

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 66 High Street, TRING,
Hertfordshire, HP23 4AF

Pharmacy reference: 1092908

Type of pharmacy: Community

Date of inspection: 30/10/2019

Pharmacy context

This is a community pharmacy located on the main High Street in Tring in Hertfordshire. The pharmacy dispenses NHS and private prescriptions. It offers a few services such as Medicines Use Reviews (MURs), the New Medicine Service (NMS), seasonal flu vaccinations and smoking cessation as well as blood pressure and blood glucose testing. The pharmacy provides multi-compartment compliance aids to people in their own homes if they find it difficult to manage their medicines. And, it supplies medicines to one residential care home.

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
1. Governance	Standards met	1.8	Good practice	Members of the pharmacy team are trained and proactive in ensuring the welfare of vulnerable people in their local community
2. Staff	Standards met	2.2	Good practice	The pharmacy's team members have the appropriate skills, qualifications and competence for their role and the tasks they carry out. The team ensures that routine tasks are always completed so that the pharmacy can run in a safe and effective manner
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 is well managed and operates with safe processes. It identifies the risks associated with its services well. Members of the pharmacy team routinely monitor the safety of their services by recording their mistakes and learning from them. The team is proactive in protecting the welfare of vulnerable people. The pharmacy protects people's private information appropriately. And, it generally maintains its records in accordance with the law.

Inspector's evidence

This was a well-run pharmacy. The pharmacy was operating safely, and the team had adopted a few ways to do this. This included keeping the pharmacy's workspaces routinely clear of clutter, ensuring paperwork was filed appropriately, so they were easy to access. There was a separate, designated section to dispense medicines for the care home and for the multi-compartment compliance aids. There were also separate sections to assemble and process the bulk of the pharmacy's workload as well as conduct the final accuracy check. A steady stream of people used the pharmacy's services during the inspection and the workload was managed well by the staff present.

The pharmacy team used a range of documented standard operating procedures (SOPs) which provided guidance about the pharmacy's services. Staff had read and signed the SOPs and their roles were defined within them to help make this clear. Team members knew their responsibilities and the tasks that were permissible in the absence of the responsible pharmacist (RP). The correct RP notice was on display and this provided details of the pharmacist in charge at the time. Prescriptions for some people were being dispensed offsite (see Principle 4). There was guidance information to help support this process. The RP explained that consent was obtained in writing from people when they signed up to the pharmacy's managed repeat prescription collection service and people could opt out at this point. The RP described opting people out of the service who had expressed a dislike to the plastic bags that were used by the hub even though they were described as recyclable and biodegradable.

The pharmacy was complying with the company's 'Safer Care' processes. Staff routinely recorded their near misses and reviewed them every month. Details of the review were shared with the team through monthly briefings. The team explained that they had not identified any specific trends or patterns from their mistakes but had separated medicines that could be easily interchanged such as ramipril tablets and capsules and placed caution notes in front of stock as a visual alert. Details about the pharmacy's complaints procedure were on display. Incidents were handled by the pharmacist and the RP's process was in line with the company's expectations. Documented details of previous incidents were seen, and a documented annual patient safety report had been completed. The team also usually completed root cause analyses and reflective statements to help learn from events.

The pharmacy protected people's confidentiality by ensuring no confidential information was left within areas that faced the public. Summary Care Records had been accessed for emergency supplies, consent was obtained verbally and documented records about the access had been maintained. Staff separated confidential waste before it was disposed of through the company. Sensitive details on dispensed prescriptions could not be seen from the front counter and the pharmacy informed people about how it maintained their privacy. Staff were trained to safeguard vulnerable people, they referred to the RP in the first instance, relevant contact details for the safeguarding agencies and policy information were

readily available as guidance for the team. The RP was trained to level two via the Centre for Pharmacy Postgraduate Education (CPPE) and her certificate to verify this was seen. The team had read, and signed information provided by the company and the company's chaperone policy was on display. Team members were also trained as dementia friends and provided an example of when they assisted members of their local community.

The pharmacy's records were usually maintained in line with statutory requirements. This included a sample of registers seen for controlled drugs (CD), the RP record, records of unlicensed medicines, private prescriptions and emergency supplies in general. For CDs, balances were checked and documented every week. On randomly selecting CDs held in the cabinet, the quantities held matched the balances within the corresponding registers. Some records of emergency supplies had been made using generated labels. They had not faded or become detached. This was discussed at the time. The team kept daily records of the minimum and maximum temperatures for the fridge and this verified that temperature sensitive medicines were stored appropriately. Staff also maintained a complete record of when CDs had been received and destroyed by them. The pharmacy's professional indemnity insurance was through the National Pharmacy Association (NPA) and due for renewal after June 2020.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are suitably trained or undertaking the appropriate training. They understand their roles and responsibilities well. And, they keep their skills and knowledge up to date by completing regular training.

Inspector's evidence

The staffing profile consisted of the RP, the supervisor who was trained as a medicines counter assistant (MCA) but was undertaking training for dispensing, three trained dispensing assistants, one of whom was undertaking accredited training for the NVQ 3 in dispensing and a relatively newly employed MCA who was still in their induction period. Team members wore name badges, their certificates of qualifications were not seen, but their competence was demonstrated during the inspection.

Counter staff held the appropriate knowledge to sell over-the-counter (OTC) medicines safely. Established sales of medicines protocol was used prior to sales taking place. Staff knew when to refer to the pharmacist, they monitored requests for unusual quantities, refused sales when it wasn't safe for people to continually buy certain OTC remedies and referred them to their GP. To assist with training needs, staff completed training modules and knowledge checks every month through a company provided resource. Some of this was mandatory such as the NHS data security and protection (DSP) toolkit and they could choose to learn about other topics. The team was also provided with information about new products and certificates were seen that indicated team members had also completed modules on CPPE.

Staff received formal appraisals every six months, they were kept informed through reading daily bulletins, emails, via their WhatsApp group and by holding team meetings when required. Certain targets were in place to complete MURs and administer influenza vaccinations. To achieve them, a level of pressure in the background was described. This had been more manageable at this pharmacy, according to the RP.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a professional environment for the delivery of its services. The premises are clean and secure. And, it has a suitable space available to provide private conversations and services.

Inspector's evidence

The pharmacy premises consisted of a medium sized retail space and a spacious dispensary with staff facilities at the very rear. There was enough space for the pharmacy's workload to be processed and managed safely. The pharmacy was clean, well maintained and ventilated. It was bright and professional in appearance. Pharmacy (P) medicines were stored within unlocked perspex units in the retail space. They were marked to ask staff for assistance. Staff explained that when people tried to help themselves, they intervened when this happened and tried to educate people about the reason for their assistance. There was a signposted consultation room available to provide services and private conversations. This was kept unlocked, cabinets and drawers here were locked and there was no confidential information accessible from this space. The room was of a suitable size for the services provided.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely and effectively. Its team members are helpful. They actively look for ways to make the pharmacy's services easily accessible for people with different needs. The pharmacy sources, stores and usually manages its medicines appropriately. And, it ensures the right checks are made in response to safety alerts. This helps to ensure that people receive medicines and devices that are safe to use. But, team members don't always record or ask for enough information when people are prescribed higher-risk medicines. This makes it difficult for them to show that appropriate advice has been provided when these medicines are supplied.

Inspector's evidence

There was an automatic door at the front of the pharmacy and entry into the premises was from the street. The wide aisles and clear, open space inside meant that people with restricted mobility or those using wheelchairs could easily access the pharmacy's services. The supervisor also explained that after different promotional retail units had been set up, she asked regular users of the pharmacy who used mobility scooters to check whether it was still possible to manoeuvre around the retail space. The layout of the shop was then rearranged accordingly. The team physically assisted people who were visually impaired by helping them to fill in their prescriptions, gave them instructions on their medicines or could provide a large magnifying strip. Details were written down for people who were partially deaf, or staff described speaking clearly, facing them and using a quiet space to further assist communication between them.

There were two seats available for people waiting for prescriptions. The pharmacy's opening hours, a few leaflets about the company's services and details about the services provided were on display. Staff used their own knowledge or documented information to help refer people to other organisations or healthcare providers if needed. In addition, the supervisor explained that she signposted people to reputable websites such as NHS resources. The pharmacy was healthy living accredited, and the supervisor was the champion for this. A small area of the pharmacy was used to provide people with relevant information from leaflets and posters. The pharmacy ran campaigns in line with the national ones such as 'Stoptober' to help quit smoking and the supervisor had recently contacted Age UK to obtain educational literature for their next campaign. She stated that this would include recipes that could help people to stay warm during the winter months.

The RP described a high uptake on the influenza vaccination service due to the convenience that the pharmacy location provided. In addition, the fact that the RP spent some time going through the process and provided additional information which hadn't been received in the past by people also assisted. The RP had completed appropriate training and there was suitable equipment to safely provide the service. This included adrenaline in the event of a severe reaction to the vaccines. The Patient Group Directions (PGDs) to authorise this service were readily accessible and had been signed by the RP. This also included the service specification. Risk assessments were completed before vaccinating, informed consent was obtained and patient information leaflets (PILs) provided. Once people were vaccinated, their GP was also informed.

The supervisor and the RP were trained smoking cessation advisers and could provide blood pressure as well as blood glucose testing. They were trained for the former service by attending a relevant day

course and described seeing a few people quit at the start of the year. Training for the point of care testing involved reading the company's SOPs and taking instructions from the RP. The supervisor knew when to refer to the RP, details about readings were brought to their attention when required and they could also refer to the SOP for guidance. There had been occasional referrals to the GP whilst providing this service and advice on lifestyle was also provided.

The pharmacy team routinely completed and recorded interventions. Most of the records seen involved people who received compliance aids and had been discharged from hospital without the pharmacy being informed about the necessary details. The team confirmed information about the changes before supplies were made. The set up for compliance aids involved the person's GP initiating them. Staff had created bespoke sheets to help monitor when prescriptions and compliance aids were due. Prescriptions were ordered by the pharmacy and when received, the details were cross-checked against people's individual records, records on the pharmacy system and the bespoke records. If any changes were identified, staff confirmed them with the prescriber and kept an audit trail to verify this. The compliance aids were not left unsealed overnight and all medicines were de-blistered into them with none left within their outer packaging. PILs were supplied routinely and descriptions of medicines were provided. People prescribed warfarin received this separately but there were limited checks being made when they were supplied (see below). Mid-cycle changes involved retrieving the compliance aids, amending them, re-checking and re-supplying them.

Medicines were supplied to the home as original packs. The home ordered prescriptions for their residents and the pharmacy obtained copies of the repeat requests. On receiving the prescriptions at the pharmacy, they were checked against the requests to ensure all items had been received. Information about missing items was sent to the care home to query with the prescriber. PILs were routinely supplied to the home. There were no residents prescribed higher-risk medicines. Staff had been approached to provide advice regarding covert administration of medicines to care home residents. A three-way conversation and agreement were required between the pharmacy, care home or representative(s) and the person's GP. The latter had not agreed to the request according to the team.

The offsite dispensing service had been in place for the past six months. The service involved inputting prescription details into the pharmacy system, the pharmacist then conducted a clinical as well as an accuracy-check at this stage before the details were transmitted to one of the company's hubs. The pharmacy retained the prescriptions at the pharmacy and any prescriptions for CDs, fridge lines, split packs of medicines or bulky medicines were not sent for dispensing. Dispensed prescriptions were sent back from the hub in sealed totes within two working days. Staff then matched people's details on the bags to prescriptions and the bags were not opened. If people arrived to collect their medicines before their dispensed prescriptions had returned from the hub, the team dispensed them at the pharmacy. This also happened when items were owing.

The pharmacy provided a delivery service and audit trails to demonstrate this service were maintained. CDs and fridge items were highlighted and checked prior to delivery. The drivers obtained people's signatures when they were in receipt of their medicines. However, there was a risk of access to confidential information from the way details were laid out on the driver's drop sheet when people signed to accept their medicines. After discussing this with the team, the RP provided email confirmation that this had been discussed with the driver and that they would cover the details going forward. Failed deliveries were brought back to the pharmacy, notes were left to inform people about the attempt made and medicines were not left unattended.

Staff were aware of risks associated with valproates and previous audits had been conducted by the

pharmacy about the supply of this medicine. There was educational literature available to provide to people at risk and this was kept close to the stock so that it could be readily supplied. People at risk, identified as having been supplied this medicine were counselled accordingly. Prescriptions for people prescribed higher-risk medicines were identified in the retrieval system and marked for additional counselling when they came in to the pharmacy to collect their medicines. However, relevant details such as blood tests results and checking the International Normalised Ratio level for people prescribed warfarin were not always asked about and details were not routinely recorded to help verify that this had happened. This included people with higher-risk medicines who received compliance aids.

During the dispensing process, baskets were used to hold prescriptions and medicines, and this helped to prevent the inadvertent transfer of items. They were colour co-ordinated to highlight priority. Staff routinely used a dispensing audit trail through a facility on generated labels. This helped identify their involvement in dispensing processes. After prescriptions were assembled, they were held within an alphabetical retrieval system. Staff could identify fridge items and CDs (Schedules 2 to 4) when handing out prescriptions as they were routinely identified. Assembled CDs and medicines that required cold storage were held within clear bags. This helped to assist with accuracy and identification when they were handed out to people.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as Alliance Healthcare and AAH. Unlicensed medicines were obtained from the latter. Staff were aware of the process involved for the European Falsified Medicines Directive (FMD), there was guidance information present for the team and relevant equipment, but this was not functioning at the point of inspection. The pharmacy was therefore not yet complying with the decommissioning process.

The pharmacy stored its medicines in an organised manner. Medicines were stored appropriately in the fridge and CDs were stored under safe custody. Keys to the cabinet were maintained in a manner that prevented unauthorised access during the day as well as overnight. There were no date-expired medicines or mixed batches seen although the occasional poorly labelled container was seen. This was discussed with the team at the time and disposed of during the inspection. Staff date-checked medicines for expiry every three to four months and kept a date-checking schedule to verify this process. There were a few gaps seen within the schedule. Short-dated medicines were identified using stickers and liquid medicines with short stability when opened, had been marked with the date upon which this happened. Drug alerts were received via email, staff checked stock, acted as necessary and maintained an audit trail to verify this. They also passed relevant information to the care home and described checking stock with them after a previous alert was seen for affected batches of Neupro patches.

The pharmacy used designated containers to store unwanted medicines returned by people for disposal and there was a list available to assist the team in identifying cytotoxic and hazardous medicines. People returning sharps for disposal were referred to the local council. Returned CDs were brought to the attention of the RP, relevant details were taken down, the CDs were segregated and stored in the cabinet prior to destruction.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. The pharmacy uses its facilities appropriately to help protect people's privacy. And, it routinely maintains suitable records to ensure its equipment is fit for their intended purpose.

Inspector's evidence

The pharmacy was equipped with the facilities and equipment it needed to provide its services. This included current versions of reference sources, a range of clean and standardised conical measures for liquid medicines and counting triangles. The CD cabinets were secured in line with statutory requirements and the medical fridge was operating appropriately. The blood pressure machine was replaced every two years and staff routinely maintained records of calibration to help ensure the blood glucose meter was functioning appropriately. Computer terminals were password protected, positioned in a manner that prevented unauthorised access and there were cordless phones available to help telephone conversations to take place in private. Staff used their own NHS smart cards to access electronic prescriptions and either took them home overnight or stored them appropriately. The dispensary sink used to reconstitute medicines however, was stained but there was hot and cold running water available here.

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.