

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, The Medical Centre, Melksham
Hospital Site, Spa Road, MELKSHAM, SN12 7EA

Pharmacy reference: 1084901

Type of pharmacy: Community

Date of inspection: 21/05/2019

Pharmacy context

This is a community pharmacy located adjacent to a doctor's surgery in Melksham. It serves its local population which is mixed in age range and background. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions and supplies medicines in multi-compartment medicine devices for people to use living in their own homes.

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	1.1	Good practice	The pharmacy team regularly record and learn from near misses and this improves patient safety by reducing the risk of similar incidents occurring in the future.
		1.2	Good practice	The pharmacy team regularly monitor the safety and quality of pharmacy services well.
		1.8	Good practice	The pharmacy team have robust safeguarding procedures in place and can demonstrate having used these for the benefit of their patients.
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 has written procedures to help make sure the team works safely. Pharmacy team members record and review mistakes that happen and use this information and learning to avoid future mistakes. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protect people's confidential information well and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong.

Inspector's evidence

Processes were in place for identifying and managing risks. Near misses are recorded and reviewed when they occurred and the pharmacy manager would discuss the incident with the members of the dispensary team. These were then reviewed monthly and a briefing was discussed with all members of staff. Examples of near miss error logs were seen from previous months displayed in the dispensary. Due to a previous errors, amitriptyline and amlodipine had been separated on the dispensary shelf.

Staff were required to complete 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. Dispensing incidents were recorded electronically. The pharmacy team were required to carry out a Root Cause Analysis following significant dispensing incidents.

There was a clear and established workflow in the pharmacy where labelling, dispensing and checking were all carried out at dedicated areas of the work benches. 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 the dispensary team were all clear on this and explained that they would refer to the pharmacist if they were unsure of something.

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 team completed an annual Community Pharmacy Patient Questionnaire (CPPQ) survey to gather feedback from patients.

Professional indemnity insurance from the NPA was in place and was valid and in date until June 2019. Records of controlled drugs (CDs) and patient returned CDs were all seen to be in order. The address that a CD was received from was often not included in the records. The inspector gave advice about this. Out-of-date CDs were separated from regular CD stock and labelled appropriately. A sample of Palexia 50mg tablets was checked for record accuracy and was seen to be correct. The controlled drug balances were checked weekly.

The responsible pharmacist record was seen as complete and the responsible pharmacist notice was displayed in pharmacy where patients could see it. The fridge temperatures were recorded daily and were always in the two to eight degrees Celsius range.

The private prescription, emergency supply and specials records were retained and were in order. 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 computers were all password protected and the screens were not visible to the public. Confidential waste was collected in confidential waste bags which were removed by the company for destruction. Staff were required to complete online training for information governance (IG).

The pharmacy team had also been trained on safeguarding children and vulnerable adults. On questioning, staff were aware of the signs to look out for that may indicate safeguarding issues. Contact details for local safeguarding advice, referrals and support were available.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy staff have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

Inspector's evidence

At the time of the inspection there was one pharmacist, one accuracy checking technician, two dispensing assistants and one medicines counter assistant present in the pharmacy.

Staff reported that they were currently around two days behind on their dispensing activity as a staff member was on holiday and it had been a particularly busy few days. They reported that some MDS trays were due to be sent to another local Lloyds pharmacy which would free up staff time to deal with other services.

Staff performance was monitored, reviewed and discussed informally throughout the year and formally at regular reviews using the 'annual contribution dialogue' process.

The staff usually completed monthly training online and had a medicines skills assessment at the end of each training session to assess their knowledge and understanding of products and services. A dispensing assistant reported that she often read case studies sent by head office to help her learning.

'Safer care briefings' were held monthly to discuss near misses and significant errors and learning from these. The pharmacy manager reported that huddles were held on an ad-hoc basis to keep staff up to date on important business issues. A 'safer care noticeboard' was also used to communicate important patient safety updates to staff.

The company had an annual staff survey which was an opportunity for the staff to feedback any opinion they had about their roles and the company anonymously. Staff explained they were than happy to raise any concerns they had immediately with the pharmacist or the area manager. There was a company whistleblowing policy in place and staff were aware of this.

There were targets in place, such as to achieve 400 MURs a year, but the team explained that they did not feel any pressure to deliver these targets and would never compromise their professional judgement to achieve targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy generally provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protect private information and the pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy had a dispensary which was separated from the waiting area by a medicines counter to allow for the preparation of prescriptions in private. Boxes of stock were stored on the floor in the dispensary which may increase the risk of trip hazards to staff. The inspector gave advice about this.

There was a sink available in the dispensary with hot and cold running water with sanitiser to allow for hand washing. Medicines were stored on the shelves in a generic and alphabetical manner. The consultation room was well soundproofed and patient confidential information was not accessible to the public. The ambient temperature was suitable for the storage of medicines and the 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, effectively managed and delivered safely. The pharmacy obtains, stores and manages medicines safely and ensure that all of the medicines it supplies are fit for purpose. The pharmacy team take appropriate action where a medicine is not fit for purpose.

Inspector's evidence

There was a range of leaflets available to the public about services on offer. Services were also displayed on a board in the pharmacy. There was step free access to the pharmacy. There was adequate seating for patients or customers waiting for services and space for a wheelchair user or a pushchair to navigate.

The pharmacy team dispensed MDS trays for 169 domiciliary patients and three care homes. Audit trails were kept to indicate where each tray was in the dispensing process. One MDS tray was examined and an audit trail to demonstrate who dispensed and checked the tray was complete. Descriptions were routinely provided for the medicines contained within the MDS trays. Audit trails were kept to record who dispensed and checked the trays. Patient information leaflets were regularly supplied.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards were available for use during dispensing valproate to all female patients. The pharmacy team reported that they would check that that the patient's prescriber had discussed the risks of exposure in pregnancy with them and query if they were taking effective contraception.

The pharmacy obtained medicinal stock from AAH and Alliance. Specials were ordered from suppliers such as AAH Specials. There were destruction kits available for the destruction of controlled drugs and doop bins were available and seen being used for the disposal of medicines returned by patients. A hazardous waste medicines disposal bin was also available for use.

The majority of medicines and medical devices were stored in within their original manufacturer's packaging. Diazepam 2mg tablets were stored in a container without a batch number and the inspector proffered advice about this. Pharmaceutical stock was subject to date checks which were documented. Short dated stock was appropriately marked.

The pharmacy team were aware of the European Falsified Medicines Directive (FMD). The pharmacy team had the appropriate hardware and reported that the software was currently undergoing updates from their head office.

The fridges were in good working order. Fridge items which had been dispensed and were ready to be collected were stored in clear plastic bags to help identification of high risk medicines like insulin. MHRA alerts came to the team electronically through the company's intranet and these were actioned appropriately. Audit trails to demonstrate this were kept.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services offered. These are used in a way that helps protect patient confidentiality and dignity.

Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Measures were seen to be clean. Amber medicines bottles were seen to be capped when stored and there were counting triangles and a capsule counter available for use. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access.

Up to date reference sources were available online and this access included the BNF, the BNF for Children and the Drug Tariff. Internet access was available should the staff require further information sources.

There were two fridges which were in good working order and the maximum and minimum temperatures were recorded daily and were seen to always be within the correct range. Doop bins were available for use and there was sufficient storage for medicines. The computers were all password protected and patient information was safeguarded.

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.