

Registered pharmacy inspection report

Pharmacy Name: Lygon Pharmacy, 84 Worcester Road, MALVERN,
Worcestershire, WR14 1NY

Pharmacy reference: 1038861

Type of pharmacy: Community

Date of inspection: 12/08/2024

Pharmacy context

This is a community pharmacy located amongst a few shops in Malvern, Worcestershire. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines, and provides health advice. It also offers the New Medicine Service (NMS), local deliveries and provides medicines inside multi-compartment compliance packs for people who find it difficult to manage their medicines.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	2.2	Standard not met	Most of the pharmacy team do not have the appropriate qualifications for their role and the tasks they carry out. The pharmacy is not meeting the GPhC's 'Requirements for the education and training of pharmacy support staff' as except for one, all other members of the pharmacy's current team have been working at the pharmacy for longer than three months and are undertaking tasks without being enrolled on accredited training appropriate for this.
		2.4	Standard not met	The pharmacy does not have a culture of learning. Staff are not provided with any training resources to develop their knowledge.
		2.5	Standard not met	Members of the pharmacy team are inadequately supported. There is no evidence that team members are given opportunities to discuss their feedback or concerns due to the lack of regular updates or performance reviews.
3. Premises	Standards not all met	3.1	Standard not met	The pharmacy premises are extremely cluttered in some places and parts of it are dirty. The retail area looks unprofessional as several unnecessary boxes have been placed here to block off one entrance.
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	Standards not all met	5.2	Standard not met	There is no evidence that the safes currently being used to store controlled drugs have the appropriate exemptions. This compromises the security of these medicines.

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has satisfactory arrangements in place to manage risks. Team members understand their role in protecting the welfare of vulnerable people. The pharmacy protects people's confidential information appropriately. And members of the pharmacy team deal with their mistakes responsibly. But they are not always documenting and reviewing all the necessary details. This could mean that they may be missing opportunities to spot patterns and prevent similar mistakes happening in future.

Inspector's evidence

The pharmacy was inspected due to a complaint made to the GPhC about the premises and staff. The inspector was aware that other pharmacies in the immediate vicinity and county had recently closed, the team confirmed that this had led to the pharmacy's workload subsequently increasing. The pharmacy had a range of documented standard operating procedures (SOPs) which provided guidance for the team to carry out their tasks correctly. The SOPs had been read and signed by the staff. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display. Members of the pharmacy team knew which activities could take place in the absence of the responsible pharmacist (RP) and they sufficiently understood their responsibilities.

The team processed and assembled prescriptions in different areas to the responsible pharmacist (RP). The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. Once staff generated the dispensing labels, there was a facility on them to help identify who had been involved in the dispensing process. Team members routinely used these. They described circling the date on prescriptions for Schedule 4 controlled drugs (CDs) to help highlight this in addition to the stickers that were used as an alert. However, each member of staff had a small section to work in, dispensing benches were very cluttered initially as most of the bench space was taken up with baskets of assembled prescriptions, and multi-compartment compliance packs were also prepared in the main dispensary (see Principle 3). Staff said that they usually cleared dispensing benches by the end of the day and the inspector observed this to be the situation by the time the inspection finished.

Incidents were managed by the pharmacist and their process was suitable. Staff stated that they recorded mistakes made during the dispensing process regularly (near miss mistakes), that they separated certain medicines and common mistakes were highlighted. A few examples were provided. However, when the records were checked, this showed that team members were not formally recording or reviewing their near-miss mistakes regularly. The last documented records were from 2023.

Staff had been trained to safeguard the welfare of vulnerable people; this included the pharmacist who was trained to level two. Team members could recognise signs of concern; they knew who to refer to in the event of a concern and described concerns seen as well as how they had responded. Contact details for the local safeguarding agencies were accessible and the pharmacy's chaperone policy was on display. However, the inspector was told that staff had not received any training at the pharmacy about this, instead they were trained through previous employment or from activities that they undertook in their own time.

The pharmacy's team members were trained on data protection. Confidential material was stored and disposed of appropriately. Sensitive details could not be seen from the retail space. Computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions. The pharmacy was also registered with the Information Commissioners Office (ICO) which was due for renewal 12 December 24.

The pharmacy's records were mostly compliant with statutory and best practice requirements. This included a sample of registers seen for CDs. On randomly selecting CDs held in the cabinet, their quantities did not match the stock balances recorded in the corresponding registers. However, evidence was received following the inspection that the discrepancy had been rectified. The pharmacy had suitable professional indemnity insurance arrangements in place. Most of the RP record and records about unlicensed medicines were complete. However, there was missing information for emergency supplies made at the request of patients and incomplete details about prescribers had been documented within the electronic private prescription register.

Principle 2 - Staffing Standards not all met

Summary findings

Most of the pharmacy's team members are carrying out tasks that they are not trained for or qualified in. The pharmacy does not have a culture of learning. Staff are not provided with any training material to help further their knowledge, nor have they had any performance reviews for many years. This situation is unsafe and can affect how well the pharmacy cares for people.

Inspector's evidence

During the inspection, the pharmacy team consisted of a locum RP, three dispensing assistants, one of whom was a locum dispenser and a medicines counter assistant (MCA). There was also the regular pharmacist who was the superintendent pharmacist (SI) and four dispensing staff usually. Staff wore name badges and uniforms. The SI confirmed that the pharmacy routinely had two pharmacists to help manage the increased workload and they used locum dispensers to help with contingency. He described finding it difficult to recruit staff at present and explained that the pharmacy's current situation was overwhelming.

Members of the pharmacy team asked people relevant questions when they sold OTC medicines or made recommendations. They were clear on when to seek help and refer to the RP. Every member of staff seen was very enthusiastic about working at the pharmacy. The MCA knew people who used the pharmacy's services by name. Team members were observed to work well together, they supported each other and worked independently of the pharmacist. Staff communicated verbally but very few team meetings took place. They were confident to make suggestions and feedback to the SI.

However, at the point of inspection, only one of the employed dispensing assistants had completed accredited training appropriate to her role. This was through previous employment. The rest of the staff present confirmed that they had worked at the pharmacy, in some cases for several years without having been trained through accredited routes nor were they undertaking appropriate accredited training in accordance with their roles. This included the MCA who had worked at the pharmacy for five years, she also undertook dispensing activities and the other dispenser who had worked at the pharmacy for two years without being enrolled on any formal training. The inspector was told that the third dispensing assistant who was not present, was also not enrolled onto any formal training. This is therefore not in accordance with the GPhC's 'Requirements for the education and training of pharmacy support staff' which specifies that support staff must be enrolled on a training course as soon as practically possible and within three months of starting their role. The inspector was also told that some staff had been previously enrolled onto the relevant training course, but the exam was not paid for (on more than one occasion) and they, therefore, could not complete this.

In addition, no performance reviews were ever described to have taken place. The inspector was told that locums told the team about relevant updates or new guidance, and staff used online search engines to read about various topics themselves. So, they had no access to training material from any other resource. This was discussed at the time. The SI confirmed that staff could access resources from a pharmacy support organisation, but he had not set this up for them.

Following the inspection, the SI provided limited and inadequate evidence that all team members had been enrolled onto appropriate accredited training courses in line with their role(s).

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy's premises are currently unsuitable for the safe delivery of healthcare services. The pharmacy does not do enough to keep its premises clean and free from clutter. And they do not present a professional image.

Inspector's evidence

The pharmacy's premises consisted of a spacious retail area which was larger than the dispensary and congested back areas. The latter consisted of a small and narrow consultation room, behind which was a stock room which held assembled prescriptions awaiting collection, excess stock, and bench space where compliance packs were previously prepared. However, due to the sheer quantity of stock, clutter and assembled prescriptions in this area, it was not possible to prepare compliance packs in here anymore. There were also assembled prescriptions stored directly on the floor in this area. This could damage medicines and may be a trip hazard.

Parts of the pharmacy needed a deep clean. This included the consultation room and the door to this room which was dirty. Most of the retail area was presented appropriately, but there were several boxes here against one entrance to another unit which had been blocked off. This took up unnecessary space and looked unprofessional. The unexpected increase in the pharmacy's volume of workload had made the size of the premises too small to manage its workload appropriately. However, the pharmacy's premises were inside an old Grade II listed building which made renovations challenging. The SI explained that a part of the retail area was due to be used to create more space and a new consultation room although there was no date for when this would happen.

This dispensary was screened which provided a suitable level of privacy when dispensing prescriptions. There was an adequate amount of bench space for staff to carry out dispensing tasks safely. The premises were secure from unauthorised access and the pharmacy was appropriately lit. The inspection took place on a warm day. There were several fans present, dispensing staff were adamant that this was enough and fine for them, they confirmed that the building was very cold in winter and that they used heaters. The inspector highlighted that the extremes of temperature seen and ambient temperature within the pharmacy may not be appropriate for storing medicines, but the ambient temperature was not routinely monitored to help verify this situation.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy obtains its medicines from reputable sources and the pharmacy team suitably delivers prescription medicines to people's homes. But the pharmacy does not always manage its medicines in the most effective way. The pharmacy has some checks in place to ensure that medicines are not supplied beyond their expiry date. But some of its records are missing. And the pharmacy's team members are not always identifying people who receive higher-risk medicines or making the relevant checks. This makes it difficult for them to show that people are provided with appropriate advice when these medicines are supplied.

Inspector's evidence

People could enter the pharmacy from a wide, single, front door, but the pharmacy's front entrance was not level with the outside pavement. This made it harder for someone who used a wheelchair, to enter the building but the pharmacy team assisted people at the door if needed. The SI confirmed following the inspection that a ramp had been requested from the local council. However, the step outside the front door was cracked. Staff confirmed that this had been fixed previously but the way that delivery drivers from wholesalers brought in their medicines, had led to this breaking again. The inspector was told that people had tripped on their way in. Whilst there was a very small notice on the door highlighting the step, this was not prominent enough and did not identify the hazard itself. This was discussed at the time. The pharmacy's opening hours were on display and one seat was available for people if they wanted to wait. Staff could make suitable adjustments for people with diverse needs. They provided verbal and written communication, used simple conversation, applications and information on people's phones and physically assisted when needed.

The pharmacy supplied many people's medicines inside multi-compartment compliance packs once the person's GP or the pharmacist had identified a need for this. The pharmacy ordered prescriptions on behalf of people for this service and specific records were kept for this purpose. Any queries were checked with the prescriber and the records were updated accordingly. All medicines were removed from their packaging before being placed inside them. Patient information leaflets (PILs) were always supplied but descriptions of the medicines inside the compliance packs were not routinely provided. This could make it harder for people to identify their medicine(s) easily.

The pharmacy offered deliveries in the local area and the team kept records about this service. Failed deliveries were brought back to the pharmacy, notes were left to inform them about the attempt made and no medicines were left unattended.

Staff were aware of the risks associated with valproates. Relevant checks had been completed about this but no-one at risk was currently receiving this medicine from the pharmacy. Appropriate literature was available to provide to people if needed. However, the team did not routinely identify people prescribed other higher-risk medicines, details about relevant parameters, such as blood test results, were not repeatedly asked about, details were not obtained nor appropriate records kept.

The pharmacy's stock could have been stored in a more organised way. The pharmacy used licensed wholesalers to obtain medicines and medical devices. Medicines returned for disposal, were accepted by staff, and stored within designated containers. This included sharps provided they were within

appropriate containers. Drug alerts were received electronically and actioned appropriately. Records were kept verifying this and relevant details were passed to the care homes.

Staff said that medicines were date-checked for expiry regularly, but appropriate records had not been kept verifying when this had taken place. This made it difficult for the team to show that this process had been routinely occurring. However, short-dated medicines were seen to be identified and there were no date-expired medicines seen. Liquid medicines, when opened were not always marked with the date they were opened to help determine stability when dispensing them in the future and a few loose blisters were seen.

Principle 5 - Equipment and facilities **Standards not all met**

Summary findings

The pharmacy is unable to show any of the necessary assurances that some of its equipment is suitable for storing medicines which require additional controls. But, otherwise, the pharmacy has an appropriate range of equipment available to provide its services. It keeps its equipment sufficiently clean and uses them to help protect people's confidential information in a suitable way.

Inspector's evidence

The pharmacy held an appropriate range of equipment for its services. This included standardised conical measures for liquid medicines and triangle tablet counters which included a separate one for cytotoxic medicines. The medical fridge was operating appropriately. The pharmacy's computer terminals were positioned in locations that prevented unauthorised access. Cordless phones were available to provide conversations in private if needed and team members held their own NHS smart cards to access electronic prescriptions.

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.