

# Registered pharmacy inspection report

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

**Pharmacy reference:** 1089897

**Type of pharmacy:** Community

**Date of inspection:** 21/10/2020

## Pharmacy context

This pharmacy is a recently refitted branch of Lloyds pharmacy in the rural Hampshire village of Liphook. It dispenses NHS and private prescriptions, sells over-the-counter medicines and provides health-related advice. It also offers a number of other services including flu vaccinations during the autumn and winter. The pharmacy mainly serves those who live in the village and its surrounding area. It is close to a free car park and the mainline railway station. This inspection was carried out during the COVID-19 pandemic.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy provides its services in a safe and effective manner. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They work to professional standards and identify and manage risks appropriately. The pharmacy has made sensible changes to some of its processes to help reduce the spread of the coronavirus during the pandemic. Its team members understand their role in protecting vulnerable people, and they keep people's private information safe. They log the mistakes they make, and regularly review them together so that they can learn from them and act to avoid repeating problems. The pharmacy keeps its records in a satisfactory manner and has appropriate insurance to protect people if things go wrong.

### Inspector's evidence

There were standard operating procedures (SOPs) in place to underpin all professional standards, several of which had been updated in April 2020. There were separate records of competence that all staff were in the process of signing to indicate that they had read and understood those SOPs appropriate for their roles. The manager explained that she was ensuring that everyone read and understood the most up-to-date versions. The pharmacy had a detailed service continuity plan in place to maintain its services in the event of a power failure or other major problem such as staff being told to self-isolate. Everyone in the team had completed an individual occupational risk assessment to help protect them from the coronavirus. The pharmacy was aware of the need to report any cases of COVID-19 thought to have been contracted in the workplace. The pharmacy had also updated its practices to reduce the risks of transmitting the virus. For example, all team members were wearing face masks and maintaining social distancing. The manager explained the more frequent cleaning routines and how they were recorded on a chart.

Errors and near misses were recorded using a paper 'safer care' form, showing what the error was, the members of staff involved and the action taken. The possible causes were recorded and there was evidence of reflection and learning. The manager explained that the 'Safer Care Champion,' held a weekly 'safer care' briefing to review recent errors and near misses. They had identified some items that were prone to error, such as quetiapine 300mg tablets, which had been moved to a different shelf, well away from the other quetiapine products. There was also evidence to show that the company's 'safer care' weekly checklists had been carried out in accordance with their quarterly cycles. There was also a 'safer care' notice board which the 'Safer Care Champion' kept up to date. The manager confirmed that they continued to maintain their 'safer care' procedures throughout the pandemic.

Roles and responsibilities of staff were defined by the competency sheets in the SOP folder, and those questioned were able to clearly explain what they do, what they were responsible for and when they might seek help. They outlined their roles within the pharmacy and where responsibility lay for different activities. Staff were able to describe what action they would take in the absence of the responsible pharmacist, and they explained what they could and could not do. The responsible pharmacist (RP) notice was clearly displayed for patients to see and the RP record held on the main dispensary computer was complete.

The pharmacy sought people's views and asked for feedback. As a result of this they had reviewed the

seating available for those waiting for their prescriptions and had added an extra chair. However, the most recent Community Pharmacy Patient Questionnaire (CPPQ) available online at [www.nhs.uk](http://www.nhs.uk) was dated May 2018. The pharmacy's complaints procedure was set out in the SOP file and in the customer charter leaflets on display to let people know how they could make a complaint.

A certificate of professional indemnity and public liability insurance from the National Pharmacy Association (NPA) valid until June 2021 was on display in the dispensary. Private prescription records were maintained in a book and those entered were complete and correct. Dates of prescribing and of dispensing were all correctly recorded. The CD registers were seen to be correctly maintained, with running balances checked at regular weekly intervals. All pages had the headers completed in full and entries were neat and easily legible. Records of CDs returned by patients were seen to be made upon receipt and subsequent destruction documented and witnessed. Records of unlicensed 'specials' had been completed with all of the required details including the prescriber details. There was also a printed prompt on the cover of the file to remind staff.

All staff were able to demonstrate an understanding of data protection and had undergone General Data Protection Regulation (GDPR) training. They were able to provide examples of how they protect patient confidentiality, for example by confirming the identity of any callers before going on to discuss their medicines. Completed prescriptions in the prescription retrieval system were kept out of sight so that people waiting at the medicines counter couldn't see any personal information. Confidential waste was kept separate from general waste and removed for shredding by an appropriately licensed contractor. There were safeguarding procedures in place. The RP and the technicians had all completed level 2 safeguarding training, and the rest of the team had completed Lloyds internal training. All staff were dementia friends.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage its workload safely. And they work well together. Pharmacy team members are well trained and have a good understanding of their roles and responsibilities. They can make suggestions to improve safety and workflows where appropriate.

### Inspector's evidence

There was one 'healthcare partner' and one trainee covering the medicines counter, two dispensing assistants, two registered technicians and the RP on duty during the inspection. (The healthcare partner is a role which combines the responsibilities of a medicines counter assistant with some of those of a dispensing assistant). This appeared to be appropriate for the workload and everyone was working well together. In the event of staff shortages, other part-time members of staff would come in to help if necessary. There was a store operations diary which the manager used to help her to plan the staffing shifts and their daily workload.

Training records were available on the company 'one portal' confirming that all staff had either completed or were currently undertaking the required training. Staff explained how they kept up to date using the company's online training resource 'my learn' and individual modules under 'my knowledge.' There were some certificates of completion in a folder. Staff were able to demonstrate an awareness of potential medicines of abuse and could identify patients making repeat purchases. They described how they would refer to the pharmacist if necessary. All staff were seen to serve customers as required, and all asking appropriate questions when responding to requests or selling medicines.

Staff appeared to have open discussions about all aspects of the pharmacy, and team members were involved in discussions about their mistakes and learning from them. There was a whistleblowing policy in place and staff were aware of it. However, they described how they would discuss any concerns with their manager in the first instance. There were targets in place and the manager confirmed that they were managed sensibly and did not impact upon the pharmacist's or technicians' professional decision making.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises provide a secure and professional environment for people to receive its services. The pharmacy keeps its premises well maintained and has made suitable adjustments to help reduce the risk of spreading the coronavirus. It has a consultation room which it normally uses for some of its services and for sensitive conversations.

### Inspector's evidence

The pharmacy's premises were modern and spacious. They were clean, tidy and in a good state of repair with step-free access from the street at the front and another entrance at the rear of the premises. The rear entrance led to a private car park and provided more convenient access to one of the local GP surgeries. There was a large dispensary, with several workstations around the edges and two island workstations in the centre. This provided sufficient space to work safely and effectively, and the layout was suitable for the activities undertaken. There was a clear workflow in the dispensary. The dispensary sink had hot and cold running water, and handwash was available.

The pharmacy had installed clear Perspex screens above each till point to help reduce the risk of transmitting the coronavirus. The floor was clearly marked to encourage people to maintain social distancing and there were signs on both entrances limiting the number of people in the pharmacy to six at any one time.

There was a consultation room available for confidential conversations, consultations and the provision of services. The door was left open when the room was not in use but there was no confidential information visible and staff were always within sight of it. The cupboards in the room were locked shut and the computer was password protected.

Pharmacy only medicines were kept behind perspex screens so that people could not help themselves to them. Staff were vigilant and intervened if people did try. The toilet facilities were cluttered with sealed boxes of returned medicines, but they were reasonably clean. Room temperatures were appropriately maintained to keep staff comfortable and suitable for the storage of medicines.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and manages its medicines safely, and so makes sure that all the medicines it supplies are fit for purpose. It responds well to drug alerts or product recalls so that people only get medicines or devices which are safe for them to take. It identifies people supplied with high-risk medicines and carries out the checks it should.

### Inspector's evidence

A list of pharmacy services was displayed in the pharmacy and there was a range of health information leaflets in the health promotion area and also in the consultation room. There was a range of other services available including seasonal flu vaccinations during the autumn and winter.

Controls were seen to be in place to reduce the risk of selection errors, such as the use of baskets to keep individual prescriptions separate. Prescription labels were initialled to show who had dispensed and checked them. The manager explained how they had recently started sending some of their prescriptions to a central hub for assembly. One of the dispensing assistants demonstrated how she would process the electronic prescription token once it had been clinically checked by the pharmacist. Instead of producing labels in the pharmacy, they were produced in the hub ready for assembly there and then returned to the pharmacy. Any missing items had been highlighted and were added before the completed prescription was put into retrieval ready for collection. The manager anticipated approximately 75% of their prescriptions would eventually be assembled by the central hub, thus freeing up time for the provision of other services. Owings tickets were being used and the prescription was kept in the owings file until the stock arrived. In the event of being unable to obtain any items, the patient was given the option of keeping the prescription and trying another pharmacy or taking what the pharmacy did have available. If the stock was still unavailable the pharmacist would offer to contact the GP for an alternative.

There were valid patient group directions (PGDs) in place to enable the pharmacist to provide both NHS and private seasonal influenza vaccination services. The PGDs, one NHS and one MASTA, were valid until 31 March 2021 and had been signed by the pharmacist providing the service. Completed patient consent forms and other paperwork relating to supplies covered by the PGDs were stored in a locked cupboard within the consultation room. There were two adrenaline auto-injectors and a box of ampoules kept in the consultation room for use in case of a severe allergic reaction to the vaccines.

The pharmacy provided a smoking cessation service with two members of staff qualified as smoking cessation advisors. They would normally monitor peoples' carbon monoxide levels before providing either nicotine replacement therapy or obtaining a prescription for varenicline. The carbon monoxide monitoring had been suspended owing to the pandemic, but people were still able to access the service.

Completed prescriptions for all CDs (all schedules) were highlighted with a CD sticker, complete with an expiry date, so that staff would know that they needed to look for a bag in the CD cupboard, or that the bag in retrieval held a CD. This helped to ensure that they weren't inadvertently handed out after the 28-day expiry of the prescription. Fridge lines in retrieval awaiting collection were also highlighted with

a sticker so that staff would know that there were items to be collected from the fridge. The RP described how they received blue substance misuse prescriptions from three separate agencies. The pharmacy provided substance misuse services to a number of people who collected their medicines once a week, divided up into daily doses. The RP described that if anyone missed more than three consecutive days of their medicines, they would contact their key worker and withhold further supply until approved by the key worker.

Staff were aware of the risks involved in dispensing valproates to females in the at-risk group. One of the dispensing assistants explained how any such patients would be counselled and provided with leaflets and cards highlighting the importance of having effective contraception. People taking other high-risk medicines were discussed with the manager who confirmed that they would be appropriately counselled and the intervention recorded. There were steroid cards, lithium record cards and methotrexate record cards available to offer patients who needed them.

The pharmacy dispensed some medicines in multicompartiment compliance aids for a significant number of people who have difficulty managing their medicines. There was a file containing details of each person, together with their medication, the dosage times and other relevant information such as any additional items that were supplied outside of the compliance aids. Dose changes were noted but there was no record of who had initiated the change. This was discussed and upon reflection the manager agreed that it would help to avoid potential queries if they did document who had made the change and when. The process was managed by one person, who ensured that everything was completed on time. The compliance aids included brief product descriptions, and patient information leaflets (PILs) were provided. The pharmacy also provided medicines to a number of local care homes. As a result of the pandemic, the pharmacy had agreed with the care homes to supply their medicines in original packs instead of a compliance aid.

The pharmacy delivered medicines to people who were unable to visit the pharmacy in person. They usually delivered to individual people in the mornings and to the care homes in the afternoons. The drivers no longer obtained signatures because of the pandemic, but they did document each delivery on their drop sheet.

Medicines were obtained from licensed wholesalers including AAH and Alliance. Unlicensed 'specials' were obtained from AAH Specials. The pharmacy had the scanners and software necessary to comply with the EU Falsified Medicines Directive (FMD) and were using them to decommission medicines in accordance with FMD.

Routine date checks were seen to be in place, record sheets were seen to have been completed, and no out-of-date stock was found. The manager explained how they completed the date checks when undertaking their regular stock counts. Opened bottles of liquid medicine had been annotated with the date of opening. There were no plain cartons of stock seen on the shelves and no boxes were found to contain mixed batches of tablets or capsules.

Fridge temperatures were recorded daily and seen to be within the 2 to 8 Celsius range. One of the dispensing assistants explained how they would note any variation from this and check the temperature again until it was back within the required range. Pharmacy medicines were displayed behind Perspex screens, preventing unauthorised access or self-selection of those medicines.

Patient-returned medicines were normally screened to ensure that any CDs were appropriately recorded, and that there were no sharps present. There was a tray available to enable staff to sort through returned medicines safely. But the procedure had been adapted so that staff no longer handled



the medicines themselves in order to reduce the risk of transmitting the coronavirus during the pandemic. Patients with sharps were appropriately signposted for disposal. There were plenty of designated cartons for storing returned medicines prior to collection by an authorised waste contractor. There was no separate purple-lidded container designated for the disposal of hazardous waste medicines. Nor was there was a list of the most commonly seen hazardous medicines. The pharmacy received drug alerts and recalls from their head office, copies of which were seen to be kept in a file. Each alert included a signature box for staff to record any actions taken, the date and initials of those involved. The team knew what to do if they received damaged or faulty stock and they explained how they would return them to the wholesalers.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the right equipment for the range of services it provides. It takes reasonable steps to ensure that people's private information is kept safe and secure. The pharmacy has also taken appropriate action to help ensure that people can safely use its facilities when accessing its services during the pandemic.

### Inspector's evidence

The pharmacy had the necessary resources required for the services provided, including the consulting room itself. The manager explained how they had strengthened their cleaning routines during the pandemic, and now had a COVID cleaning rota in place. This included cleaning all surfaces in the consultation room before and after each use.

There was a range of crown stamped measuring equipment and counting triangles, including a separate triangle for cytotoxics. Reference sources included the BNF and BNF for children. The pharmacy also had internet access and used this as an additional reference source.

The Blood Pressure monitor had been recently replaced. The 'Accu-chek' blood glucose monitor was calibrated using a standard control solution every time it was used. Records of those checks were seen and found to be in order. The 'Coagu-chek' cholesterol monitor was tested every month and the results were sent to a hospital laboratory for analysis, and records kept in the pharmacy. The scales used for weighing people were zeroed every time they were used although the RP was unaware of any other regular checks or maintenance requirements.

Access to PMRs was controlled through individual passwords, which had been changed from the original default password. Computer screens were positioned so they were not visible to the public. Staff were seen to take precautions such as moving to the rear of the dispensary when making telephone calls so as not to be overheard. NHS smartcards were seen to be used appropriately and with no sharing of passwords. Confidential information was kept secure and items awaiting collection were not visible from retail area

## What do the summary findings for each principle mean?

Finding	Meaning
✓ <b>Excellent practice</b>	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.
✓ <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.