unsealed overnight and all medicines were de-blistered into compliance aids with none left within their outer packaging. Patient information leaflets (PILs) were supplied routinely and descriptions of medicines were routinely provided. Mid-cycle changes involved where possible, supplying the amended medicine(s) from the next cycle.

The pharmacy provided a delivery service and audit trails to demonstrate this service were maintained. CDs and fridge items were highlighted and checked prior to delivery. The company driver obtained people's signatures when they were in receipt of their medicines with a handheld device, but an agency driver was currently being used to cover annual leave and people's signatures were obtained on a paper record. Staff explained that the driver was instructed to fold the record during this process so that people's confidential information could not be seen when signatures were obtained. Failed deliveries were brought back to the branch, notes were left to inform people about the attempt made and medicines were not left unattended.

Staff were aware of risks associated with valproate, this was stored separately and there was literature available to provide to people at risk. No patients at risk were identified as supplied this medicine. People prescribed higher-risk medicines were identified according to the team, counselled and relevant

parameters were checked. This included checking the International Normalised Ratio (INR) levels for people prescribed warfarin. Dispensed prescriptions for these medicines were occasionally seen without any indication that intervention was required and there were no details documented about relevant parameters to demonstrate that this had occurred.

Prescriptions when assembled were held within an alphabetical retrieval system. Staff could identify fridge items and CDs when handing out prescriptions from their own knowledge as well as from stickers highlighting the prescriptions. Uncollected items were removed every six weeks. Assembled CDs and medicines that required cold storage were held within clear bags, this helped to assist with accuracy and identification when they were handed out to people. The pharmacy also operated a repeat express management system where they ordered prescriptions for people on their behalf, staff described checking the medicines that were required for the following month, on hand-out of dispensed medicines and followed up if people did not always request all of their medicines.

Licensed wholesalers such as Alliance Healthcare and AAH were used to obtain medicines and medical devices. The latter was used to obtain unlicensed medicines. Staff were aware of the process involved for the European Falsified Medicines Directive (FMD), they described informing one another about the process and relevant equipment was present. However, this was not functioning at the point of inspection and the pharmacy was not yet complying with the process.

Medicines were stored in an organised manner. There were no date-expired medicines or mixed batches seen. The team used a date-checking schedule to demonstrate when this process occurred, medicines were date-checked for expiry every week, short-dated medicines were identified using stickers and liquid medicines were marked with the date they were opened. Medicines were stored appropriately in the fridge and CDs were stored under safe custody. Keys to the cabinet were maintained in a manner that prevented unauthorised access during the day as well as overnight. Drug alerts were received via email, staff checked stock, acted as necessary and maintained an audit trail to verify this.

Staff used appropriate containers to hold medicines returned by the public that required disposal and there was a list available to assist the team in identifying cytotoxic and hazardous medicines. Sharps brought back by people to be disposed of, were accepted. Returned CDs were brought to the attention of the RP, details were entered into the CD returns register, the CDs were segregated and stored in the cabinet prior to destruction.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy was equipped with the facilities and equipment it needed to provide services. This included current reference sources, a range of clean, crown stamped conical measures for liquid medicines with a designated one for CDs, counting triangles and a separate one for cytotoxic medicines. Some of the counting triangles could have been cleaner as there was tablet residue on them. This meant that cross-contamination was possible.

The dispensary sink used to reconstitute medicines was relatively clean, there was hot and cold running water available here. The CD cabinets were secured in line with statutory requirements and the medical fridge was operating appropriately. Staff could use lockers to store their personal belongings. Computer terminals were positioned in a manner that prevented unauthorised access and there were cordless phones available to help with private or sensitive telephone conversations. Staff used their own NHS Smart cards to access electronic prescriptions and took them home overnight.

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.