

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 4 Haslemere Road, LIPHOOK,
Hampshire, GU30 7AL

Pharmacy reference: 1089897

Type of pharmacy: Community

Date of inspection: 19/02/2020

Pharmacy context

A community pharmacy, belonging to Lloyds Pharmacy. The pharmacy is in the centre of the village of Liphook close to the local GP practice. As well as NHS Essential Services, the pharmacy provides Medicines Use Reviews (MURs), New Medicines Service (NMS), Monitored Dosage System (MDS) trays, seasonal influenza vaccinations, Emergency Hormonal Contraception (EHC) and drug misuse support services including the supervised consumption of Methadone.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	2.1	Standard not met	The pharmacy does not always have enough staff to manage its services. This means that the pharmacy is not always up to date with its workload and may not be able to keep up to date with routine tasks.
3. Premises	Standards met	3.5	Good practice	The pharmacy's premises are well maintained and professional looking. They are specifically designed for the pharmacy's services. So that the pharmacy can deliver its services efficiently.
4. Services, including medicines management	Standards not all met	4.4	Standard not met	The pharmacy does not check for any defective medicines or medical devices promptly enough. This means that it may not be able to ensure that its medicines and medical devices are all fit for purpose at any given time.
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 safe and effective. Its team members understand their responsibilities in helping to protect vulnerable people. They listen to people's concerns and try to keep their information safe. They discuss any mistakes they make and share information to help reduce the chance of making mistakes in future. The pharmacy has adequate insurance in place to help protect people if things do go wrong. But the pharmacy is not thorough enough in the way that it captures information which will help the team to learn and improve.

Inspector's evidence

Staff worked under the supervision of the responsible pharmacist (RP), whose sign was displayed for the public to see. Staff had standard operating procedures (SOPs) to follow. And team members had read those relevant to their roles. The pharmacy had a 'safer care' process for managing risks in the dispensing procedure, whereby all incidents, including near misses, were discussed at the time, and recorded. The safer care champion (one of the dispensers) generally reviewed the records every month. This was done to identify trends and put follow up actions in place. And, with the support of the regular pharmacist, she discussed her findings with the team to help prevent the same mistakes being repeated. She then produced a safer care report. But she had still to complete the report for last month.

A sample of near miss records indicated that mistakes were due to staff rushing. Learning points and action taken as a result had been for staff to make sure they double checked the prescription or read it properly. But not all records captured details of how the mistake might have been intercepted. Nor did they identify what the individual would do differently next time, in terms of the additional checks they might make while dispensing, prior to the accuracy check. And so, there was still scope for the team to use the near miss recording system to reflect on the robustness of their own dispensing procedures. However, discussions with the accuracy checking technician (ACT) indicated that the team always discussed its mistakes in order to find ways of preventing a reoccurrence, and it was clear that they were aware of certain types of risk. They were aware of risks associated with look-alike-sound-alike products (LASAs). They had placed LASA stickers in front of the products thought to be at highest risk, including amlodipine and amitriptyline, quetiapine and quinine.

The pharmacy team sought customer feedback through surveys. A small number of respondents to the last survey felt the need for reduced waiting times, better seating and a private consultation room. A new full-time trainee dispenser had since been recruited to help address waiting times and share the workload. With regard to the consultation room staff tried to encourage people to use it. The room was on the opposite side of the pharmacy to the counter and dispensary. So, most people standing at the counter may not be aware of its existence. There had been no change to seating arrangements. Instead staff tried to reduce the need for customers to wait. The team also tried to keep certain brands of medicines in for people, where they identified a need and to help with compliance. These brands were identifiable by the rubber band which staff had placed around them and a label with the patient's name. The pharmacy had a documented complaints procedure. A SOP for the full procedure was available for staff to refer to. Customer concerns were generally dealt with at the time and more formal complaints were recorded on the Lloyds on line reporting system. Details of the local NHS complaints advocacy service and PALs could be provided on request. The pharmacy had professional indemnity and

public liability arrangements so, they could provide insurance protection for staff and customers. Insurance arrangements were in place until 30 June 2020 when they would be renewed for the following year.

All the necessary records were kept and were in order including records for private prescriptions, emergency supplies, the responsible pharmacist and unlicensed 'Specials'. Controlled drug (CD) registers were well organised and in order. The pharmacy also had records for patient returned CDs. Records of returned CDs were kept for audit trail and to account for all the non-stock CDs which RPs had under their control. Staff understood the importance of safeguarding people's private information. They had received information governance training. Discarded labels and prescription tokens were discarded into a separate bin and collected for confidential disposal by a licensed waste contractor. But on inspection the consultation room door was found to have been left open whilst prescription tokens had been left in a basket on the desk. And one of the cupboard doors was also open. The prescription tokens had been turned upside down to hide patients' details but had been left there while the assistant went to help her colleagues on the counter. The cupboard was used to store files and folders. One folder was found to contain historic documentation with patient information. Staff felt it was unlikely that a member of the public would venture into the room unnoticed. The pharmacist and dispensers had completed level 2 CPPE safeguarding training. Staff had also completed dementia friends training. Staff had not had any concerns to report to social services but recalled reporting more than one concern, involving dementia patients, to the local surgery.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy does not always have enough team members for its services. This means that the pharmacy is not always up to date with its workload. But, in general, it manages the workload safely and effectively. And its team members support one another. They are able to provide feedback to one another and make suggestions to improve the pharmacy's services.

Inspector's evidence

In general pharmacy services were delivered by the regular pharmacist with the support of a team of technicians (including an ACT), dispensers and counter assistants. The ACT was also the store manager. One of the dispensers was also the dispensary supervisor and another was a supervisor for the shop floor and counter. On the day of the inspection the pharmacy was run by a locum, the ACT, technician, four dispensers and three counter assistants one dispenser and one trainee dispenser and a trainee HCP. The counter assistants had the title of healthcare partner. A healthcare partner is a job role within Lloyds for staff with both medicines counter assistant (MCA) and dispensing assistant training. The pharmacy was short staffed with the loss of a full- time dispenser and a part time counter assistant in recent months. The new trainee HCP had been recruited to compensate for the loss of staff but was in the early stages of her training and therefore was not yet able to assist with the dispensing workload. The pharmacy was two days behind with its dispensing.

Staff were busy attending to their own tasks and assisting one another when required. The dispenser described being able to raise concerns. She described having regular informal discussions with the pharmacists, the manager and her other colleagues. She said she could make suggestions as to how things could be improved. She described how one of her colleagues had suggested reorganising the repeat prescription filing system whereby prescriptions which had been labelled were filed in accordance with the date of labelling. This meant that staff could find them more easily after checking the date on the system. This had made individual prescription retrieval and dispensing quicker when patients came in to collect them, before they were ready.

The locum pharmacist was not set targets for services such as MURs. He felt able to make decisions about when it was appropriate to offer a service whilst keeping the prescription service running efficiently. He said he would provide an MUR or an NMS consultation for people who would benefit from them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are well maintained and professional looking. They are designed to provide a safe, secure environment for people to receive healthcare services. And are laid out in a way which provides an efficient working environment.

Inspector's evidence

The pharmacy was located close to two GP practices. It had an entrance at either side. One directly from the car park beside it. It had a spacious shop floor. The consultation room was on the shop floor opposite the counter, although in close proximity to it. Because of its location, the consultation room may not have been immediately apparent to people standing with their backs to it at the counter. But the pharmacist used the room regularly for consultations such as flu vaccinations and MURs and was observed using the room during the inspection. The dispensary was relatively spacious. It had been designed for purpose and was bright, spacious, modern and well fitted out. The dispensary was located behind the counter from where staff had a clear view of the counter and shop floor areas. The dispensary had a run of bench space on all sides and two islands in the middle with additional bench space on either side. The accuracy checking area occupied an area of bench space on one of the islands. Dispensing surfaces were organised into separate work stations and it was clear that staff all understood which activity took place at each station. Multi-compartment pack dispensing, 'walk-ins', repeats and 'Owings' all had their own dispensing location.

The pharmacy had a designated staff room near the consultation room and a separate stock storage room next to the dispensary and counter. The premises were clean and well maintained. Work surfaces and floors were clean and uncluttered, although well used. Shelves and sinks were also clean. The pharmacy was bright and well ventilated with temperature control systems in place. The pharmacy had a professional appearance and it stocked only items related to health and personal care.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy does not do all the checks it should to ensure that its medicines are all fit for purpose. But it generally obtains and manages its medicines safely. The pharmacy provides its services safely and effectively. And makes them available for people. It gives people the advice and information they need to help them use their medicines properly.

Inspector's evidence

The pharmacy had displayed its opening hours and services at each entrance. The pharmacy had a healthy living pharmacy board to support local and national health promotion initiatives. A variety of patient information leaflets were available for customer selection in the consultation room and on the HLP board. The pharmacy had wide automatic doors and step-free access, suitable for wheelchair users. Once inside there was sufficient space for wheelchair users to move around and access the pharmacy's services. Wheelchair users would also be able to access the consultation room. The pharmacy also had a repeat prescription collection service and a prescription ordering service for those who needed it. The service was offered to a small number of patients who needed help to manage their prescriptions.

The pharmacy provided multi-compartment compliance packs for people who needed them. Patient information leaflets (PILs) were offered to patients with new medicines and regularly with repeat medicines. The medication in compliance packs was given a description, including colour and shape, to help people identify the medicines. The labelling directions on compliance packs gave the required BNF advisory information to help people take their medicines properly. But the packs were often dispensed before being labelled which meant they could be left without labels, albeit for a brief amount of time. The SOP for multi-compartment compliance pack dispensing required packs to be labelled before the medicines were dispensed into them so that the contents could be identified. The print on compliance pack labels was also very faint. This could pose a difficulty for people with poorer sight.

But in general, services were delivered in accordance with SOPs. CDs were audited on a regular basis as per the SOP. A sample of CD stock was checked during the inspection (Zomorph 30mg) and the quantity checked was as stated in the register. Dispensing labels were initialled by the person dispensing and the person checking, to provide a dispensing audit trail. This was as per the SOP. The pharmacy had procedures for targeting and counselling all patients in the at-risk group, taking sodium valproate. The team had valproate warning cards and booklets to supply with relevant prescriptions. Staff referred to the MHRA guidance pack which was close at hand. The pharmacy had conducted the three-month PQS audit which involved a search for patients in the at-risk group, taking the drug, but they had not had any. Packs of sodium valproate in stock bore the updated warning label

Medicines and Medical equipment were obtained from established wholesalers; Alliance Healthcare and AAH. Unlicensed 'specials' were obtained from AAH. All suppliers held the appropriate licences and stock was generally stored in a tidy, organised fashion. A CD cabinet and a fridge were available for storing medicines for safe custody, or cold chain storage as required. Fridge temperatures were read, recorded and monitored to ensure that the medication inside was kept within the correct temperature range. But the pharmacy team was not yet scanning products with a unique barcode in accordance with the European Falsified Medicines Directive (FMD).

Stock was regularly date checked and records kept. Short-dated stock was identified and highlighted using a dot sticker. Waste medicines were disposed of in the appropriate containers for collection by a licensed waste contractor. But the pharmacy did not have list of hazardous waste to hand which would help staff to dispose of all waste medicines safely. The pharmacy had a system for managing drug recalls and safety alerts. Where it was alerted via email from head office. Records were kept. But the last recall actioned by the pharmacy had been for specified batches of ranitidine tablets two weeks earlier. Staff had not seen more recent recalls for Beconase nasal sprays and gliclazide 40mg tablets.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. In general, the pharmacy uses its facilities and equipment to keep people's private information safe.

Inspector's evidence

The pharmacy had all the necessary facilities and equipment for the services offered. Equipment was clean and in good order. The pharmacy had a range of crown stamped measuring cylinders and tablet and capsule counting equipment. Staff had given methadone measures a red coloured base to distinguish them from other measures. And prevent their use for measuring other liquids. The significance of the red coloured base was explained in a notice beside the measures. Amber dispensing bottles had been stored with their caps on to prevent contamination with dust and debris. The pharmacy had a separate triangle for cytotoxic tablets which was very clearly labelled. It used a separate triangle to reduce the chance of cross contamination with other tablets. There were up-to-date information resources available in the form of a BNF, a BNF for children, the drug tariff and the NPA advice line. Pharmacists also had access to a range of reputable online information sources such as EMC and NICE. There were seven computers with a patient medication record (PMR) facility. Six in the dispensary and one in the consultation room. This appeared to be adequate for the workload.

Confidentiality was maintained through the appropriate use of equipment and facilities. Computer terminals were password protected. And were out of view of patients and the public. They were switched off when not in use. Computer screens could not be viewed by customers other than when being used for an individual patient during a consultation. Patient sensitive documentation was generally kept out of public view and confidential waste was discarded into a separate confidential waste bag and collected for confidential destruction by a licensed waste contractor. Staff were observed using their own smart cards when accessing patient records. They did this to maintain an accurate audit trail and to ensure that access to patient records was appropriate and secure.

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.