

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, 16 Windsor Place, Ynysybwl,  
PONTYPRIDD, Mid Glamorgan, CF37 3HR

**Pharmacy reference:** 1092638

**Type of pharmacy:** Community

**Date of inspection:** 19/08/2022

## Pharmacy context

This is a village pharmacy. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. Some NHS prescriptions are assembled off-site at another pharmacy owned by the company. It offers a wide range of services including emergency hormonal contraception, smoking cessation, treatment for minor ailments and a seasonal 'flu vaccination service for NHS and private patients. Substance misuse services are also available.

## Overall inspection outcome

✓ **Standards met**

**Required Action:** None

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## 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	2.2	Good practice	Staff have the appropriate skills, qualifications and competence for their roles and are supported to address their learning and development needs
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	4.1	Good practice	The pharmacy works closely with local healthcare providers to ensure its services are accessible to patients and the public.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has written procedures to help make sure the team works safely. Its team members record and review their mistakes so they can learn from them. And they take action to help stop mistakes from happening again. The pharmacy keeps the records it needs to by law. And it keeps people's private information safe. The pharmacy's team members understand how to recognise and report concerns about vulnerable people to help keep them safe.

### Inspector's evidence

The pharmacy had systems in place to identify and manage risk, including the recording and analysis of dispensing errors and near misses. Action had been taken to reduce risks that had been identified: for example, different strengths of rizatriptan and co-codamol and different forms of nifedipine had been separated on dispensary shelves following near misses. Olanzapine and omeprazole had also been separated at the direction of head office after incidents had been reported by other branches, as had several other 'look-alike, sound-alike' or 'LASA' drugs, including amlodipine and amitriptyline. A list of common 'LASA' drugs was displayed in the dispensary for reference. Methotrexate was stored in a separate basket to reduce the risk of selection errors and caution stickers were used to alert staff to the risks of selection errors with different Calcichew products. The risks associated with the influenza vaccination service had been assessed and a poster describing the process to follow in the event of needlestick injury was displayed in the dispensary.

A range of standard operating procedures (SOPs) underpinned the services provided and these were regularly reviewed. The pharmacist explained that the ACT could check most prescription items that had been clinically checked by a pharmacist, except for unlicensed specials. Prescriptions that were considered suitable for an ACT accuracy check were marked with a stamp and initialled by the pharmacist to show that they had been clinically checked. The ACT then initialled the prescription after she had performed the accuracy check.

The pharmacy usually received regular customer feedback from annual patient satisfaction surveys, although these had been suspended during the pandemic. The pharmacist and staff said that verbal feedback from customers was mostly positive. A formal complaints procedure was in place and information about how to make complaints was included in a leaflet displayed in the retail area. A poster advertising the NHS complaints procedure 'Putting Things Right' was also displayed.

Evidence of current professional indemnity insurance was available. All necessary records were kept and properly maintained, including responsible pharmacist (RP), private prescription, emergency supply, unlicensed specials and controlled drug (CD) records. CD running balances were checked weekly.

Staff received annual training on the information governance policy and had signed confidentiality agreements. They were aware of the need to protect confidential information, for example by being able to identify confidential waste and dispose of it appropriately. A privacy notice displayed on the consultation room door gave information about the ways in which personal data was used and managed by the company and included the details of the company's data protection officer.

The pharmacist had undertaken formal safeguarding training and all staff members had read and signed the safeguarding SOP. The pharmacy team had access to guidance and local contact details that were displayed in the dispensary. A chaperone policy was advertised in a poster displayed inside the consultation room. Leaflets that included information for people affected by dementia were available in the retail area.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload. Pharmacy team members complete regular training and have a good understanding about their roles and responsibilities. And they feel comfortable speaking up about any concerns they have.

### Inspector's evidence

The pharmacist manager worked for three days during the week and on alternate Saturdays. Locum pharmacists covered her absences. The support team consisted of two dispensing assistants (DAs), one of whom had an enhanced role as a pharmacy supervisor. An accuracy checking technician (ACT), another DA and a recently recruited trainee DA were absent. There were enough suitably qualified and skilled staff present to comfortably manage the workload during the inspection and the staffing level appeared adequate for the services provided. The pharmacist explained that the trainee DA always worked under her supervision or that of the ACT.

Some targets were set for the services provided but these were managed appropriately, and the pharmacist said that they did not affect her professional judgement or compromise patient care. Staff worked well together and said that they were happy to make suggestions within the team. They felt comfortable raising concerns with the pharmacist. A whistleblowing policy was available on the company's intranet and included details of how to raise a concern outside the organisation.

Members of staff working on the medicines counter were observed to use appropriate questions when selling over-the-counter medicines to patients. They referred to the pharmacist on several occasions for further advice on how to deal with transactions. A poster near the medicines counter listed over-the-counter medicines that required a referral to the pharmacist. Staff undertook online training provided by the organisation on operational procedures and services. They had recently completed a health and safety training module. The pharmacist said that there had not recently been many training modules dealing with counter skills or over-the-counter medicines and so she had made a point of discussing these with staff members herself. All staff were subject to annual performance and development reviews.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean, tidy and secure. It has enough space to allow safe working and its layout protects people's privacy.

### Inspector's evidence

The pharmacy was clean, spacious and well-organised. Some stock and dispensed prescriptions awaiting collection were being temporarily stored on the floor, but these did not pose a trip hazard. The sink had hot and cold running water and soap and cleaning materials were available. A plastic screen had been installed at the medicines counter to reduce the risk of viral transmission between staff and customers. A consultation room was available for private consultations and counselling and was advertised appropriately. The lighting and temperature in the pharmacy were appropriate. A small leak in the kitchen ceiling that had been discovered that morning was in the process of being dealt with by the company.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy promotes the services it provides so that people know about them and can access them easily. If it can't provide a service, it directs people to somewhere that can help. The pharmacy's working practices are safe and effective. It stores medicines appropriately and carries out some checks to help make sure that they are in good condition and suitable to supply.

### Inspector's evidence

The pharmacy offered a wide range of services that were appropriately advertised. There was wheelchair access into the pharmacy and consultation room. A hearing aid loop was available. Staff said that they would signpost people requesting services they could not provide to nearby pharmacies and surgeries, or the local health board, which provided a waste sharps collection service. A range of health promotional material was on display in the retail area. The pharmacist had recently visited local surgeries to discuss and promote services as part of a health board funded collaborative working initiative. These visits had involved discussions around the influenza vaccination service and the common ailments service.

The pharmacist said that a new pharmacy software system allowed about 60% of their prescription items to be assembled at the company's hub pharmacy. Prescriptions were clinically checked by the pharmacist and then scanned into the software system, which transmitted them electronically to the hub pharmacy. The paper copy of the prescription remained at the branch. The hub pharmacy could not assemble split packs, fridge lines, bulky items or most controlled drugs, and these continued to be dispensed in branch, as did items that were known to be out of stock at the hub. Prescription items scanned to the hub were returned to the branch within 48 hours and were marked to show that they had been dispensed by the hub pharmacy. A text messaging service was available to let patients know their medicines were ready for collection. The prescription storage area was regularly checked and prescriptions over one month old were moved to a separate storage area. Patients were then contacted to remind them to collect their medication. After a further two weeks, the medicines were returned to stock if not collected.

Dispensing staff used a colour-coded basket system in branch to help ensure that medicines did not get mixed up during dispensing and to differentiate between different prescriptions. Dispensing labels were initialled by the dispenser and checker to provide an audit trail. The pharmacy's labelling software almost always produced two dispensing labels for each item, with information for the patient on both. The second label was sometimes attached to the packaging above the first, which was confusing and might make it difficult for patients to read and understand the information provided. Controlled drugs requiring safe custody and fridge lines were dispensed in clear bags to allow staff members to check these items at all points of the dispensing process and reduce the risk of a patient receiving the wrong medicine.

Stickers were attached to bags of dispensed medicines to alert staff to the fact that a CD requiring safe custody or fridge item was outstanding. Stickers were also used to identify dispensed Schedule 3 and 4 CDs awaiting collection and were marked with the date after which the prescription was invalid and could no longer be supplied. This practice helped ensure that prescriptions were checked for validity before handout to the patient.

Prescriptions for patients prescribed high-risk medicines such as warfarin, lithium, methotrexate and valproate were annotated and highlighted to identify the patient for counselling. The pharmacist said that she asked patients about relevant blood tests and dose changes but did not record these conversations. The pharmacy team were aware of the risks of valproate use during pregnancy. The pharmacist said that one patient prescribed valproate who met the risk criteria was counselled appropriately and provided with patient information at each time of dispensing. The pharmacy carried out regular high-risk medicines audits commissioned by the local health board. These audits were used to collect data about the prescribing, supply and record-keeping associated with high-risk medicines to flag up areas where risk reduction could be improved within primary care.

Disposable compliance aids were used to supply medicines to a number of people. These were labelled with descriptions to enable identification of individual medicines and patient information leaflets were routinely supplied. A list of patients and their delivery or collection arrangements was displayed in the dispensary for reference. Each patient had a clear plastic wallet that included their personal and medication details, collection or delivery arrangements, contact details for representatives where appropriate and details of any messages or queries for communication purposes.

The pharmacy provided a wide range of services. Uptake of the common ailments service was good and the pharmacy received frequent referrals from local surgeries. There was also a steady uptake of the discharge medicines review service. The pharmacy had recently resumed provision of the sore throat test and treat service that had been suspended during the pandemic, but there had not yet been any demand for this. The pharmacist manager was not accredited to provide the influenza service and so this was only available on two days each week, or when an accredited pharmacist was present. Blood pressure and blood glucose measurement services were available for a charge, as was a 'Fit to Fly' lateral flow COVID test service. The pharmacy provided a prescription collection service from two local surgeries. It also offered a free prescription delivery service. Signatures were obtained for deliveries of controlled drugs. In the event of a missed delivery, the driver put a notification card through the door and brought the prescription back to the pharmacy.

Medicines were obtained from licensed wholesalers and generally stored appropriately. A bag of dispensed medicines awaiting collection in the CD cabinet contained three loose buprenorphine tablets which were not adequately labelled either as stock or named-patient medication, increasing the risk of error. The pharmacist transferred the tablets into an appropriately labelled container as soon as this was pointed out. Medicines requiring cold storage were stored in a large well-organised drug fridge. Maximum and minimum temperatures were recorded daily and were consistently within the required range. CDs were stored in two CD cabinets. One cabinet was used to store stock, and the other contained obsolete CDs. The stock cabinet was quite full, and some different products and different strengths of the same product were stored closely together, increasing the risk of errors. On discussion, the pharmacist agreed to move some stock into the second CD cabinet, whilst ensuring that obsolete CDs remained segregated from usable stock. The pharmacy stored P medicines in large glass-fronted cabinets in the retail area, which were marked 'Please ask for assistance with these medicines'. The cabinets were not locked, but there was always a member of staff at or near the medicines counter who could intervene if a member of the public attempted to self-select a medicine.

Stock was subject to regular expiry date checks. These were documented, and short-dated items were highlighted with stickers. Date-expired medicines were disposed of appropriately, as were patient returns. During the inspection, a customer returned some unwanted medicines to the pharmacy. The pharmacist dealt with this appropriately, asking the person to tip their medicines into a robust plastic tray designed for the purpose, and checking for sharps and controlled drugs before accepting the



waste. The pharmacy received drug alerts and recalls via the company's intranet, which was checked daily. The pharmacist described how she had recently dealt with a recall for baby milk by contacting patients where necessary, quarantining affected stock and returning it to the supplier.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide services. It makes sure these are always safe and suitable for use. The pharmacy's team members use equipment and facilities in a way that protects people's privacy.

### Inspector's evidence

The pharmacy used a range of validated measures to measure liquids. Separate measures were used for methadone. Triangles and a capsule counter were used to count loose tablets and capsules. A separate triangle was available for use with cytotoxics. The pharmacy had a range of up-to-date reference sources. All equipment was in good working order, clean and appropriately managed. Evidence showed that it had recently been tested. Personal protective equipment was available and all staff wore masks. Equipment and facilities were used to protect the privacy and dignity of patients and the public. For example, the pharmacy software system was protected with a password and the consultation room was used for private consultations and counselling.

### 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.