

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, The Health Centre, Milman Road,
READING, RG2 0AR

Pharmacy reference: 1084881

Type of pharmacy: Community

Date of inspection: 12/06/2019

Pharmacy context

A Lloyds pharmacy located in a small shopping parade in central Reading. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also dispenses some medicines in multi-compartment compliance aids (MDS trays or blister packs) for those who may have difficulty managing their medicines at home and for patients in care homes. The pharmacy provides a supervised consumption service and a local delivery service.

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	1.2	Good practice	The pharmacy team regularly records and reviews incidents and acts upon any learning from them.
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

Overall, the pharmacy's working practices are safe and effective. Team members record and review their mistakes to help reduce the risk of them happening again. The pharmacy keeps all the records that it needs to by law and it keeps people's information safe. Team members help to protect vulnerable people.

Inspector's evidence

A near miss log was present in the pharmacy and was seen to be used regularly by the pharmacy team. The pharmacist explained that the near misses would be reviewed every week. The pharmacy team would carry out a Root Cause Analysis following significant dispensing incidents and examples of previous analyses were seen to be held in the 'Safer Care' logbook. The team completed a 'Safer Care' checklist on a weekly basis to ensure the team have the right environment, people and processes to deliver a safe pharmacy service. Examples of previous 'Safer Care' checklists were seen. The pharmacist explained that the team have a 'Safer Care' briefing every week to discuss the processes in the pharmacy, case studies, the trends in the near misses and what they could do to reduce the likelihood of incidents occurring. The team had recently discussed a 'Dispensing Incident Case Study' about an incident which had occurred in another pharmacy in the company. Following this, the team stored the case study in the 'Safer Care' folder.

Anything identified in the 'Safer Care' checklists or with the near misses was highlighted on a 'Safer Care' notice board displayed in the dispensary. The current information on the board included information about Look Alike Sound Alike (LASA) medicines and ensuring split packs are marked appropriately. The team had highlighted areas of the pharmacy where staff members were required to counsel patients in depth. One area was near the paraffin-based ointments and there were information posters displayed there warning of the dangers of smoking or oxygen tanks being used near these products.

There was an established workflow in the pharmacy where labelling, dispensing and checking were all carried out at dedicated areas of the work benches. Trays for domiciliary patients were assembled on a dedicated bench to reduce distractions. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

All the SOPs had the roles and responsibilities of each member of staff set out, and on questioning the dispensary team were all clear on their roles and responsibilities. They explained that they would refer to the pharmacist if they were unsure of something. The SOPs had all been read and signed by the team members.

There was a complaints procedure in place and the staff were all clear on the processes they should follow if they received a complaint. The complaints procedure was detailed in the Customer Charter Standards of Service leaflet which was available to the public on the shop floor. The leaflet contained the contact information for the company's head office as well as the Patient Advisory Liaison Service.

The previous Community Pharmacy Patient Questionnaire (CPPQ) survey was displayed on the NHS Choices website and in the retail area of the pharmacy and was seen to be positive. A certificate of

public liability and professional indemnity insurance from the NPA was on display in the office and was valid until the end of June 2019.

Records of controlled drugs and patient returned controlled drugs were all seen to be complete and accurate. A sample of physeptone 5mg tablets was checked for record accuracy and was seen to be correct. The controlled drug running balance was checked every week for the solid drugs and every two weeks for the physeptone solution.

The responsible pharmacist record was seen to be complete and the responsible pharmacist notice was displayed in pharmacy where patients could see it. The maximum and minimum fridge temperatures were recorded daily and were always in the 2 to 8 degrees Celsius range. The private prescription records were seen to be completed appropriately. Date checking was carried out in a manner which meant the whole pharmacy is date-checked four times in a year and records of this were seen to be completed appropriately.

The specials records were all held in a file and the examined certificates of conformity were seen to contain all the required information. The computers were all password protected and the screens were not visible to the public. Confidential information was stored in locked filing cabinets and conversations inside the consultation room could not be overheard. There were cordless telephones available for use and confidential waste paper was collected in yellow confidential waste bins which were removed by the company for destruction. Information Governance (IG) practice was reviewed annually in the pharmacy against the requirements.

The pharmacist had completed the Community Pharmacy Post-graduate Education (CPPE) learning module on safeguarding children and vulnerable adults. The pharmacy team had also been trained on safeguarding children and vulnerable adults and had signed a training matrix to say that they had read and understood the training and were competent to safeguard children and vulnerable adults. The contact details for all the relevant safeguarding authorities were seen to be held in a signposting and safeguarding file.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services safely. Team members have access to training materials to ensure that they have the skills they need, and the pharmacy gives them time to do this training. Pharmacy team members make decisions and use their professional judgement to help people. Team members can share information and raise concerns to keep the pharmacy safe.

Inspector's evidence

In the pharmacy there was one pharmacist, one qualified NVQ Level 2 dispenser and two trainee dispensers. The staff were observed to be working calmly and well together and providing support to one another when required. Certificates of completed training for the staff were displayed in the consultation room. Staff performance was monitored using the 'My Pad' system which would occur formally twice a year. The reviews would involve a two-way discussion with the staff members about performance as well as any improvements which would be required and training and development needs. The team members completed training online and had a medicines skills assessment every month to assess their knowledge and understanding of products and services. The pharmacist explained that the team recently had a piece of training to complete regarding a product which they would be selling soon.

The staff members recorded their own near miss incidents and the team explained they would discuss with one another the ways in which they could reduce the likelihood of regular near misses from occurring. The company had an annual staff satisfaction survey where the staff could feedback any opinions they had about their roles and the company anonymously. Alongside this, the members of staff explained that they were more than happy to raise any concerns they had instantly with the pharmacist. There was also a whistleblowing policy in place and a poster of about this was displayed in the staff areas of the building. The team was aware of this and was happy to use it if required.

There were targets in place for MURs and NMS but the pharmacist explained that she did not feel any pressure to deliver these targets and would never compromise her professional judgement to achieve targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is safe and clean, and suitable for delivery of its services. Pharmacy team members use a private room for some conversations with people. The pharmacy is secure when closed.

Inspector's evidence

The pharmacy was based on the ground floor of a medical centre and included a retail area, medicines counter, consultation room and dispensary. When the pharmacy was closed, the surgery team did not have any access to the pharmacy. The pharmacy was clean, tidy and well presented with the professional areas clearly defined away from the main retail area. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services.

Medicines were stored on the shelves in a generic and alphabetical manner and the shelves would be cleaned when the date checking was carried out. The dispensary was screened to allow for the preparation of prescriptions in private and the consultation room was advertised as being available for private conversations. Conversations in the consultation room could not be overheard. The consultation room was fit for purpose, allowed for the movement of a wheelchair and included seating, a computer with the PMR, locked storage and a clean sink.

There was also a sink available in the dispensary with hot and cold running water to allow for hand washing and the preparation of medicines. The ambient temperature was suitable for the storage of medicines and regulated by an air conditioning system. Lighting throughout the store was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people with different needs. Staff members provide most of the pharmacy services safely, but they do not always make relevant safety checks when supplying higher-risk medicines. This makes it difficult for them to show that people are taking their medicines in the safest manner. The pharmacy sources and stores medicines safely.

Inspector's evidence

Services were clearly displayed on posters around the pharmacy. There was a range of leaflets available to the public about health promotion in the pharmacy near the medicines counter and in the consultation room. There was step-free access into the pharmacy and seating for people waiting for services. The pharmacy also had an induction loop available should someone require it.

The MDS trays were organised into a four-week cycle. The team used a rota to document which patients would be having their deliveries on each day. The MDS trays were supplied with descriptions of the medicines inside and Patient Information Leaflets (PILs) were provided every month.

The team explained that they were all aware of the requirements for women in the at risk group to be on a pregnancy prevention programme if they were on valproates and they had checked the PMR to see if they had any patients affected by this. Any affected patients had notes on their PMR record to show the pharmacist had discussed the topic with them. The team demonstrated a valproate information pack which held valproate information cards and leaflets that they would supply to any affected patients. The team had also highlighted the shelves where valproates were kept with warning stickers.

The pharmacist explained that she would ask patients on warfarin if they were having regular blood tests and this would be recorded, but they would not routinely record INR level on the PMR. The pharmacy was aware of the EU Falsified Medicines Directive (FMD) and had scanners in place. However, the team was not yet using the system as they were unsure if they had been registered or not. The pharmacy obtained medicinal stock from AAH and Alliance. Specials were ordered from AAH Specials. Invoices were seen to demonstrate this.

There were destruction kits available for the destruction of controlled drugs and drop bins were available and seen being used for the disposal of medicines returned by patients. There was also a bin for the disposal of hazardous waste and a list of hazardous waste medicines which need to be disposed of in these bins. The fridge was in good working order and the stock inside was stored in an orderly manner.

MHRA alerts came to the team electronically through the company's intranet and they were actioned appropriately. The team kept a robust audit trail for the MHRA recalls and recorded when they had received the recall as well as who had actioned it and what action had occurred following the recall. Recently, the team had received a recall for paracetamol 500mg tablets and the alert was annotated to say this had been actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

There were several crown-stamped measures available for use, including 500ml, 250ml, 100ml, 50ml and 10ml measures. Some were marked to show they should only be used with methadone liquid. They were all seen to be clean. Amber medicines bottles were seen to be capped when stored and there were counting triangles available as well as capsule counters.

Up-to-date reference sources were available such as a BNF, a BNF for Children and a Drug Tariff as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources. The fridge was in good working order and the maximum and minimum temperatures were recorded daily and were seen to always be within the correct range.

Doo bins were available for use and there was sufficient storage for medicines. Hazardous waste bins were also available as well as lists of which drugs were hazardous. The computers were all password protected and conversations going on inside the consultation could not be overheard.

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.