

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Waitrose Store, Honeybourne Way, CHELTENHAM, Gloucestershire, GL50 3QW

Pharmacy reference: 1094821

Type of pharmacy: Community

Date of inspection: 10/10/2022

Pharmacy context

This is a community pharmacy within a supermarket in Cheltenham, Gloucestershire. The pharmacy dispenses NHS and private prescriptions. Its team members provide advice and sell over-the-counter (OTC) medicines. The pharmacy offers local deliveries, seasonal flu vaccinations, the New Medicine Service (NMS), blood pressure and blood glucose monitoring.

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	2.2	Good practice	The pharmacy's team members have the appropriate skills, qualifications and competence for their roles and the tasks they carry out. Staff are long-standing and experienced members of the team. They ensure that routine tasks are always completed so that the pharmacy can run in a safe and effective manner.
		2.4	Good practice	The pharmacy has adopted a culture of openness, honesty and learning. The company provides the team with online learning resources. Staff are provided time to complete this at work and this ensures the team's knowledge is kept up to date.
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 operates safely and effectively. Members of the pharmacy team monitor the safety of their services by recording their mistakes and learning from them. They understand how they can protect the welfare of vulnerable people. And they protect people's privacy well. The pharmacy maintains most of its records in accordance with the law.

Inspector's evidence

The pharmacy was clean and tidy, with organised processes in place. It was also run by competent staff. The pharmacy wasn't overly busy during the inspection but people using the pharmacy's services were acknowledged readily and managed appropriately. The pharmacy team had access to a range of current, documented standard operating procedures (SOPs). They provided guidance for the team to carry out tasks correctly and had been signed by the staff. Team members knew their roles and responsibilities. They had designated tasks and were observed to work independently of the responsible pharmacist (RP) in separate areas of the pharmacy. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

The pharmacy had systems in place to identify and manage risks associated with its services. This included limiting the spread of infection from COVID-19. The premises had been modified (see Principle 3). Team members had access to face masks if required and had been vaccinated against coronavirus. Hand sanitisers were present for people to use, and the pharmacy was cleaned regularly.

Staff routinely recorded their near miss mistakes. They were reviewed regularly by one of the dispensing assistants who was the Safer Care champion. Details were documented, and discussions were held with the team. Staff ensured medicines were stored in an ordered way with gaps in between them on the shelves. They separated some medicines which had similar names or packaging and highlighted them. This helped staff to minimise mistakes. The pharmacy's complaints and incident management process were suitable.

The pharmacy's team members had been trained to protect people's confidential information and to safeguard vulnerable people through the company's training platform. They could recognise signs of concern and knew who to refer to in the event of a concern. The pharmacist had been trained to level two through the Centre for Pharmacy Postgraduate Education (CPPE). Confidential material was stored and disposed of appropriately. There were no sensitive details that could be seen from the retail space. Computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions.

The pharmacy's records were mostly compliant with statutory and best practice requirements. This included a sample of registers seen for controlled drugs (CDs). On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Records of CDs that had been returned by people and destroyed at the pharmacy were complete and the pharmacy had suitable professional indemnity insurance arrangements in place. The RP record and records verifying that fridge temperatures had remained within the required range had all been appropriately completed. However, incorrect details about prescribers had been documented within the electronic private prescription register. This was discussed at the time.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members understand their roles and responsibilities. They are competent to provide the pharmacy's services. And they keep their skills and knowledge up to date by completing regular training.

Inspector's evidence

Staff present during the inspection included a locum pharmacist and three trained dispensing assistants. One of the dispensing assistants was the pharmacy manager, another managed the front workload and the third arrived during the latter stages of the inspection. A regular pharmacist had recently been employed and was due to start imminently. There was also a delivery driver. Team members wore name badges, their certificates of qualifications were not seen but their competence was demonstrated during the inspection. The pharmacy team worked well together. They were long-standing members of staff who were observed to provide a quick, courteous and efficient service to people using the pharmacy's services. Staff explained that they ensured routine tasks were routinely completed, this included keeping the pharmacy clean and dispensary free from clutter.

The pharmacy's team members knew which activities could take place in the absence of the RP and they referred appropriately. Relevant questions were asked before selling medicines or products. The staff said that they liked working at the pharmacy. Regular team meetings took place where relevant matters such as near misses or incidents were discussed and the team's individual performance was monitored and fed back. As they were a small team, they communicated verbally. Formal appraisals were conducted regularly. The staff were provided with resources for ongoing training through the company's online platform. They were given time to complete this at work. This helped ensure they continually learnt and kept their knowledge up to date.

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 there is enough space available for its services to be provided safely.

Inspector's evidence

The pharmacy presented a professional image. It was clean, well ventilated and maintained appropriately, with good lighting. It was also secure and safeguarded from unauthorised access. The pharmacy premises consisted of a medium sized retail space and a smaller dispensary. This also had a very small office. The dispensary benches were kept clear of clutter and had enough space available to manage the workload safely. Most of the Pharmacy (P) medicines were stored behind the front counter which restricted access. The pharmacy's retail space also had a signposted consultation room available to provide services and private conversations. The room was soundproof. It was kept unlocked although the cabinets and drawers here were locked and there was no confidential information accessible from this space.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe. The pharmacy team is helpful and tries to ensure that people with different needs can easily access the pharmacy's services. Team members highlight prescriptions that require extra advice. And they ensure appropriate, associated records are kept when services are provided. The pharmacy obtains its medicines from reputable suppliers. It stores and manages its medicines well. And the pharmacy manages concerns about medicines as well as medical devices appropriately.

Inspector's evidence

People could easily access the pharmacy's services. The pharmacy was located just outside the supermarket's main entrance. The supermarket had its own underground, free car park and people could park for up to three hours. Stairs and lifts led up to the main entrance. The pharmacy's entrance consisted of a wide, automatic, front door, and the retail space was made up of clear space. This meant that people with restricted mobility or those using wheelchairs could easily enter. There were two to three seats available for people waiting for prescriptions. Staff described using the consultation room to hold conversations with people who were partially deaf and provided written details if required. Physical assistance was provided, and details were communicated verbally to people who were visually impaired. Some team members spoke different languages to assist people from the Polish or South Asian community or for people whose first language was not English. The pharmacy's opening hours and some leaflets were also on display.

The pharmacy team supported people who used their services. They took people's phone numbers when stock shortages were seen and called other local pharmacies to obtain them. And they offered a blood pressure as well as blood glucose measurement service. Team members had been trained appropriately to provide this service, they used the appropriate equipment, had read and signed the relevant SOP and described referring people with high measurements direct to their local surgery. People were seen by their GPs on the same day and returned with the required medication. The pharmacy also offered the NMS. Staff described receiving positive feedback as this service had enabled them to assist with queries or improve people's understanding of their new medicine.

The pharmacy provided a seasonal flu vaccination service which was being managed through appointments. The RP had been appropriately trained on vaccination techniques and resuscitation in the event of an emergency. Suitable equipment was present such as a sharps bin and adrenaline in the event of a severe reaction to the vaccine. This helped to ensure that the service was provided safely. The service specification and patient group direction (PGD) to authorise this were readily accessible and had been signed by the RP. Before vaccinating, risk assessments were completed, relevant details were checked, and informed consent obtained.

The pharmacy provided a delivery service and audit trails to demonstrate this service had been 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 with a handheld device. 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 explained that the pharmacy had an offsite dispensing service, people's consent for this was

obtained when they signed up for the repeat prescription service. This 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. The manager explained that prescriptions for one to two medicines were dispensed at the pharmacy. The manager stated that there had been no incidents or complaints with this service.

The pharmacy's workflow involved prescriptions being prepared in one area, the RP checked medicines for accuracy from another section. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. They were also colour-coded to highlight priority. After the staff had generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process. Team members routinely used these as an audit trail. Dispensed fridge and CD medicines were stored within clear bags. This helped to easily identify the contents upon hand-out.

Once prescriptions had been assembled, checked for accuracy, and bagged, they were stored in a separate section. Stickers were attached to identify fridge items, CDs, if pharmacist intervention was required and for higher-risk medicines so that counselling could take place. Staff were aware of the risks associated with valproates and there was literature available to provide to people at risk. The pharmacy's stock was stored in an organised way. The pharmacy used licensed wholesalers such as AAH and Alliance Healthcare to obtain medicines and medical devices. The team date-checked medicines for expiry regularly and kept records of when this had happened. Short-dated medicines were identified. There were no date-expired medicines or mixed batches seen. CDs were stored under safe custody. Medicines returned for disposal, were accepted by staff, and stored within designated containers. This included sharps. Drug alerts were received electronically and actioned appropriately. Records were kept verifying this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities it needs to provide its services safely. Its equipment is clean and well maintained.

Inspector's evidence

The pharmacy was equipped with the facilities and equipment it needed to provide services. This included current reference sources, a range of clean, crown stamped conical measures for liquid medicines and counting triangles. The blood pressure machine was relatively new and blood glucose monitor was regularly calibrated. The dispensary sink used to reconstitute medicines was stained but clean. There was hot and cold running water available here. The CD cabinet was secured in line with statutory requirements and the medical fridge was operating appropriately. Computer terminals were password protected, positioned in a manner that prevented unauthorised access. Staff used their own NHS smart cards to access electronic prescriptions and stored them appropriately.

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.