

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Lusson Surgery, Fore Street,
WELLINGTON, Somerset, TA21 8AG

Pharmacy reference: 1092598

Type of pharmacy: Community

Date of inspection: 16/01/2020

Pharmacy context

The pharmacy is located on the high street of Wellington, to the rear of a GP practice. It sells over-the-counter medicines and dispenses NHS and private prescriptions. And it delivers medicines to people's homes. The pharmacy team offers advice to people about minor illnesses and long-term conditions. The pharmacy offers services including Medicines Use Reviews (MURs), the NHS New Medicine Service (NMS), NHS health checks, a minor ailments scheme and flu vaccinations. The pharmacy offers services for drug misusers. It also supplies medicines in multi-compartment compliance aids to people 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	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 identifies its risks appropriately. Team members record their errors and review them to identify the cause of errors. The pharmacy team then makes the necessary changes to stop mistakes from happening again. The pharmacy has written procedures in place to help ensure that its team members work safely. The pharmacy asks people for their views and acts appropriately on the feedback. The pharmacy has adequate insurance to cover its services. And it keeps all of the records required by law. It keeps people's private information safe and explains how it will be used. Pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had good processes in place to manage and reduce its risk. Near misses were routinely recorded and entries in the near miss log contained a reflection on why the error occurred and actions taken to prevent a reoccurrence. Look-alike, sound-alike (LASA) drugs such as amitriptyline and amlodipine were stored in separate drawers. High risk medicines such as olanzapine were also stored separately. Pharmacy team members proactively identified medicines with similar packaging and unusual pack sizes. Dispensing incidents were recorded on the Pharmacy Incident Management system and were sent to the company's head office. They were reviewed by the pharmacy team and the cluster manager.

A 'Safer Care' review was completed monthly and included an analysis of the type of errors that had most commonly occurred, and the timings of the errors. The safer care review was shared with members of the team through individual briefings and through a written document which was signed by the team member when they had read it. The most recent safer care review contained clear actions including to ensure all team members took responsibility for recording any errors they made. The pharmacy received daily communication from head office through the 'Daily Dose' document. The team reviewed case studies sent by head office. The issues identified were discussed during team huddles. A pharmacy advisor returned to the pharmacy during the inspection having attended an area patient safety meeting. Representatives from all the nearby stores in the pharmacy chain discussed incidents and near misses that had occurred in their branches and developed action plans to improve safety in their pharmacies. The pharmacy advisor immediately shared the information obtained with the manager and arranged a team huddle.

Standard operating procedures (SOPs) were up to date and had been recently reviewed and adopted by the pharmacy team. Team member's understanding of the SOPs was assessed by a verbal quiz and a record kept. The SOPs were signed by the appropriate staff. The responsible pharmacist (RP), who was a member of the relief team, carried evidence to show that he had read the SOPs in his base store. A dispenser could describe the activities that could not be undertaken in the absence of the RP. Staff had clear lines of accountabilities, were clear on their job role and wore name badges.

The manager said that if she was asked to implement a new service, she would ensure the pharmacy would be able to accommodate the work and that it would be applicable to the local population. She would review staffing levels to ensure provision of the service could be maintained and would check that she and her staff had access to the appropriate tools and training to provide the service.

Feedback was obtained by a yearly community pharmacy patient questionnaire (CPPQ) survey. 99.3% of respondents to the most recent CPPQ survey had rated the service provided by the pharmacy as very good or excellent. The pharmacy responded to feedback about the lack of a waiting area by taking chairs from the consultation room if needed. A complaints procedure was in place and was displayed in the customer charter leaflet. Public liability and professional indemnity insurance were provided by the NPA, with an expiry date of 30 June 2020.

Records of the responsible pharmacist were maintained appropriately, and the correct RP certificate was displayed. Controlled drug (CD) registers were maintained appropriately. Balance checks were completed weekly. A random balance check was accurate. Patient returned CDs were recorded in a separate register and were destroyed promptly. Records of private prescriptions were made in a book and were in order. Emergency supplies were recorded in the private prescription book and contained the nature of the emergency. Specials records were maintained, and certificates of conformity were stored with all required details completed.

All staff had completed training on information governance and general data protection regulations and had signed the associated policies. Patient data and confidential waste was dealt with in a secure manner to protect privacy and no confidential information was visible from customer areas. A privacy policy and a fair data use statement were displayed in the patient area. Smart cards were used appropriately. Verbal consent was obtained before summary care records were accessed, and a record of access was made on a written log.

All staff were trained to an appropriate level on safeguarding. The RP and the manager had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training. A safeguarding policy was in place and signed by staff and local contacts were available. Staff were aware of signs of concerns requiring escalation. Local contacts for referrals were displayed prominently in the pharmacy. Pharmacy team members clear examples of when they had escalated safeguarding concerns appropriately.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. Team members receive time in work to complete training for their roles. They are confident to suggest and make changes to the way they work to improve their services. They communicate well and give each other feedback on their performance.

Inspector's evidence

Staffing was adequate on the day of the inspection consisted of the RP, who was a member of the relief team, two NVQ2 level dispensers and a trainee medicines counter assistant (MCA). The branch manager, who was an accredited checking pharmacy technician was also in the pharmacy. The team clearly had a good rapport and felt they could usually comfortably manage the workload with no undue stress and pressure. Pharmacy team members had clearly defined roles and accountabilities and tasks were allocated to individuals daily. They worked regular days and hours. Absences were usually covered by rearranging shifts or by part-time staff increasing their hours.

Team members completed training packages on the company eLearning system. Training records were seen and were up to date. Copies of certificates of completion of relevant training courses were kept for each member of the team. Team members were seen to provide appropriate advice when selling medicines over the counter. They referred to the RP for additional information as needed.

Team members were set yearly development plans and had six-monthly performance reviews. The team gave each other regular ad hoc feedback and there was a clear culture of openness and honesty. A team member gave multiple examples of feedback she had received from the branch manager. A communications diary was used to allow team members working different shifts to communicate any issues in the pharmacy to each other. The team felt empowered to raise concerns and give feedback to the manager, who they found to be receptive to ideas and suggestions. A dispenser reported that they were able to make suggestions for change to improve efficiency and safety. Team members were aware of the escalation process for concerns and a whistleblowing policy was in place.

The manager said the targets set were manageable. The RP felt able to use his professional judgement to make decisions and described that all services undertaken were clinically appropriate.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy has a soundproofed room where people can have private conversations with members of the pharmacy team. The pharmacy is adequately secured to prevent unauthorised access.

Inspector's evidence

The pharmacy is located on the high street of Wellington, behind a GP practice. There was a small, well-presented retail area which led to the dispensary. The pharmacy had a large consultation room that was clearly advertised. It was of an adequate size and was soundproofed to allow conversations to take place in private. It was left open when not in use to allow people to use the additional seating. But the sharps bin and any confidential information was well secured in locked cupboards.

The dispensary was well organised and there was plenty of bench space. Stock was stored neatly in pull-out shelves. To the rear of the dispensary were a staff room and a small stock room. The fixtures and fittings were well maintained. Maintenance issues were resolved promptly.

Prescriptions awaiting collection were stored using a retrieval system and confidential information was not visible to waiting customers. Due to a recent change in the way prescriptions were stored, the team members were struggling to fit all of the bags on to the appropriate shelves. This meant that there were lots of labelled boxes on the floor which contained completed prescriptions. Lighting was appropriate and the temperature was satisfactory for the provision of healthcare and the storage of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible and advertises its services appropriately. Medicines are supplied safely. The pharmacy offers a range of additional services and the pharmacy team delivers these services safely. Team members providing the services ensure that their training is up to date. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and makes regular checks to ensure that they are still suitable for supply. The pharmacy delivers medicines to people safely and keeps appropriate records of this. The pharmacy accepts unwanted medicines and disposes of them appropriately.

Inspector's evidence

The pharmacy had step-free access. The consultation room was wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels. Team members described that they communicated with people with hearing impairments in the consultation room, using pen and paper if needed. A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. Services provided by the pharmacy were advertised in the pharmacy. The regular RP, who worked three days a week, was accredited to provide all of the promoted services. The RP described how if a patient requested a service not offered by the pharmacy at the time, he would refer them to other nearby pharmacies, calling ahead to ensure the service could be provided there. Up-to-date signposting resources and details of local support agencies were accessed online. Records of signposting referrals were made on the patient medication record (PMR).

Dispensing tubs were used to store prescriptions and medicines to prevent transfer between patients as well as to organise the workload. There were designated areas to dispense walk-in prescriptions and those collected from the GP practice. The labels of dispensed items were initialled when dispensed and checked.

Stickers were used to highlight fridge items and CDs in schedules 2 and 3. Prescriptions for schedule 4 CDs were annotated to highlight the 28-day expiry. All prescriptions for CDs were checked by at least three people. Prescriptions containing high-risk medicines or paediatric medicines were also highlighted with stickers. Stickers were used to highlight prescriptions that had been identified by the RP as requiring additional counselling by a pharmacist. Details of significant interventions were recorded on the patient medication record (PMR). Substance misuse services were provided for two people. The RP described how he would liaise with the prescriber or the key worker to report erratic pick-ups and to discuss any other concerns about users of the service. The RP ensured he had a brief discussion with each person accessing the service to check on their wellbeing.

The pharmacy offered a range of additional services including flu vaccinations and a minor ailments scheme. The patient group directions covering these services were seen and had been signed by the pharmacists providing the service. The declaration of competence for all pharmacists administering flu vaccinations were seen. The RP had completed training on injection techniques and anaphylaxis and resuscitation within the last two years. The pharmacy was a Healthy Living Pharmacy and provided additional advice to people on living healthy lifestyles. It had a health promotion zone displaying leaflets and information on both locally and nationally relevant topics.

The pharmacy had completed the audit of people at risk of becoming pregnant whilst taking sodium valproate as part of the Pregnancy Prevention Programme (PPP). Appropriate conversations had been had with affected people and records were made on the PMR. The pharmacy had stickers for staff to apply to valproate medicines dispensed out of original containers to highlight the risks of pregnancy to women receiving prescriptions for valproate. The pharmacy had the information booklets and cards to give to eligible women. Notes were placed on the PMR of women receiving valproate to confirm a discussion about PPP had taken place.

Multi-compartment compliance aids were prepared by the pharmacy for approximately 60 people based in the community. The workload was organised and well planned. A sample of compliance aids was inspected. Each compliance aid had an identifier on the front, and dispensed and checked signatures were completed, along with a description of tablets. Patient information leaflets (PILs) were supplied each month. 'When required' medicines were dispensed in boxes and a dispenser was aware of what could and could not be placed in trays. A record of any changes made was kept on the patient information sheet, which was available for the pharmacist during the clinical checking process.

The dispensary shelves used to store stock were generally organised and tidy. The stock was arranged alphabetically. Date checking was usually undertaken regularly and records were kept. Spot checks revealed no date-expired medicines or mixed batches. The pharmacy had the hardware and software to be compliant with the Falsified Medicines Directive (FMD). It had been part of the company FMD pilot scheme. But the equipment was not currently operational, which had been fed back to the company head office. Pharmacy team members were appropriate making visual checks on FMD compliant packs of medicines. Prescriptions containing omissions were appropriately managed, and the prescription was kept with the balance until it was collected. Stock was obtained from reputable sources including Alliance and AAH. Specials were obtained from IPS Specials. Invoices were seen to this effect. Records of recalls and alerts were received by email and were annotated with the outcome and the date actioned.

The fridges in the dispensary were clean, tidy and well organised. Records of temperatures were maintained. The maximum and minimum temperatures were within the required range of 2 to 8 degrees Celsius. CDs were stored in accordance with legal requirements. Denaturing kits were available for safe destruction of CDs. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures were recorded.

Logs were kept of deliveries made to people in their own homes with appropriate signatures. Confidentiality was maintained when obtaining signatures. The delivery driver described the process followed in the event of failed deliveries to ensure that patients received their delivery in a timely manner, particularly those considered to be vulnerable, and this was found to be adequate.

Patient returned medication was dealt with appropriately. A hazardous waste bin was available. Patient details were removed from returned medicines to protect people's confidentiality.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It keeps these clean and tidy. The pharmacy uses its equipment in a way that protects people's private information.

Inspector's evidence

Validated crown-stamped measures were available for liquids, with separate measures marked for the use of CDs only. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked for cytotoxics. All equipment, including the dispensary fridges, was in good working order and PAT test stickers were visible. The dispensary sink was clean and in good working order.

Reference sources were available and the pharmacy could also access up-to-date information on the internet. Computers were positioned so that no information could be seen by members of the public and phone calls were taken away from public areas. Dispensed prescriptions were stored in a retrieval system on shelves with no details visible to people waiting.

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.