

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, Wimbledon Lawn Tennis Club,  
Wimbledon Village, LONDON, SW19 5AE

**Pharmacy reference:** 1041257

**Type of pharmacy:** Festival / Temporary

**Date of inspection:** 09/07/2019

## Pharmacy context

This is a temporary pharmacy open only for the duration of the Wimbledon tennis championships. It is sited in a small unit below one of the main courts at the All England Lawn Tennis Club in Wimbledon, and dispenses private prescriptions, sells a range of over-the-counter medicines and provides health advice.

## 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 |
|--|-------------------|------------------------------|------------------|-----|
| <b>1. Governance</b>                               | Standards met     | N/A                          | N/A              | N/A |
| <b>2. Staff</b>                                    | Standards met     | N/A                          | N/A              | N/A |
| <b>3. Premises</b>                                 | Standards met     | N/A                          | N/A              | N/A |
| <b>4. Services, including medicines management</b> | Standards met     | N/A                          | N/A              | N/A |
| <b>5. Equipment and facilities</b>                 | Standards met     | N/A                          | N/A              | N/A |

## Principle 1 - Governance ✓ Standards met

### Summary findings

Members of the pharmacy team are clear about their roles and responsibilities. They work to professional standards, identifying and managing risks effectively. The pharmacy has written instructions which are kept up to date and tell staff how to complete tasks safely. It has adequate insurance in place to help protect people if things do go wrong. The pharmacy's team members understand how they can help to protect the welfare of vulnerable people.

### Inspector's evidence

There were standard operating procedures (SOPs) in place to underpin all professional standards available on the 'docs on demand' part of the company's online portal. The responsible pharmacist (RP) SOPs were last reviewed in August 2017 and due for next review in August 2019. The staff had all signed them in their own pharmacies to say that they had read and understood them.

Forms for recording near misses were present and had been updated every day to confirm that there had been no near misses or errors. The RP explained the process for reporting near misses, demonstrating the online reporting system (PIMS). The pharmacist would hold a brief meeting at the beginning and end of each day to ensure that any learnings from the day were passed on to those staff on duty the following day.

Roles and responsibilities of staff were documented in the online SOPs and those questioned were able to clearly explain what they do. They outlined their roles within the pharmacy and they knew when to seek help from the pharmacist.

Staff were able to describe what action they would take in the absence of the responsible pharmacist, and they explained what they could and could not do. The responsible pharmacist (RP) notice was clearly displayed for patients to see and the paper RP log was complete. The RP explained that when the tournament was over and the pharmacy closed, the RP log and other documents would be taken to their Cobham branch for storage in accordance with legal requirements. There was a business continuity plan in place with a two-hour call out available for emergency repairs if required.

Details of the company's feedback system ('voice of the customer') were printed on the back of till receipts to enable people to provide feedback or to make a complaint. This feedback is monitored centrally in order to identify any trends. A certificate of professional indemnity and public liability insurance from the National Pharmacy Association (NPA) valid until 30 June 2020 was on display behind the medicines counter.

Private prescription records were maintained in the private prescription book and had been completed in accordance with the regulations. There had been no emergency supplies to date, but the RP outlined the records that would be made. She also explained that they would be stored for the required period of time at their Cobham branch, together with the RP records.

All staff were able to demonstrate an understanding of data protection and had undergone General Data Protection Regulation (GDPR) training. They were able to provide examples of how they protect

patient confidentiality, for example inviting them to move to a quiet corner or to use one of the private cubicles in the neighbouring medical treatment room. There were no completed prescriptions awaiting collection and no sensitive information was visible to people waiting at the counter.

There were safeguarding procedures in place and contact details of local referring agencies were seen on display in the dispensary at the rear. There were also separate contact details available for safeguarding incidents occurring outside of normal working hours. The pharmacist and the pharmacy pre-registration graduate had both completed CPPE level 2 safeguarding training, and other staff had undergone training in their own branches. Staff were able to describe some of the warning signs to look out for.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely and they work well as a team even though they are only together for a very short period of time. Pharmacy team members are well trained and have a good understanding of their roles and responsibilities. They can make suggestions to improve safety and workflows where appropriate.

### Inspector's evidence

There were two members of staff on duty during the inspection in addition to the RP. The RP explained that they would always have two staff plus the pharmacist on duty all the time. The staff members came from a number of other local branches and would typically work either half a day or one full day each. There was a rota in place and all staff were either qualified to dispense or to work on the medicines counter. This appeared to be appropriate for the workload and everyone was working well together. In the event of staff absence another member of staff on the rota would be contacted and brought in to help. All of the staff were on a Whatsapp group to quickly communicate with each other and to share learnings from their day's work.

Training records and certificates were not seen as they were all at their respective branches. Staff were able to demonstrate an awareness of potential medicines abuse and could identify patients making repeat purchases. All staff, including the pharmacist, were seen to serve customers and all asking appropriate questions when responding to requests or selling medicines.

The pharmacist confirmed that she was comfortable with making decisions and did not feel pressurised to compromise her professional judgement. Team members were involved in open discussions felt that they could raise concerns if necessary. There was a whistleblowing policy available for them if needed. There were no formal targets in place.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive its services.

### Inspector's evidence

The pharmacy premises were clean, tidy and in a good state of repair and the front was completely open to allow for easy access. There was a compact but well laid out retail area and a small room at the back which combined the functions of a dispensary, office and storage. There was sufficient space to work safely and effectively and the layout was suitable for the activities undertaken.

There was no separate consultation room for confidential conversations, but the pharmacist explained that they could use a spare cubicle in the treatment room next door if required. The pharmacy had no running water or toilet facilities onsite, but they were easily available nearby. The room temperature was appropriate for keeping staff comfortable and suitable for the storage of medicines.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy delivers its services in a safe and effective manner, and visitors with a range of needs can access them. Although the pharmacy only carries a very limited range of stock, it sources, stores and manages its medicines safely and makes sure that they are fit for purpose.

### Inspector's evidence

Owing to the temporary nature of the pharmacy, it only dispensed private prescriptions, sold medicines and a limited range of other over-the-counter products. People requiring NHS services would be signposted to other pharmacies nearby. The pharmacist explained how they liaised with the Medical Director of the All England Lawn Tennis Club to ensure that the medical staff were aware of the stock kept in the pharmacy, and that the pharmacy staff were aware of their likely prescribing requirements. This ensured that all prescriptions could be dispensed straight away without the need to order additional stock. There was just one shelf of prescription only medicines as they only received one or two prescriptions per day, mainly for antibiotics or inhalers.

Staff had access to the company's 'safer care' process and implemented what they could as it was a 13 week programme and the pharmacy would only be open for two weeks. However, they did use the checklists and were part of the local Whatsapp 'Inspire and Share' group. This was co-ordinated by the Regional 'safer care champion' to share best practice and to highlight examples of 'look alike, sound alike' (LASA) medicines.

Owings tickets would be used if required, but it was unlikely that any medicines would be owed as a result of the close working relationship between the pharmacy and the medical team. Staff were aware of the risks involved in dispensing valproates to women in the at-risk group, but it was considered unlikely that they would be dispensing any valproates. There were no controlled drugs or medicines requiring refrigeration held in stock. Medicines were obtained from AAH once a day, and there were no unlicensed specials. Pharmacy medicines were displayed behind the medicines counter, preventing unauthorised access or self-selection of those medicines.

There was a bin for the safe disposal of patient-returned medicines, and a separate bin for hazardous waste. A separate list of those hazardous medicines was taped to the side of one of the bins. To date, no medicines had been returned by patients.

The pharmacy received drug alerts and recalls from the MHRA, but to date none were relevant due to the very small range of stock held. The team knew what to do if they received damaged or faulty stock and they explained how they would return them to the wholesalers in exactly the same way as any other branch of the company.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the right equipment for the range of services it provides, and it makes sure that it is properly maintained. The pharmacy generally keeps most people's private information safe.

### Inspector's evidence

The pharmacy had the necessary resources required for the services provided, including reference sources such as the BNF and BNF for children. The pharmacy also had internet access and used this as an additional reference source. Access to PMRs was controlled through individual passwords, which had been changed from the original default password. Computer screens were positioned so they were not visible to the public and confidential information was kept secure.

### 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.  |