

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 29 Church Street, FLINT, Clwyd,
CH6 5AQ

Pharmacy reference: 1043118

Type of pharmacy: Community

Date of inspection: 16/07/2019

Pharmacy context

The pharmacy is located amongst other retail shops in the town centre. The pharmacy premises are accessible for people, with wide aisles in the retail area and adequate space in the consultation room. The pharmacy sells a range of over-the-counter medicines and dispenses both private and NHS prescriptions.

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	1.7	Good practice	The pharmacy team receive information governance training when their employment begins, then get regular refresher training.
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 generally identifies and manages risks associated with its services. Members of the pharmacy team are clear about their roles and responsibilities. The pharmacy keeps all of the records it needs to by law. Members of the pharmacy team record things that go wrong, so that they can learn from them. But they do not record all of their mistakes, so they may miss some opportunities to learn.

Inspector's evidence

Dispensing incidents were reported online and learning points were included. Copies of the incident report forms were printed and filed for reference. Some near misses had been reported on a near miss log but there were no near miss errors reported in June 2019 and the pharmacist explained that there were times when near miss errors were not reported due to time constraints. The near misses were discussed with the pharmacy team member at the time they were identified. The pharmacist reviewed the near miss log periodically to identify trends and said various stock medicines had been separated because of these reviews, for example different strengths of levothyroxine, Epilim chrono and Epilim plain and different strengths of sertraline.

There were up to date standard operating procedures (SOPs) for the services provided, with signature sheets showing that members of staff had read and accepted them. Roles and responsibilities of staff were set out in SOPs. The trainee dispenser was seen to be following the 'dispensing' SOP and was able to clearly describe her duties.

A customer satisfaction survey was carried out annually, with the results of the latest survey displayed in the retail area. The pharmacist explained that because of some patients providing negative feedback around waiting times for their prescriptions to be dispensed or for services such as minor ailments to be provided, all patients were now provided with an estimated time for their prescription to be dispensed or the required service provided, to help manage their expectations.

There was a complaints procedure in place. The pharmacist said she aimed to resolve concerns or complaints in the pharmacy at the time they arose, for example a patient had recently complained that their prescription was not ready at the time they expected it to be. The pharmacist investigated the patient's concern and established that the patient's prescription had not been received from the GP practice. The pharmacy requested the prescription immediately, dispensed it as soon as it arrived in the pharmacy and escalated the patient's complaint to the area manager.

Appropriate professional indemnity insurance was in place. The private prescription record, emergency supply record, responsible pharmacist (RP) record, unlicensed specials record, and CD register were in order. Patient returned CDs were recorded and disposed of appropriately. Records of CD running balances were kept and audited regularly.

Confidential waste was placed in a designated bag to be collected by an authorised carrier. The trainee dispenser described what it meant to maintain patient confidentiality, including, ensuring that all confidential information was kept out of sight of the public. Assembled prescriptions were stored in the dispensary to protect patient information from being visible to customers at the counter. An information governance SOP was in place. All staff received information governance (IG) training when

they commenced their role and completed a refresher course annually.

Safeguarding SOPs were in place. The organisation had internal contact numbers that could be used to get advice, and these were displayed in the pharmacy. The pharmacist had completed level 2 safeguarding training and other team members had completed an e-Learning module on safeguarding.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team generally copes with the workload. But, at times the pharmacy operates with a minimum number of staff, which makes it more difficult to provide services effectively. The team members are appropriately trained and they work well together. Team members can act on their own initiative and use their professional judgement, to the benefit of people who use the pharmacy's services.

Inspector's evidence

A pharmacist manager, trainee dispenser and a medicines counter assistant were on duty. The staff were very busy dispensing and providing other pharmacy services, including, substance misuse and the common ailments scheme. Several assembled prescriptions awaiting an accuracy check were placed in baskets and stacked on top of each other on the dispensary bench. Minimal work bench space was available due to the workload. At times, a number of patients were waiting to be served. On some days the pharmacy operated with just a pharmacist, trainee dispenser and a medicines counter assistant and on the other days there was a pharmacist, two dispensers and a medicines counter assistant.

The trainee dispenser said that the pharmacist was very supportive and approachable. She said she had received a performance review in the last eight months and it had been useful to her. The pharmacy team completed training online to keep their knowledge up to date. Both the medicines counter assistant and the trainee dispenser explained that any outstanding training was completed when there were enough staff in the pharmacy and the workload permitted. Staff were regularly given feedback informally from the pharmacist. e.g. near miss errors or outstanding training to be completed.

The medicines counter assistant was clear about her role. She knew what questions to ask when making a sale and when to refer to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and knew what action to take if she suspected a customer might be abusing medicines such as codeine, i.e. she said she would refer to the pharmacist.

The staff said they were aware of a whistleblowing procedure that was in place in the pharmacy and who to report to if they had a concern.

The pharmacist explained that there were targets set for professional services and said due to other workload commitments these could sometimes fall behind. If this occurred the pharmacist was contacted by the area manager to ascertain why the target was not being met and to establish a plan to achieve the targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and generally tidy. It is a suitable place to provide healthcare.

Inspector's evidence

The pharmacy was clean and generally tidy. It was free from obstructions and had a waiting area. The medicines counter assistant explained that all pharmacy staff were responsible for the cleaning and the dispensary benches, sink and floor were cleaned regularly. The temperature in the pharmacy was controlled by heating units. Lighting was adequate. Maintenance issues were reported to head office to be dealt with.

Staff facilities were available and included a microwave, toaster, kettle, fridge and a WC with antibacterial handwash and wash hand basin. There was a consultation room available which was uncluttered and clean. Staff explained this room was used when customers required a private area to talk or the pharmacist was providing one of the services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access, and they are generally well managed, so people receive their medicines safely. The pharmacy takes extra care when supplying some medicines which may be higher risk. The pharmacy carries out some checks to help make sure that medicines are kept in good condition and suitable to supply.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. A mobile ramp was available, to assist members of the public with access into the pharmacy. Staff were clear about what services were offered and where to signpost to a service if this was not offered e.g. opticians. There was a range of healthcare leaflets displayed.

The work flow in the pharmacy was organised into areas with a room at the rear of the dispensary for multi-compartment compliance aids assembly, dispensing bench work space and a checking area for the pharmacist. There was a dispensing audit trail on the medication labels. The pharmacist said that baskets were used to separate prescriptions, to reduce the risk of medicines becoming mixed up during dispensing.

The pharmacist explained the process for delivering prescriptions to patients, which was in accordance with the SOP. She said patient signatures were obtained electronically on a handheld device for all prescription deliveries. The pharmacist provided copies of previous CD delivery records which were also kept. She said that if a patient was not at home when the delivery attempt was made, a note was left.

The pharmacist explained the process for providing substance misuse services to patients. She said that she offered patients receiving supervised doses the opportunity to take their medicine at the designated hatch in the dispensary, which was situated away from the retail area, to protect their privacy.

Stickers were applied to dispensed medicines awaiting collection to identify when fridge medicines or CDs needed to be added. Most prescriptions containing schedule 3 and 4 CDs were highlighted, but the pharmacist said that diazepam was not highlighted, which may increase the possibility of supplying a CD on a prescription that had expired.

The pharmacist explained that prescriptions containing high-risk medicines such as warfarin, methotrexate and lithium were highlighted with a sticker added to the assembled bag. She said that information obtained from patients prescribed warfarin was added to the patient medication record (PMR), to allow the pharmacy to have the most up to date clinical information. An example of a PMR for a warfarin patient was reviewed and included a detailed history of INR records.

The pharmacist was aware of the risks associated with the use of valproate during pregnancy. A clinical audit had been carried out by the pharmacist and had identified no people who met the risk criteria. The necessary patient information resources were present.

The multi-compartment compliance aids service was well organised with records of any changes to

medication added to the PMR. Disposable equipment was used. Descriptions of individual medicines and patient information leaflets were included with an assembled compliance aid that was awaiting collection.

The pharmacist demonstrated how the common ailments scheme (CAS) was provided to patients, using the choose pharmacy platform online. Patient Group Directions (PGDs) were up to date and present for each of the conditions listed on the scheme. The pharmacist said that she had received positive feedback from some patients who had accessed the service and provided an example of such for a patient who had presented with hayfever. The patient had been supplied with treatment and was followed up by the pharmacist after a month. During the follow up the patient reported that their condition and symptoms were under control.

Stock medicines were generally stored tidily. Date checking was carried out and documented. Stock bottles of liquid medicines with limited shelf life had the date of opening written on. Short-dated medicines were highlighted and examples of these were present, but some of them had expired. (A box of Megace 160mg tablets had a use before date of July 2019 and a box of Paramax 500mg / 5mg tablets had an expiry date of May 2019). There were a few stock medicines that had been repackaged from their original containers but had no batch numbers or expiry dates written on. The expired stock and repackaged medicines were disposed of by the pharmacist when pointed out.

There were two fridges for medicines, both equipped with thermometers. The minimum and maximum temperatures were being recorded daily and the records showed that the temperatures had remained within the required range.

CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits and records made in a designated book. Patient returned CDs and out of date CDs were kept segregated from stock pending destruction. A balance check for two random CDs was carried out and found to be correct.

The pharmacist said she was aware of the Falsified Medicines Directive (FMD). She explained that the hardware had been installed in the pharmacy, but the system was not live, no staff training had been carried out and she was unsure of any head office timescale for the system to be activated. Therefore, the pharmacy was not complying with legal requirements.

Alerts and recalls etc. were received via email. These were acted on by the pharmacist or staff member and a record was kept.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide the service safely.

Inspector's evidence

The BNF and BNFc were available. The pharmacist and staff used the internet to access websites for up to date information, i.e. the electronic medicines compendium. Any problems with equipment were reported to the pharmacist. All electrical equipment appeared to be in working order and had been PAT tested for electrical safety in the last 12 months.

There was a selection of liquid measures with British Standard and Crown marks, with designated measures for CD use only. The pharmacy had equipment for counting loose tablets and capsules, including a designated triangle for cytotoxics. Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy and the staff said they would move to a private area if the phone call warranted privacy.

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.