

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Burnham Health Centre,
Minnicroft Road, Burnham, SLOUGH, SL1 7DE

Pharmacy reference: 1113790

Type of pharmacy: Community

Date of inspection: 12/12/2019

Pharmacy context

This is a community pharmacy located inside a medical centre in Burnham, near Slough. The pharmacy dispenses NHS and private prescriptions. It offers a range of services such as Medicines Use Reviews (MURs), the New Medicine Service (NMS), seasonal flu vaccinations, smoking cessation and delivers medicines. The pharmacy also provides multi-compartment compliance aids to people if they find it difficult to take their medicines on 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
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	2.2	Good practice	Pharmacy team members have the appropriate skills, qualifications and competence for their role and the tasks they carry out. Members of the team ensure 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

Overall, the pharmacy operates safely. Members of the pharmacy team regularly monitor the safety of their services by recording their mistakes and learning from them. They work in line with the company's written processes. The team can protect the welfare of vulnerable people. And, the pharmacy maintains all of its records in accordance with the law.

Inspector's evidence

The pharmacy was very organised and well managed. A range of documented standard operating procedures (SOPs) were in place to support its services. They were mostly from 2017 but some had been recently updated. Members of the pharmacy team had read the SOPs and staff were clear on their roles and responsibilities. They knew when to refer to the responsible pharmacist (RP) and which activities were permissible in the absence of the RP. There were also some laminated details around the pharmacy to help staff to carry out the pharmacy's internal processes appropriately. The correct RP notice was on display and this provided details about the pharmacist in charge of operational activities on the day.

Prescriptions for some people were being dispensed offsite (see Principle 4). There was guidance information to help support this process. Staff explained that this service had only recently been implemented, consent was obtained verbally from people and they could also opt out of the service if required. The accuracy checking technician (ACT) mostly checked prescriptions for the multi-compartment compliance aids. Once these prescriptions were labelled, they were clinically checked by the pharmacist before being assembled by staff and checked for accuracy. The ACT was not involved in any other process other than the final check, and there was a standard operating procedure (SOP) to cover this process.

The pharmacy's workflow involved prescriptions for people who were waiting to be prioritised and placed on top of a ledge that led into the dispensary. Dispensing staff then picked stock, processed and labelled them. They described checking people's names and date of births whilst processing as well as highlighting interactions. There were designated sections to dispense prescriptions and these sections were clearly labelled. This included a separate area for the RP to carry out the final accuracy check. The pharmacy's team members had routinely been adhering to the company's 'Safer Care' processes. The 'Safer Care' noticeboard was up to date with details of look-alike and sound-alike medicines (LASAs) highlighted here. Case studies, checklists and workbooks had been routinely completed. Staff regularly recorded and reviewed their near misses. In response, they separated LASAs, medicines that had been involved in incidents or at a company level (such as omeprazole and olanzapine) were identified and separated. Caution notes had been placed in front of stock as a visual alert. A 'Safer Care' briefing took place every four weeks to update the team.

Information was on display to inform people about the pharmacy's complaints process and the RP's process to handle them was in line with the company's expectations. Documented details about previous incidents were present to verify the process and the team routinely completed root cause analyses when incidents happened as well as reflective statements.

To protect people's private information, confidential waste was segregated before being disposed of

through the company. Staff ensured that all confidential material was contained within the dispensary, they turned prescriptions so that details faced into the dispensary when they were placed on the ledge and sensitive details from dispensed prescriptions awaiting collection could not be seen from the front counter. The pharmacist had accessed people's Summary Care Records (SCR) for emergency supplies and for queries, consent was obtained verbally from people for this. Staff were trained on data protection. The company's information governance policy was also available as guidance for the team. However, there was no information on display to inform people about how the pharmacy maintained their privacy and there was access to sensitive information through the delivery service. This was discussed with the RP at the time.

The team was trained to safeguard the welfare of vulnerable people. This included the pharmacist and ACT who were trained to level two via the Centre for Pharmacy Postgraduate Education (CPPE), their certificates to verify this were seen. The pharmacy held local contact details for the safeguarding agencies, there was a policy to guide the team and its chaperone policy was on display.

The pharmacy routinely maintained its records in accordance with statutory requirements. This included the RP record, a sample of registers checked for controlled drugs (CDs), records of private prescriptions, emergency supplies and unlicensed medicines. Balances for CDs were checked, and details recorded every week. On randomly selecting CDs held in the CD cabinet, their quantities corresponded to the balances stated in the registers. Records for the maximum and minimum temperatures of the pharmacy fridge, were kept every day to verify that medicines were stored appropriately here. The pharmacy held a complete audit trail for CDs that had been destroyed by the team and the pharmacy's professional indemnity insurance was through the National Pharmacy Association. This was due for renewal after June 2020.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has appropriate numbers of staff to help manage its workload safely. Pharmacy team members are suitably trained. The company provides them with online resources as part of their ongoing training. This helps keep the team's knowledge and skills up to date. And they can make suggestions to create new ways to effectively manage the pharmacy's internal processes. This helps make their services more efficient.

Inspector's evidence

Staff present during the inspection included the regular pharmacist, the ACT who was also the manager, four trained dispensing assistants and a medicines counter assistant (MCA). The pharmacy dispensed a high volume of prescriptions, some of this was dispensed elsewhere which helped to manage the workload. The team was up to date with the work during the inspection and this appeared manageable. Staff asked relevant questions and used an established sales of medicine protocol before selling over-the-counter (OTC) medicines. They knew when to refer to the pharmacist. Team members wore name badges, their certificates of qualifications were seen, and their competence was demonstrated during the inspection.

To assist with training needs, staff completed online modules every month through a company provided resource, read trade publications and took instructions from the RP as well as the ACT. They were also provided with time every week to complete this. Individual training files were seen that helped verify this. Team members received formal appraisals every six months, they communicated verbally with updates provided by the pharmacy manager and there were noticeboards in place. Team meetings were held every month for the 'Safer Care' updates as well as twice a week to discuss additional details. The RP stated that there were no specific targets in place to complete services, although they were required to complete the maximum number of Medicines Use Reviews (MURs). This was described as achievable and the pharmacist did not feel pressurised to complete them.

The team was well managed by both the ACT and RP. The former was observed directing the staff well, team members knew their roles and could cover each other. Upon suggestions from the staff, the team had created bespoke filing and operating systems to manage the off-site dispensing service. This included a system to store the prescriptions with a code and under the day that the details were transmitted. This helped staff to easily locate prescriptions.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a professional environment to deliver healthcare services. The pharmacy is secure. And it has a separate space for private conversations and services to take place.

Inspector's evidence

The pharmacy was located inside a purpose-built unit that was attached to a health centre, its premises consisted of a small sized retail space, a larger, elongated dispensary that extended to the back and side, with a stock room and staff areas at the latter. They led back to the retail space. There was key coded entry into these areas which prevented unauthorised access. The pharmacy overall, was bright and clean with modern fixtures and fittings. It was appropriately ventilated and professional in its appearance. However, the sink in the staff WC needed cleaning. 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 size of the space was suitable for the services provided.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy largely provides its services in a safe and effective manner. Its services are easily accessible. The pharmacy sources, stores and manages its medicines well. Its team members actively seek helpful outcomes for people. And, they take extra care for people prescribed higher-risk medicines. But they don't always record information about this. This limits their ability to show that people have been provided with the appropriate advice to take their medicines safely.

Inspector's evidence

The pharmacy's opening hours were on display and five seats were available for people waiting for prescriptions. People could enter the medical practice from the street through automatic doors. The pharmacy's retail space consisted of clear, open space. This helped people requiring wheelchair access to easily use the pharmacy's services. Staff described using the consultation room for people with different requirements. They verbally explained details to people who were visually impaired and used written details to help communicate with people who were partially deaf. The team spoke clearly, faced people, used simpler language or gestures to assist people whose first language was not English. There was also documented details present to signpost people to other local organisations if required.

In addition to the SOPs, the pharmacy held Service Level Agreements for the services that it provided, service specifications as guidance for the team and paperwork for the Patient Group Directions (PGDs). The latter had been signed by the RP. The protocol for blood pressure checks was available as additional guidance for the team. People could receive influenza vaccinations from the pharmacy. This service was described as convenient, easily accessible for people and was provided via appointments on two days of the week. The RP had completed the appropriate training to provide the service, this included vaccination techniques and anaphylaxis. There was also suitable equipment to safely provide the service such as a sharps bin and adrenaline in the event of a severe reaction to the vaccine. The RP obtained informed consent from people before vaccinating.

Staff explained that the pharmacy occasionally provided leaflets and posters about healthy living. They were currently asking people with diabetes whether relevant checks for their feet and eyes had been carried out. The RP maintained records about previous clinical audits. This included an audit completed in the previous year, about whether people prescribed non-steroidal anti-inflammatory drugs (NSAIDs) were co-prescribed gastroprotection. A designated basket was also used to store prescriptions when team members had made interventions or referrals for people. This helped them to record details more easily and information was seen recorded to verify. Examples included queries with formulations and interactions. Prescriptions had been seen for people co-prescribed both a slow release formulation as well as a standard release tablet, after checking with the person involved and informing the GP, the appropriate medicine was provided. The RP described taking more care with prescriptions for children, representatives were counselled on the use of syringes, checks were routinely made about the dosage and the weight of the child. People were asked about where they had obtained the prescription, from whom and whether appropriate equipment (such as syringes) had been provided. This helped the team to ensure appropriate information could be reinforced. Overall, these records helped verify that the pharmacy team regularly monitored and ensured the safety of their services.

The pharmacy supplied multi-compartment compliance aids after the RP assessed people's suitability

for this. One member of staff was responsible for assembling them and records about the process were maintained. When prescriptions were received, staff cross-referenced details on prescriptions against records for people. This helped them to identify any changes and records were maintained to verify this. The compliance aids were not left unsealed overnight. All medicines were de-blistered into them with none supplied within their outer packaging. Descriptions of medicines were provided and patient information leaflets (PILs) were routinely supplied. Mid-cycle changes involved retrieving the old compliance aids and amending or supplying new ones.

The off-site dispensing service involved inputting prescription details into the pharmacy system, the pharmacist then conducted a clinical 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 verify 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 people's confidential information from the way people's details were laid out on the driver's drop sheet. This was discussed with the RP during the inspection. Failed deliveries were brought back to the pharmacy, notes were left to inform people about the attempt made and medicines were not left unattended.

During the dispensing process, staff used baskets to hold prescriptions and associated medicines. This helped prevent any inadvertent transfer. They were also colour co-ordinated to help prioritise the workload. A dispensing audit trail was used through a facility on generated labels to identify the team's involvement in these processes. A stamp was also used to help identify when the clinical check by a pharmacist had taken place. Dispensed prescriptions were held within an alphabetical retrieval system prior to hand-out. The team could identify fridge items and CDs (Schedules 2 to 4) from stickers. Assembled CDs and medicines stored in the fridge were held within clear bags, this helped to assist with accuracy and identification when they were handed out to people. In addition, there were notes and signs in the fridge to help clearly identify medicines stored here.

Staff were aware of the risks associated with valproates. These medicines had been highlighted and a poster was on display to help raise the team's awareness. Prescriptions for people at risk were highlighted, so that counselling could take place and educational literature provided upon supply. Staff routinely ensured that conversations were held with people prescribed higher-risk medicines, prescriptions for these medicines were identified in the retrieval system so that counselling could take place and relevant parameters were checked. This included asking about the International Normalised Ratio (INR) for people receiving warfarin. However, the pharmacy only kept records if issues were seen. Although it was evident during the inspection that staff had checked relevant details, there were no details being routinely recorded and this limited their ability to verify that this process had routinely been taking place.

The pharmacy obtained its medicines and medical devices through licensed wholesalers such as Alliance Healthcare and AAH. Unlicensed medicines were obtained through the latter. Staff had been trained on the European Falsified Medicines Directive (FMD), relevant equipment was present but not functioning. Hence, the pharmacy was not yet complying with the decommissioning process. The team

date-checked medicines for expiry every week and used a schedule to help verify this. They also checked expiry dates of medicines when they dispensed them. There were no mixed batches or date-expired medicines seen. Short-dated medicines were identified using stickers. CDs were stored under safe custody and the key to the cabinet was maintained in a manner that prevented unauthorised access during the day as well as overnight. Drug alerts and product recalls were received by email, staff checked stock and acted as necessary. An audit trail was present to verify the process.

Medicines returned for disposal were accepted and stored in designated containers. There were separate designated containers for hazardous or cytotoxic medicines along with a list to assist the team in identifying them. Staff checked for CDs and sharps, they referred people returning sharps for disposal to the GP surgery. Returned CDs were brought to the attention of the RP and stored appropriately before being destroyed.

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 keeps its equipment clean. And, it maintains appropriate records to ensure they are fit for their intended purpose.

Inspector's evidence

The pharmacy was equipped with current versions of reference sources and clean equipment. This included the sink used to reconstitute medicines, counting triangles and standardised conical measures for liquid medicines. There was hand wash by the sink and hot as well as cold running water available. The CD cabinets were secured in accordance with statutory requirements and the medical fridge was operating appropriately. Computer terminals were password protected and positioned in a manner that prevented unauthorised access. Staff used their own individual NHS smart cards when accessing electronic prescriptions and stored them appropriately overnight. There were cordless phones available to help private conversations to take place. The blood pressure machine was replaced every two years and the team kept records to verify that the blood glucose meter had been calibrated before use.

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.