

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, 101-103 High Street, PRESTATYN,  
Clwyd, LL19 9AP

**Pharmacy reference:** 1103864

**Type of pharmacy:** Community

**Date of inspection:** 10/10/2019

## Pharmacy context

The pharmacy is located amongst other retail shops in the town centre. The pharmacy premises are accessible for people, with wide aisles in the retail area. The pharmacy sells a range of over-the-counter medicines and dispenses both private and NHS prescriptions. It has a consultation room available for private conversations. And it supplies medication in multi-compartment compliance aids for some people, to help them take the medicines at the right time.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy generally manages the risks associated with its services and protects peoples' information. But, some members of the pharmacy team have not read all of the necessary policies and procedures to help them carry out their roles effectively. Members of the pharmacy team work to professional standards. And they record things that go wrong, so that they can learn from them. But they do not record all of their mistakes, so they may miss some opportunities to learn.

### Inspector's evidence

Dispensing incidents were reported online and learning points were included. Copies of the incident report forms were printed and filed for reference. Some near misses had been reported on a near miss log, but the pharmacy manager explained that there were times when near miss errors were not reported due to time constraints and having different locum pharmacists each week. The near misses were discussed with the pharmacy team member at the time they were identified. The accuracy checking pharmacy technician (ACPT) reviewed the near miss log each month to identify trends and said ramipril capsules and ramipril tablets had been separated because of a review.

There were up to date standard operating procedures (SOPs) for the services provided, with signature sheets showing that most members of the pharmacy team had read and accepted them, with exception of a new member of the pharmacy team who was in the process of reading them. Roles and responsibilities of the pharmacy team were set out in SOPs. A member of the pharmacy team was able to clearly describe her duties. A professional standards audit had been carried out last week and four weeks prior to this by a member of the area management team. The pharmacy manager explained that an action plan had been issued after each audit and the pharmacy team were working through these.

A customer satisfaction survey was carried out annually, with the results of the latest survey displayed in the retail area. A member of the pharmacy team explained that because of some patients providing negative feedback around stock availability, the wholesalers were contacted, other pharmacies in the area were contacted and if necessary the GP was asked to consider prescribing an alternative medication. There was a complaints procedure in place. The pharmacy manager said she aimed to resolve concerns or complaints in the pharmacy at the time they arose.

Appropriate professional indemnity insurance was in place. The private prescription record, emergency supply record and responsible pharmacist (RP) record were in order. The CD register had some obliterations in which were not in accordance with legal requirements. Patient returned CDs were recorded and disposed of appropriately. Records of CD running balances were kept and audited regularly. The unlicensed specials record had the patient and prescriber details missing from some records.

Confidential waste was placed in a designated bag to be collected by an authorised carrier. Assembled prescriptions were stored in the dispensary to protect patient information from being visible to customers at the counter. All members of the pharmacy team had received information governance (IG) training when they commenced their role, but some of them had not signed the IG policy to demonstrate this.

A safeguarding policy was in place, which had been read and signed by some members of the pharmacy team, but not all. So, some of the pharmacy team may be unsure of the correct process to follow in the event of a concern arising. The pharmacy had internal contact numbers and local details that could be used to get advice, and these were present. The pharmacist had completed level 2 safeguarding training.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy generally has enough staff to operate safely. But this is a busy pharmacy and the workload is challenging, which at times may make service provision less effective. Members of the pharmacy team work well together and they are comfortable about providing feedback to their manager.

### Inspector's evidence

A locum pharmacist, non-pharmacist pharmacy manager, accuracy checking pharmacy technician (ACPT), pharmacy technician and two dispensers were on duty. The pharmacy team were very busy dispensing prescriptions, accuracy checking and assembling multi-compartment compliance aid packs in a designated room upstairs that were due out to people tomorrow. Several assembled prescriptions awaiting an accuracy check were placed in baskets and stacked on top of each other on the dispensary bench. Minimal work bench space was available due to the workload. At times, a number of patients were waiting to be served.

A member of the pharmacy team said that the pharmacy manager was very supportive and approachable. She said she had not received a performance appraisal since she commenced her role approximately 2 years ago. The pharmacy team completed training online to keep their knowledge up to date. But, several team members spoken to had not completed any training for several months. Members of the pharmacy team spoken to explained that any outstanding training was completed when there were enough team members and the workload permitted. Staff were regularly given feedback informally from the pharmacy manager. For example, about near miss errors or outstanding training to be completed.

A member of the pharmacy team covering the medicines counter was clear about her role. She knew what questions to ask when making a sale and when to refer to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and knew what action to take if she suspected a customer might be abusing medicines such as codeine which she she would refer to the pharmacist. The pharmacy team were aware of a whistleblowing procedure that was in place and who to report to if they had a concern. The pharmacist explained that there were no targets set for professional services in his role as a locum.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is generally clean and tidy. But, the storage arrangements for general waste may restrict emergency exit routes for the pharmacy team. The pharmacy is a suitable place to provide healthcare. It has a consultation room so that people can have a conversation in private.

### Inspector's evidence

The pharmacy was generally clean and tidy. It was free from obstructions and had a waiting area. A member of the pharmacy team explained that all pharmacy team members were responsible for the cleaning and the dispensary benches, sink and floor had been cleaned in the last week. She explained that prior to this some general housekeeping tasks such as cleaning had not been carried out regularly due to workload. A cleaning rota was present.

The temperature in the pharmacy was controlled by air conditioning units. Lighting was adequate. Maintenance issues were reported to head office to be dealt with. The pharmacy had a large quantity of general waste stored in a corridor in front of the back door / fire exit.

The pharmacy team had facilities available that included a kettle, fridge and a WC with antibacterial handwash and wash hand basin. There was a consultation room available which was uncluttered and clean. Staff explained this room was used when people required a private area to talk or the pharmacist was providing one of the services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible to most people and they are generally managed, so people receive their medicines safely. But members of the pharmacy team do not always know when high-risk medicines are being supplied to people. So, they may not always make extra checks or take the opportunity to provide advice. The pharmacy generally stores its medicines appropriately. But it does not keep complete records of date checking, so it is not be able to show that it checks all its stock.

### Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. The pharmacy team were clear about what services were offered and where to signpost to a service if this was not offered. For example, opticians. There was a range of healthcare leaflets displayed.

The work flow in the pharmacy was organised into areas with a room upstairs for the assembly of multi-compartment compliance aid packs, dispensing bench work space and a checking area for the pharmacist. There was a dispensing audit trail on the medication labels. Baskets were used to separate prescriptions, to reduce the risk of medicines becoming mixed up during dispensing.

A member of the pharmacy team explained the process for delivering prescriptions to people. She said signatures were obtained electronically on a handheld device for receipt of all prescription deliveries. She provided copies of previous CD delivery records which were also kept. She said if people were not at home when the delivery attempt was made, a note was left. The pharmacist explained the process for providing the substance misuse service. He said that he offered people receiving supervised doses the opportunity to take their medicine in the consultation room to protect their privacy.

Stickers were applied to dispensed medicines awaiting collection to identify when fridge medicines or CDs needed to be added. Prescriptions containing schedule 3 or 4 CDs were supposed to be highlighted with a sticker, but an assembled prescription containing pregabalin was not highlighted, which may increase the possibility of supplying a CD on a prescription that had expired.

Prescriptions containing high-risk medicines such as warfarin, methotrexate or lithium were not routinely highlighted prior to collection. The pharmacist was aware of the risks associated with the use of valproate during pregnancy and the necessary patient information resources were present. Members of the pharmacy team spoken to were unaware whether a clinical audit for valproate had been carried out.

The pharmacy provided a multi-compartment compliance aid service for a large number of community patients and a care home. The service was organised with a record of any change to medication added to a handwritten list of medication for each person and the patient medication record (PMR) being updated. Disposable equipment was used. Descriptions of individual medicines and patient information leaflets were included with an assembled compliance aid for a community patient that was awaiting an accuracy check. There were two members of the pharmacy team working in the compliance aid assembly room. The pharmacy was working one day ahead with community compliance aids being assembled at the time due to be supplied to people tomorrow. There was a near miss log for errors

involving the assembly of compliance aids which demonstrated that 16 near miss errors had occurred between 15 September 2019 and 27 September 2019, when there was one member of the pharmacy team responsible for providing this service. A member of the pharmacy team said that the stock medications stored in the room were date checked some months ago, but no record of this was kept.

Stock medications were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock medicines were generally stored tidily. Date checking was carried out periodically and documented. Stock bottles of liquid medicines with limited shelf life had the date of opening written on. Short-dated medicines were highlighted and examples of these were present. There were no out-of-date stock medicines from a number that were sampled. There were two fridges for medicines, both equipped with thermometers. The minimum and maximum temperature was being recorded daily for the fridge in the dispensary and the record showed that the temperature had remained within the required range. The fridge temperature record in the compliance aid assembly room had some temperature record entries missing in the last month. So, the pharmacy was not able to show that these medicines were being stored appropriately at all times.

CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits and records made in a designated book. Patient returned CDs and out of date CDs were kept segregated from stock pending destruction. A balance check for a random CD was carried out and found to be incorrect. The pharmacy manager agreed to investigate this discrepancy.

The pharmacy manager said she was aware of the Falsified Medicines Directive (FMD). She explained that the hardware had been installed, but the system was not live, and no pharmacy team training had been carried out. Therefore, the pharmacy was not complying with legal requirements. Drug alerts and product recalls were received via NHS email. These were acted on by the pharmacist or a member of the pharmacy team and a record was supposed to be kept. There was only one drug recall in the file for 2019 which may not provide the necessary assurance that drug recalls are being dealt with appropriately.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide services safely. It is appropriately maintained and it is used in a way that protects privacy.

### Inspector's evidence

The BNF and BNFC were available. The pharmacy team used the internet to access websites for up to date information. For example, Medicines Complete. Any problems with equipment were reported to the pharmacy manager. All electrical equipment appeared to be in working order and had been PAT tested for electrical safety in the last 12 months.

There was a selection of liquid measures with British Standard and Crown marks, with designated measures for CD use only. The pharmacy had equipment for counting loose tablets and capsules, including a designated triangle for cytotoxics. Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available, and a member of the pharmacy team spoken to said they would move to a private area if the phone call warranted privacy.

### 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.