

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 56-58 Edinburgh Place,
CHELTENHAM, Gloucestershire, GL51 7SA

Pharmacy reference: 1089219

Type of pharmacy: Community

Date of inspection: 16/03/2022

Pharmacy context

This is a community pharmacy located on a parade of shops in Cheltenham, Gloucestershire. The pharmacy dispenses NHS and private prescriptions. It sells a range of over-the-counter medicines and provides advice. And it offers local deliveries as well as supplying some people with their medicines inside multi-compartment compliance packs if they find it difficult to take them.

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	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 largely has appropriate systems in place to identify and manage the risks associated with its services. This includes the risks from COVID-19. Trained members of the team understand their role in protecting the welfare of vulnerable people. The pharmacy protects people's private information appropriately. And members of the pharmacy team deal with their mistakes responsibly. But they are not always recording and reviewing all the necessary details. This could mean that they may be missing opportunities to spot patterns and prevent similar mistakes happening in future.

Inspector's evidence

This inspection was carried out in relation to a concern received during the pandemic. The GPhC was informed that the pharmacy may not have had enough staff to support its workload. The limited team was said to be struggling, particularly with dispensing medicines for care homes and inside multi-compartment compliance packs. The inspector initially spoke to the pharmacy and to the regional manager. The former confirmed the situation, the latter gave assurances about improving the staffing situation and potentially moving the compliance packs to another of the company's hubs. The inspector had continued to monitor the progress of this pharmacy and this was a follow up inspection to verify the current situation.

The pharmacy's situation had improved. It now had enough staff to manage the workload (see Principle 2) although there were still a few areas for improvement, as described below. The pharmacy had a range of current standard operating procedures (SOPs). The SOPs provided guidance for the team to carry out tasks correctly. Generally, most of the staff had signed them to verify that they had been read. New members of the team were still working their way through this. Team members knew their roles and responsibilities. They had designated tasks. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

Once prescriptions had been assembled, the responsible pharmacist (RP) usually carried out the final accuracy-check but the accuracy checking technician (ACT) could also assist with this. The latter confirmed that this had previously taken place for the compliance packs but had not been happening recently. If the ACT was involved in the final accuracy check, the RP clinically checked the prescription, and it was assembled by other staff. The clinical check was marked on the prescription using a stamp. This helped identify that this stage had been completed. The ACT was not involved in any other dispensing process other than the final check, and there was an SOP to cover this process.

The pharmacy's team members had been trained to protect people's confidential information and most of them could safeguard vulnerable people. They could recognise signs of concern and knew who to refer to in the event of a concern. The pharmacy also had access to contact details for the relevant agencies. The RP and trained members of staff had been trained to level two through the Centre for Pharmacy Postgraduate Education (CPPE). But newer members of staff still required training and had not yet read or signed the company's policy on this. The consultation room had details of the company's chaperone policy on display. Confidential material was stored and disposed of appropriately. There were no sensitive details that could be seen from the retail space. Computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions. The pharmacy also had information on display so that people were informed on how their sensitive data

was protected.

The pharmacy's records were mostly compliant with statutory and best practice requirements. This included a sample of registers seen for controlled drugs (CDs). On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Records of CDs that had been returned by people and destroyed at the pharmacy were complete and the pharmacy had appropriate professional indemnity insurance in place. The RP record, records about emergency supplies, supplies of unlicensed medicines and records for private prescriptions had been appropriately completed. However, records verifying that fridge temperatures had remained within the required range had not always been completed (see Principle 4).

The pharmacy had some systems in place to identify and manage risks associated with its services. This included maintaining ways to limit the spread of infection from COVID-19. The premises had been modified (see Principle 3). The team had been provided with personal protective equipment (PPE) and staff were wearing masks at the time of the inspection. The team had been vaccinated against coronavirus. Hand sanitisers were present for them to use and the pharmacy was cleaned regularly.

When staff dispensed prescriptions, they ensured they selected medicines against this first, before scanning the barcode to bring up the relevant details. They concentrated on one task at a time. And had designated workstations. The pharmacy had a process in place to deal with incidents and complaints. The RP's process was in line with this. Team members routinely recorded their near miss mistakes. The RP said that he reviewed them. However, this appeared to be an informal process. There were no documented details of the review. Staff were unable to provide specific examples of any changes made in relation to mistakes. And the company's 'Safer Care' processes were not being adhered to. Staff and the manager confirmed that the team was behind with this.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The pharmacy's team members are suitably trained or undertaking the appropriate training. And the company provides them with ongoing resources to keep their knowledge and skills up to date.

Inspector's evidence

Staff at the inspection included a company employed RP who regularly worked a few days here, two full-time trained dispensing assistants, one of whom was the relatively newly employed store manager, the ACT and one trainee member of staff who currently had medicine counter duties. The latter was enrolled onto accredited training for this role. She was observed asking the pharmacist for additional assistance when this was required. There was also a part-time, trained dispensing assistant and another regular pharmacist. Some of the team's certificates to verify their qualifications were seen.

The team was up to date with the workload. The pharmacy had enough staff now to manage its volume of dispensing. Trained staff were observed to work well together and required little direction from the RP. Staff explained that the situation was much better since the inspector had first made contact. The new medicines counter assistant knew what she could or could not do in the absence of the RP and was being supervised appropriately. She had some knowledge about the medicines which could be purchased over the counter. People were asked appropriate questions before they were sold and if unsure or if people requested more than one product, she always checked with the RP. The company provided online resources for the team to use as ongoing training and staff were routinely completing them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable to provide healthcare services. It is kept appropriately clean and tidy. And it has a separate space where confidential conversations and services can take place.

Inspector's evidence

The pharmacy premises consisted of a large retail area, a smaller sized dispensary towards the rear and a much larger dispensary upstairs. The latter was used to prepare and dispense multi-compartment compliance packs. The dispensary on the ground floor had an adequate amount of space for staff to carry out this task safely. The pharmacy also had a signposted consultation room present for private conversations and services. The room was of a suitable size for its intended purpose. It contained appropriate equipment, and lockable cabinets. The pharmacy was clean and generally tidy. Some of the fixtures and fittings in the main dispensary were dated. But the pharmacy was suitably bright and professional in its appearance.

The premises had maintained the measures it had introduced at the start of the pandemic. This helped ensure social distancing and reduce the spread of infection inside its premises. The retail space had a few chairs present which were spaced appropriately and markers on the floor to indicate where people should stand. This meant, that in general, a one-way flow system was in place. The markers helped people to keep their distance from one another when using the pharmacy's services or waiting to be served. A screen had been positioned in front of the medicines counter as a barrier.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services appropriately. People can easily access the pharmacy's services. The pharmacy obtains its medicines from reputable sources. And it largely keeps the appropriate records to verify how its services are being run. But the pharmacy is potentially preparing its compliance packs in an unsafe manner. And the pharmacy team is not up to date with the management of its medicines. So the pharmacy may risk giving people medicines that are potentially past their expiry date.

Inspector's evidence

People could enter the pharmacy through a wide, automatic front door at street level and the retail space was made up of clear, open space. This meant that people with restricted mobility or using wheelchairs could easily enter and access the pharmacy's services. The pharmacy had a selection of leaflets on display to provide information about various health matters, and a few seats for people if they wanted to wait for their prescription. A council-owned car park was at the rear for people to park and easily use the pharmacy's services.

The pharmacy was not currently providing any additional or enhanced NHS services. It offered local deliveries and the team kept records about this service. This was currently a contactless service due to the pandemic. Failed deliveries were brought back to the pharmacy, notes were left to inform people about the attempt made and no medicines were left unattended.

The pharmacy provided medicines as original packs to residents inside care homes. The care homes ordered repeat prescriptions for the residents themselves, and once received, they were sent to the homes for them to check whether there were any changes or missing items. A designated member of staff monitored the process, and a schedule was in place to help keep track of when the medicines were due. The team obtained information about allergies and recorded this on the medication administration record (MAR). None of the residents required higher-risk medicines. The team routinely supplied patient information leaflets (PILs) and interim or medicines which were needed mid-cycle were dispensed at the pharmacy.

The pharmacy also provided many people with their medicines inside compliance packs but were re-assessing people's need for them. The team ordered prescriptions on behalf of people for this service and specific records were kept for this purpose. Any queries were checked with the prescriber and the records were updated accordingly. Descriptions of the medicines inside the packs were provided and patient information leaflets (PILs) were routinely supplied. Temperature sensitive medicines, 'when required' items and higher-risk medicines were supplied separately. All the medicines were de-blistered into the packs with none supplied within their outer packaging. However, several compliance packs had been left unsealed overnight at the point of inspection. Staff explained that this was because they were preparing them in advance of receiving prescriptions for CDs so that they could easily add them in afterwards. This situation was unsafe. The pharmacy team was advised to change their internal processes so that this didn't happen in future.

The workflow involved prescriptions being prepared in one area, the RP checked medicines for accuracy from another section and a designated space upstairs was used to assemble and store compliance

packs. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer. They were also colour coded to help identify priority. Once staff generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process. Team members routinely used these as an audit trail. Staff were aware of the risks associated with valproates. People prescribed higher-risk medicines were identified, relevant parameters such as blood test results were asked about, they were counselled accordingly, and educational material could be provided upon supply.

The pharmacy used licensed wholesalers such as AAH and Alliance Healthcare to obtain medicines and medical devices. The RP ensured CDs were stored under safe custody and keys to the cabinets were maintained in a way that prevented unauthorised access during the day as well as overnight. A CD key log to help verify this had been kept. Medicines returned for disposal, were accepted by staff, and stored within designated containers. Drug alerts were received through the company system and actioned appropriately. Records had been kept verifying this.

However, some issues were seen with the pharmacy's management of its stock. Short-dated medicines had not been identified. The team had not been regularly checking the stock for expiry but there was evidence that this had re-started mid-February 2022. Staff explained that this was work in progress. There were no date-expired medicines seen in a sample of drawers checked. The pharmacy had two fridges containing stock. The temperature of the fridge in the main dispensary had been routinely checked and details recorded. This confirmed that it was operating and had remained within the required range. However, the second pharmacy fridge, which was in the dispensary upstairs had several gaps in its records. Consistently maintaining records for the temperature of this fridge was discussed and stressed at the time.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has a suitable range of equipment and facilities available. Its equipment is clean. And used in an appropriate way to help protect people's personal details.

Inspector's evidence

The pharmacy was equipped with current versions of reference sources and relevant equipment. This included counting triangles, a range of clean, standardised, conical measures, pharmacy fridges, legally compliant CD cabinets and there was a clean sink that was used to reconstitute medicines. Hot and cold running water was available as well as hand wash. The pharmacy had its computer terminals positioned in a way and location that prevented unauthorised access. The team also had cordless phones available so that private conversations could take place away from the retail space if needed.

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.