

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 27 Park Street, NEWTOWN,
Powys, SY16 1EF

Pharmacy reference: 1044015

Type of pharmacy: Community

Date of inspection: 05/06/2019

Pharmacy context

This is a busy community pharmacy located next to a medical centre on the outskirts of Newtown town centre. It mainly dispenses NHS prescriptions and supplies medicines in weekly compliance aid packs for people to use in their own home. It also supplies medicines to several local care homes. The pharmacy sells a range of over-the-counter medicines as well as offering NHS services including a review of medicines following a discharge from hospital (DMR) and general Medicine Use Reviews (MURs). The pharmacy provides a number of other NHS services including a local common ailments scheme, emergency hormonal contraception and smoking cessation. Substance misuse treatment services are also available.

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	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's working practices are generally safe and effective. It keeps the records required by law. Pharmacy team members usually follow written procedures, to make sure they complete tasks correctly. They record and review their mistakes so that they learn from them. The team keeps people's private information safe and understands how to raise concerns to help protect vulnerable people.

Inspector's evidence

The pharmacy had some systems in place to identify and manage risk. Pharmacy team members recorded the details of near misses, which were then reviewed by the pharmacist each month. Team members were unable to recall any specific changes that had been made in response to previous near miss trends. But, said that any issues which arose were discussed at a monthly meeting and were recorded on a noticeboard in the dispensary. Dispensing incidents were recorded electronically and were reviewed to identify what had gone wrong. Actions were taken to help prevent reoccurrence.

A full set of written standard operating procedures (SOPs) were in place. The procedures were regularly reviewed, and all team members had completed a record of competence to confirm their acknowledgement and understanding. The locum pharmacist confirmed that she had previously read the company procedures.

Weekly audits were conducted to confirm that pharmacy procedures were being followed. The results of the audits and any identified issues were then discussed at a monthly briefing. More in depth professional audits were also completed periodically. The roles and responsibilities of pharmacy team members were outlined within the written procedures. Team members wore uniforms and name badges which stated their role. A dispenser was able to discuss the activities which could and could not take place in the absence of a responsible pharmacist (RP).

People using pharmacy services were able to provide feedback verbally. A dispenser said that any concerns raised in the branch would be escalated to a senior team member and the use of the consultation room would be offered for additional privacy. Ongoing feedback was also sought through an annual community pharmacy patient questionnaire (CPPQ). A feedback poster displayed generally positive results.

Professional indemnity insurance arrangements were in place. The correct RP notice was conspicuously displayed near to the medicine counter. The electronic RP log appeared in order. Controlled Drug (CD) registers were in order. Running balances were maintained, and weekly balance checks were conducted. Patient returned CDs were recorded and destructions were signed and witnessed.

Private prescription and emergency supply records were in order and specials procurement records provided an audit trail from source to supply. Pharmacy team members completed regular information governance training and a dispenser identified some of the ways in which private information and confidentiality was protected within the pharmacy. Confidential waste was segregated and removed for appropriate disposal. Completed prescriptions were stored out of public view.

The pharmacy team had completed some safeguarding training. The locum pharmacist held an additional level 2 safeguarding qualification. A dispenser identified some of the types of concerns which may be identified and said that concerns would be referred to the pharmacist for further support. Relevant local contact details and a reporting flow chart were available to enable escalation. The pharmacy had a chaperone policy in place, the details of which were displayed.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members work well together in a busy environment. They complete regular ongoing training to keep their knowledge up to date and are comfortable raising concerns and providing feedback.

Inspector's evidence

On the day of the inspection, the pharmacy team comprised of a locum pharmacist, a registered accuracy checking pharmacy technician (ACT) and four qualified dispensers. An additional dispenser arrived midway through the inspection. The team were one member of staff down on the day due to annual leave. Cover was not usually provided for leave or sickness and the workload could be challenging, when staffing levels were not at full complement. Restrictions to leave were in place to help to maintain appropriate staffing levels. Where possible, team members prioritised work to ensure that medicines were supplied on time. But the workload in the pharmacy could often be unpredictable, due to the volume of walk-in prescriptions from the nearby GP surgery.

Sales of medicines were discussed with a dispenser, who identified the types of questions that would be asked to ensure sales were safe and appropriate. A number of high-risk medications, which may be susceptible to abuse, were highlighted and any concerns were referred to the pharmacist.

Pharmacy team members were appropriately trained for their roles. Further development opportunities were also available, and one dispenser was completing an NVQ level 3 pharmacy technician training programme. Ongoing development was supported through an e-learning platform. Regular training modules were completed and time for this was provided within work hours. The regular pharmacist monitored training, to ensure that team members were up to date. Development reviews were conducted twice a year to help to identify and address any learning needs, as well as to set goals for future development.

An open dialogue was observed amongst pharmacy team members on the day. The team were happy to approach the regular manager and a member of staff also said that the cluster manager could also be contacted if required. The team were able to provide additional feedback through a staff survey and were aware of a confidential telephone number so they could also raise concerns anonymously. The locum pharmacist said that she would discuss concerns and points of feedback with the regular pharmacist, or the area manager, dependent on the nature of the issue.

Targets were in place for pharmacy services such as MURs. Team members discussed the systems which were in place to help to ensure that pharmacy services were only carried out when appropriate. The locum pharmacist had been asked to assist with carrying out services to meet the target in place. But, said that she had not received any pressure and confirmed that she would only carry out a service when it was appropriate to do so.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment for the delivery of healthcare services.

Inspector's evidence

The pharmacy's premises were appropriately maintained. Maintenance issues were escalated to head office. A recent issue involving a rear entrance door had been raised but was yet to be resolved, despite follow up from team members. Daily cleaning duties were carried out by the pharmacy team and the premises appeared generally clean on the day.

The retail floor stocked a range of appropriate healthcare-based goods for sale. Pharmacy restricted medicines were secured from self-selection. The floor space was free from obstructions and there were chairs available for use by those less able to stand. An enclosed consultation room was accessible from the retail floor. The room was clearly signposted and was equipped with facilities to aid private and confidential consultations.

The dispensary was compact. Storage space was maximised using drawers and shelving to help keep workbenches free from unnecessary clutter. Work benches were segregated for dispensing and checking. Prescriptions for weekly compliance aid packs and nursing home supplies were assembled in a separate dispensing area. This space was appropriately maintained and contained adequate work bench and storage space.

The premises also had additional storage areas, a staff tearoom area and a WC which was equipped with appropriate handwashing materials. There was adequate lighting throughout the premises and on the day the temperature appeared appropriate for the storage of medicines. During periods of warm weather, the team said that the main entrance doors were usually kept open and portable fans were used to help regulate the temperature.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to most people, and it generally manages them safely and effectively. The pharmacy sources and stores medicines safely. It carries out some checks to make sure that medicines are suitable for supply, but these are not always as effective as they could be. This may create a small risk that a medicine could be supplied after it has expired.

Inspector's evidence

The pharmacy had two main entrance doors. The manual door to the front was visible from the medicine counter, so those requiring assistance could be identified. The rear entrance was fitted with an automatic door but was broken at the time of the inspection. A hearing loop device was available in the consultation room.

Pharmacy services were advertised in the retail area and in a pharmacy practice leaflet. Healthy living literature was also available for reference. Pharmacy team members signposted people to other healthcare providers, where relevant. Materials were available to assist with this. Signposting records were not routinely maintained.

Prescriptions were dispensed using baskets to keep them separate and reduce the risk of medicines being mixed up. Audit trails for dispensing and checking were maintained. A stamp was also used to record an audit trail of prescriptions which were suitable for a final check by the ACT. Prescriptions for high-risk medicines were highlighted, so that people may receive additional counselling and monitoring. Records of monitoring parameters such as INR readings were not routinely kept as an audit trail. Pharmacy team members were aware of the risks of the use of valproate-based medicines in those who may become pregnant. They said that the regular pharmacist had discussed the issue with affected patients and knew of safety materials which were available. The safety literature was located during the inspection and the requirement for its supply was reinforced by the inspector.

Stickers were used to highlight prescriptions for CDs. This was seen to include schedule 3 and 4 CDs which were not subject to safe custody requirements. The pharmacy ordered repeat prescriptions on behalf of patients but was not routinely keeping an audit trail of requests, which may mean that unreturned prescriptions are not identified, which could occasionally cause delays in supplies. A number of prescriptions were sent for assembly at an off-site dispensary. Information was sent electronically following a clinical and accuracy check. An audit trail was maintained for this process.

Weekly compliance aid packs were managed using a four-week cycle. Prescription requests were tracked to identify unreturned prescriptions and prescriptions were checked against a master record of medications. Audit trails were kept recording the details of any changes to regular medicines. No high-risk medicines were said to be placed into compliance aid packs and a dispenser said that she would check with the pharmacist if she was unsure. Completed weekly compliance aid packs had patient identifying labels to the front, an audit trail for dispensing was in place and individual descriptions of medicines were present. PILs were supplied with each cycle.

Medication orders for each care home were placed by care home staff. A record of orders was provided

to the pharmacy, who checked prescriptions for discrepancies upon their receipt. Medications were dispensed into individual compliance packs, which were colour coded for the time of administration and supplied in sealed bags. MARR chars were also supplied, and a communication log was maintained.

Stock medicines were sourced from reputable wholesalers and specials from a licensed manufacturer. Stock medicines were stored in a generally organised manner and were in the original packaging provided by the manufacturer. A date checking matrix was displayed, this was blank, and the previous record could not be located. Some date checking was being carried out during the inspection. Random checks by the inspector identified several out of date medicines, some of which were not marked in line with procedures, and there was a small risk that these could be supplied to people in error.

Out-of-date and expired medicines were stored in an appropriate waste container. A cytotoxic waste bin was not available. The team said that they would segregate any hazardous waste and obtain the necessary waste receptacle. The pharmacy had recently had a scanner installed to enable compliance with the European Falsified Medicine Directive (FMD), but it was not currently scanning and decommissioning medicines in line with requirements.

CDs were stored appropriately, and random balance checks were found to be correct. Out of date CDs were segregated and the regular pharmacist had made appropriate enquiries regarding destruction. CD denaturing kits were available for use. The pharmacy refrigerators were both equipped with maximum/minimum thermometers and the temperature was checked and recorded each day. Both were within the recommended temperature range. Alerts for the recall of faulty medicines and medical devices were received electronically. Alerts were printed and actioned and an audit trail was maintained.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities to provide its services.

Inspector's evidence

The pharmacy had access to paper-based reference materials and internet access was available to support additional research.

Several crown stamped, and ISO approved glass conical measures were available. Separate measures were marked for use with CDs. Counting triangles were available for loose tablets and a separate triangle was marked for use with cytotoxic medicines. The blood pressure machine had surpassed its duration of use and was replaced on the day in line with pharmacy procedures.

Electrical equipment appeared to be in working order. Pharmacy computer systems were password protected and screens were located out of public view, to help protect privacy. A cordless phone was available to enable conversations to take place in private.

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.