

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 9 High Street, Great Cambourne, CAMBRIDGE, Cambridgeshire, CB23 6JX

Pharmacy reference: 1090779

Type of pharmacy: Community

Date of inspection: 04/02/2020

Pharmacy context

The pharmacy is in the main shopping area of the town and is the only pharmacy in Cambourne. It provides NHS and private prescription dispensing mainly to local residents. It sells a range of medicine over the counter. And the team also dispenses medicines in multi-compartment compliance packs for some people.

Overall inspection outcome

✓ **Standards 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 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

Members of the pharmacy team work to professional standards but the lack of permanent staff makes identifying and managing risks difficult. They are clear about their roles and responsibilities. The pharmacy keeps its records up to date. It manages and protects information and it tells people how their private information will be used. The team members also understand how they can help to protect the welfare of vulnerable people. They sometimes log mistakes they make during the pharmacy processes. And they try to learn from these to avoid problems being repeated although the lack of regular staff makes this more difficult.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were issued by the company. The SOPs covered the services that were offered by the pharmacy. They had been written in 2014 and had been reviewed since and signed by the permanent staff. The written procedures said the team members should log any mistakes in the dispensing process in order to learn from them. They tried to log any issues but the last one was on 23 December 2019, six weeks before the inspection. It was reported by the team that there was a new manager starting in the next few weeks and they hoped that this would give some stability to the team.

Following the inspection, the new manager, who started on the following week, stated that new staff had started and that they were concentrating on patient safety issues to improve the service to people using the pharmacy. Near misses were now being recorded.

The pharmacy conspicuously displayed the responsible pharmacist notice. The responsible pharmacist record required by law was up to date and filled in correctly. The pharmacy team members were aware of their roles and they were observed asking the pharmacist for advice. The pharmacy asked service users for their views about the services provided, in an annual survey. The staff present did not know what the previous survey had highlighted.. The pharmacy had professional indemnity and public liability insurances in place.

The pharmacy team recorded private prescriptions and emergency supplies in a book. The controlled drugs registers were up to date and legally compliant. The team did regular checks on the recorded balance and actual stock of controlled drugs to ensure that there were no missing entries. Fridge temperatures were recorded daily and were within the recommended range.

The pharmacy separated confidential waste into bags which were removed from the premises by a licensed waste contractor. There was no confidential waste seen in the ordinary bins. NHS cards to access electronic prescriptions were shared by the locum staff as they did not have their own means of accessing the NHS system at this pharmacy. There was no confidential material kept in the consultation room, which was open to the shop. It was all kept in the dispensary either in files or in password protected computers.

The staff had had safeguarding training. They had reported a safeguarding incident to the local surgery so it could be dealt with appropriately. The staff's knowledge about safeguarding was regularly updated by completing regular training provided by their head office.

Principle 2 - Staffing ✓ Standards met

Summary findings

At the time of the inspection, the pharmacy's staffing profile was not enough to provide safe services. However, shortly after the inspection, the pharmacy successfully recruited new staff. Despite the lack of permanent staff and not being able to cover some of its routine tasks efficiently, the pharmacy is concentrating on the essential parts of its service provision so that patient care is prioritised. Staff do have access to training provided by the company. But they are not always able to complete it in a timely manner.

Inspector's evidence

There was a locum pharmacist, a full-time dispenser, who was the only permanent member of staff, a counter assistant, and a locum dispenser. A pre-registration pharmacy graduate was also working in the pharmacy at the time of the inspection. It was reported that there was recruitment being done for this store, and a few weeks later the positions had been filled and the new staff had started work. Staff were finding it difficult to keep up with routine tasks such as training, cleaning, and stock management. (See other parts of this report).

Locum dispensers were often used, but this had brought its own issues. When dispensing errors occurred, the pharmacist was not able to review them properly as they did not know how to contact the locum dispenser.

The permanent staff had access to training material but said that they did not have time to do it. Following the inspection, the Inspector spoke to the Regional Professional Support manager who said that he was aware that the store was having staffing difficulties and that he was supporting the area manager and the new pharmacist manager who was being appointed.

Following the inspection, the new pharmacist manager said that she was concentrating on the care of people using the pharmacy rather than on any targets in order to ensure that patient welfare was not compromised. She was ensuring that accurate waiting times were given and that staff were not pressured to do more than they could, given their relative inexperience.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises generally provide a safe, secure and professional environment for people to receive healthcare. The general cleanliness needs improving, but there are plans by the new manager to do so swiftly.

Inspector's evidence

The shop area was grubby and looked a little untidy, and there were sealed boxes from a delivery in the shop. There was a consultation room to one side of the counter which was signposted and had the chaperone policy displayed. This was clean, tidy and bright, and large enough for the less able to access the room easily.

The dispensary was not clean. Some of the shelves did not appear to have been cleaned in months, with thick black deposits on them. The dispensary was generally ordered, although there were empty boxes and baskets on the floor of the corridor which could be a tripping hazard to staff. The delivery of stock received earlier in the day was still on the floor waiting to be checked off. Following the inspection, the new manager said that cleaning and organising the stock and shelving was a high priority and the task had already started.

There were lights fitted in the area where the prescription retrieval took place, but either the staff did not know how to turn them on, or they were not working. This meant that light levels were quite low, and could lead to mistakes in reading the labels. There was enough bench space for the volume of dispensing, although it was quite cluttered. There was a separate area for dispensing multi-compartment compliance packs, as well as an office and separate kitchen.

The premises were air-conditioned. The WC was equipped with a sink with hot and cold water. This was in addition to the sink in the dispensary which was not very clean.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy's working practices are safe and it gets its medicines from reputable sources. Pharmacy team members are helpful and give advice to people about where they can get other support. They try to make sure that people have all the information they need so that they can use their medicines safely although there are times when this does not happen consistently. Some prescriptions might be handed out after their expiry date.

Inspector's evidence

Access to the pharmacy was level from the pavement and had a heavy door. The staff said that if they noticed, or the person knocked on the window, they would help people to open the door when needed. There was adequate space for wheelchairs and push-chairs to negotiate the shop fittings.

The use of baskets helped to ensure that prescription items were kept together and were easy to move from one area of the dispensary to another. Prescriptions where the person was waiting were put into red baskets to highlight this fact. Computer-generated labels included relevant warnings and were initialised by the dispenser and checker which allowed an audit trail to be produced.

About 30 people were being supplied their medicines in multi-compartment compliance packs. A separate area at the rear of the dispensary was used to dispense the packs. This meant the person dispensing would be disturbed less, and so could concentrate on the task in hand. The packs were labelled with the information the person needed to take their medicines in the correct way. The packs also had tablet descriptions to identify the individual medicines. There was a list of packs to be dispensed each week, with each person having a summary sheet showing any changes to their medicines and where the medicines were to be placed in the packs.

Schedule 4 controlled drug prescriptions were not always highlighted to staff who were to hand them out. This could increase the chance of these items being handed out more than 28 days after the date on the prescription. The staff were aware that they should flag prescriptions for warfarin, lithium or methotrexate and if they did then staff would ask about any recent blood tests or the person's current dose. But they often did not flag the prescription in accordance with the standard operating procedure. And if staff members did not notice the medicine on the prescription, they would not ask the questions. So, the pharmacy could not show that it was always monitoring patients in accordance with good practice. People in the at-risk group who were receiving prescriptions for valproate were routinely counselled about pregnancy prevention. And appropriate warnings stickers were available for use if the manufacturer's packaging could not be used.

Medicine deliveries were made using an agency. There was a list of who had been delivered to, and a record kept of the person who received the medicines. Some prescriptions, mainly for apixaban, were supplied to be collected from Bourne Surgery (for their dispensing patients).

The pharmacy got its medicines from licensed wholesalers, and stored them on shelves in a tidy way. The team was behind on the regular date checking process and some out-of-date medicines were found on the shelves. The pharmacy was not scanning medicines in compliance with the Falsified Medicines Directive (FMD) but it had the software ready to do so.

Drug alerts were received, actioned and filed appropriately to ensure that recalled medicines did not find their way to people who used the pharmacy.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment for its services. It makes sure its equipment is safe to use.

Inspector's evidence

There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination. The pharmacy had access to up-to-date reference sources. This meant that people could receive information which reflected current practice. The pharmacy had a separate triangle marked for use with methotrexate tablets ensuring that dust from them did not cross contaminate other tablets. Electrical equipment was regularly tested. Stickers were affixed to various electronic equipment and displayed the next date of testing.

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.