

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Moredon Health Centre, 10
Moredon Road, SWINDON, Wiltshire, SN2 2JG

Pharmacy reference: 1100484

Type of pharmacy: Community

Date of inspection: 09/03/2022

Pharmacy context

This is a community pharmacy that is located in health centre in Swindon. It serves its local population which is mixed in age range and background. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, provides flu vaccinations and supplies medicines in multi-compartment compliance packs for people to use living in their own homes. This inspection took place during the COVID-19 pandemic.

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	4.1	Good practice	The pharmacy team had considered the local healthcare needs of the community and is taking steps to address these needs.
5. Equipment and facilities	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. Pharmacy team members had procedures in place to record and review mistakes when they happen and use this information and learning to avoid future mistakes. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong.

Inspector's evidence

The pharmacy team had taken measures to mitigate the risk of transmission of COVID-19. Risk assessments had been completed assessing the impact of COVID-19 on the pharmacy premises and the individual pharmacy staff members. The pharmacy suspended some of its face-to-face services during the peak of the pandemic. Staff were wearing facemasks in the pharmacy. People were encouraged to wear face masks when attending the pharmacy.

Processes were in place for identifying and managing risks. Near misses were recorded and reviewed when they occurred and the pharmacist would discuss the incident with the members of the dispensary team. Examples of near miss error logs were seen from previous months displayed in the dispensary. The pharmacy staff had separated 'sound alike' and 'look alike' medicines such as prochlorperazine and promethazine.

Dispensing incidents were recorded electronically and this included a root cause analysis as part of the error investigation. Every month, a review was carried out by the pharmacist and trends are looked for as well as changes that need to occur to reduce the incidence of errors occurring. Following one of these reviews, the team had a general discussion about the areas that they need to be aware of. However, the latest review had not been completed at the time of the inspection.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. The team used stackable containers to hold dispensed medicines to prevent the mixing up different prescriptions. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for the services provided. These were in the process of being reviewed at the time of the inspection. There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. The pharmacy team gave examples of having received positive feedback from people and this was displayed in the staff area of the pharmacy. Feedback could also be submitted online on the pharmacy website. The pharmacist gave assurances that the pharmacy would start Community Pharmacy Patient Questionnaires (CPPQ) again in order to gather further feedback about pharmacy services. A certificate of public liability and professional indemnity insurance was displayed in the pharmacy was valid and in date until June 2022.

Records of controlled drugs (CD) and patient returned CDs were seen to be retained. CD balances were checked weekly. A responsible pharmacist (RP) record was kept electronically and the RP notice was displayed in pharmacy where people could see it. The fridge temperatures were generally recorded daily and were within the 2 to 8 degrees Celsius range. However, these were occasionally omitted on some days and the pharmacist agreed to address this. Date checking was carried out in a manner which meant the whole pharmacy is date checked four times in a year and records of this were seen to be completed appropriately. Stock that was short dated was marked with stickers to highlight this to dispensing staff. The private prescription records were retained and were seen to be in order. The specials records were retained but entries often omitted the prescriber's details. The pharmacy team did not routinely give emergency supplies and so these records were not seen.

Confidential waste was collected in confidential waste bins and this was removed for destruction regularly. An information governance policy (IG) was in place and the healthcare team were required to complete an e-learning programme on IG. Staff had all completed a training package on the General Data Protection Regulation (GDPR). There was a number system for handing out prescriptions to preserve patient confidentiality.

There was a safeguarding children and vulnerable adults policy in place. However, staff had not signed this to indicate that they had read it. The pharmacist had completed the CPPE level 2 safeguarding package. Staff were aware of the signs to look out for that may indicate safeguarding concerns. Staff could access local contact details to raise safeguarding concerns or ask for advice about them.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy staff have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

Inspector's evidence

There was one pharmacist, one pharmacy technicians and four dispensing assistant present during the inspection. The staff were observed to be working well together and providing support to one another when required. There were sufficient staff to provide the services offered during the inspection.

Staff performance would be monitored and reviewed formally annually. In these reviews, a development plan would be introduced to help further develop and train the members of staff.

The staff reported that they had completed training online and had regular updates to their knowledge and understanding of the services provided. The staff reported that they also kept their knowledge up to date by reading third party materials, such as pharmacy magazines, and would ask the pharmacist if they had any queries. The pharmacy's head office sent updates for staff to read regularly. Staff reported that they received time to complete training if necessary. During the COVID-19 pandemic, pharmacy staff reported that they had consulted some online resources from the PSNC and Public Health England. This included learning more details about the virus, how it is transmitted and the significance of testing and tracing.

The pharmacist reported that the pharmacy team would generally hold safer care briefings monthly and advise staff on the learning from the patient safety reviews. The pharmacist was active in the Local Pharmaceutical Committee (LPC). This meant that she could share ideas between different community pharmacy teams in her local area.

Staff explained that they felt comfortable to raise any concerns they had with the pharmacy manager or their area manager. Staff were aware of the whistleblowing procedure. There were targets in place at the pharmacy, but the pharmacy team explained that they did not feel any pressure to deliver these targets and would never compromise their professional judgement to achieve them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protects people's private information. The pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy was based in a health centre. It had a clean, bright and professional appearance. It had a retail area toward the front and a spacious dispensary area toward the back. The dispensary area was separated from the retail area by a counter to allow for the preparation of prescriptions in private. There were two plastic screens on the medicines counter separating part of the retail area from the dispensary. The pharmacy was cleaned regularly, and the pharmacy staff had access to disinfectant wipes and hand sanitiser and used these frequently throughout the day.

There was a sink available in the dispensary with hot and cold running water with hand sanitiser to allow for hand washing. Medicines were generally organised in a generic and alphabetical manner. The consultation room was spacious, well soundproofed and had a professional appearance. The ambient temperature and lighting throughout the pharmacy was appropriate for the delivery of pharmaceutical services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes sure that its services are accessible, effectively managed and safely delivered. It obtains, stores and supplies its pharmaceutical stock appropriately. Where a medicinal product is not fit for purpose, the team takes appropriate action.

Inspector's evidence

Information about the services provided were detailed in posters and leaflets around the pharmacy. Access to the pharmacy was via automatic doors and was step free. There was space for the movement of a wheelchair or pushchair in the pharmacy and seating for patients and customers who were waiting. There was a hearing loop for patients with hearing difficulties. The pharmacist had considered the local healthcare needs in the community and gave an overview of these. This included problems such as diabetes, obesity and heart disease. The pharmacy had recently started the hypertension case-finding service in response to these needs. The pharmacist was liaising with the GP practice in the health centre with a view to addressing a backlog in hypertension monitoring for her patients.

The pharmacy team dispensed multi-compartment compliance aids for 42 patients in their own homes. These were organised using a four-weekly cycle. A record sheet for each patient was kept which contained information about changes to medicines, for example. One compliance aid was examined and an audit trail to demonstrate who dispensed and checked the compliance aid was complete. Descriptions were routinely provided for the medicines contained within the compliance aid. Patient information leaflets (PILs) were regularly supplied.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent valproate exposure during pregnancy. Valproate patient cards and leaflets were available for use during valproate dispensing. The pharmacist reported that they would check that that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking effective contraception.

There were destruction kits available for the destruction of controlled drugs and designated bins for storing waste medicines were available and being used for the disposal of medicines returned by patients. A hazardous medicines waste bin was also available for use. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection. Medicines were obtained from suppliers such as AAH and Alliance. Specials could be obtained from AAH specials.

Medicines and medical devices were stored within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented and up to date. Short-dated products were appropriately marked. The fridges were in good working order and the stock inside was stored in an orderly manner.

MHRA drug alerts and recalls came to the pharmacy electronically and the pharmacy manager explained that these were actioned appropriately. Records to demonstrate this were kept and these contained audit trails to show what action the pharmacy had taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services offered. These are used in a way that helps protect patient confidentiality and dignity.

Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Separate measures were in use for dispensing methadone. Amber medicines bottles were capped when stored. A counting triangle was available for use. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access.

Up-to-date reference sources were available in the dispensary and the consultation room and included a BNF, a BNF for Children and a Drug Tariff. Internet access was also available should the staff require further information sources.

There was one fridge in use which was in good working order and the maximum and minimum temperatures were generally recorded daily and were seen to be within the correct range. Designated bins for storing waste medicines were available for use and there was enough space to store medicines. The computers were all password protected and patient information was safeguarded.

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.