

Registered pharmacy inspection report

Pharmacy Name: Lockwoods Pharmacy Frome, Frome Health Park,
Enos Way, FROME, Somerset, BA11 2FH

Pharmacy reference: 1117105

Type of pharmacy: Community

Date of inspection: 15/10/2021

Pharmacy context

This is a community pharmacy which is based in a medical centre in Frome. 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 COVID-19 vaccinations, 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	2.5	Good practice	The pharmacy team were comfortable raising concerns when necessary and kept an intervention log to demonstrate this.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy uses an automated prescription collection system which increases the accessibility of medicines to its local population.
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 have procedures in place to record and review mistakes when they happen and to learn from these. 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 face coverings in the pharmacy. People were encouraged to wear face coverings when attending the pharmacy. Processes were in place for identifying and managing risks. There was a near miss log in the main dispensary and this was used regularly by staff. A technician explained the concept of 'sound-alike' and 'look-alike' medicines and there were stickers detailing examples of these on the dispensary shelf. The pharmacy staff gave an example sumatriptan and sildenafil which had been separated for this reason. They also gave examples of ensuring that staff take adequate breaks as they noticed that people tend to make more mistakes if they concentrate for long periods.

There was a procedure in place to learn from dispensing errors. Dispensing errors were recorded electronically and reported to the superintendent pharmacist. The pharmacy would investigate errors so that they could learn from these and reduce the risk of these occurring in the future. Records of dispensing errors were kept, and these included a root cause analysis to assess why the error had happened.

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 and these were reviewed regularly. The pharmacy team understood what their roles and responsibilities were when questioned. There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. The contractual requirement to carry out a Community Pharmacy Patient Questionnaire (CPPQ) had been waived due to COVID-19 pandemic. However, staff said that they encouraged patients to provide feedback through social media and Google reviews. A certificate of public liability and indemnity insurance from Numark was held and was valid and in date until the end of August 2022.

Records of controlled drugs (CD) and patient returned controlled drugs were kept. A stock check on CDs was carried out every week. The responsible pharmacist (RP) record was kept and the RP notice was

displayed and could be clearly seen by the public. There were four fridges in use and temperatures were recorded daily and were within the appropriate temperature range of two to eight degrees Celsius. Date checking was completed regularly and records were kept to demonstrate this. The private prescription and specials records were kept and were in order. The pharmacy did not routinely do emergency supplies as they were part of a medical centre.

An information governance policy was in place. The computer screens in the dispensary were all facing away from the public and were password protected. Confidential waste was collected separate to normal waste and disposed of appropriately. People's confidential information was stored securely.

The pharmacist had completed a Centre for Pharmacy Postgraduate Education (CPPE) training package on safeguarding children and vulnerable adults. On questioning, staff were clear about how they may identify and refer safeguarding concerns appropriately. Contact details for local safeguarding advice, referral and support were not readily available in the pharmacy and the pharmacy team confirmed that they would address this. They did, however, have access to the medical centre staff who they understood had the safeguarding contact details they could utilise.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members 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 accuracy checking technician, one technician, three dispensing assistants and one healthcare assistant present during the inspection. They were seen to be working well with each other and there was generally enough staff to deal with the workload. The pharmacist reported that staff meetings would take place regularly basis to discuss any business updates or significant errors.

The staff reported that they 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 did not receive protected time to complete training as the pharmacy was very busy during the pandemic period, but they reported that they would consider this in future. 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 pharmacy team were comfortable to raise concerns where necessary and kept an interventions log to demonstrate this. The accuracy checking technician gave an example of having raised a concern about a large quantity of a controlled drug on an electronic prescription. The pharmacy team reported that they felt comfortable in approaching the pharmacy manager or superintendent pharmacist with any issues regarding service provision. There were some targets in place at the pharmacy but the pharmacy team reported that they would not compromise their professional judgement to meet these targets.

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 medical centre. It was clean, bright and had a professional appearance. It had a retail area towards the front and a spacious dispensary area towards 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 some plastic screens separating parts of the retail area from the dispensary. The doors were kept open to allow for ventilation of the pharmacy to mitigate the risk of COVID-19 transmission. The pharmacy was cleaned daily and the pharmacy staff had disinfectant wipes and hand sanitiser and used these frequently throughout the day.

The dispensary was equipped with three large dispensing benches where labelling, dispensing and checking took place. There was a significant number of stacked baskets containing assembled prescriptions that were waiting to be checked during the inspection. The pharmacy staff were aware of the risks of medicines or labels being transferred into other baskets and managed this by ensuring baskets were not stacked too high.

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. Conversations inside the consultation room could not be overheard. One consultation room was also used as a storage area for various boxes and did not present a professional image to patients. 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. The pharmacy does not currently have a hazardous waste bin to dispose of hazardous waste medicines and this may increase the risk to staff and the environment.

Inspector's evidence

Information about the services provided were detailed in posters and leaflets around the pharmacy. Access to the pharmacy 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. The pharmacy had an automated prescription collection system which was installed in the pharmacy. This meant that patients could securely collect their assembled prescriptions at any time when the pharmacy was closed. The pharmacy staff reported that they had received good feedback about the machine, with people reporting that it enabled them to collect medicines after they had finished work. At the time of the inspection, around 150 patients used the automated prescription collection system. In addition to the increased accessibility of the medicines, it also saved pharmacy staff time so they could focus on delivering other services.

The pharmacy team were part of phase 3 of the COVID-19 vaccination programme. they were currently administering around 270 per week and had administered a total of over 2000 vaccinations at the time of the inspection. The pharmacy manager explained that the Pfizer vaccine was used and clinics were usually open from Mondays to Thursdays. This was diluted in a consultation room the pharmacy using aseptic technique. It was then transferred to the front of the pharmacy where a vaccination pod had been set up. This area was screened off and included seating for the vaccinator and the patient. The national protocol was used to deliver the service. The vaccinator had access to all of the appropriate equipment which was supplied by the NHS. The vaccination pod was in the retail area of the pharmacy and the pharmacy team ensured that they talked quietly during the vaccination process to protect patient confidentiality.

The pharmacy team dispensed multi-compartment compliance packs for 250 patients in their own homes. These were dispensed by a central hub and organised using a four-weekly cycle. The pharmacy team explained that they had processes in place to do medicines changes or additions to boxes if necessary. These would then be subject to an additional accuracy and clinical check. One compliance pack was examined and an audit trail to demonstrate who dispensed and checked the compliance pack was complete. Descriptions were routinely provided for the medicines contained within the compliance pack. 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 pharmacy team 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 not available for use during the inspection. 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 a variety of suppliers.

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. Audit trails to show what action the pharmacy team had taken and when were omitted on some recent MHRA drug alerts. The pharmacy manager agreed to address this.

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. There was a broken glass crown stamped measure which the pharmacy manager agreed to dispose of. Amber medicines bottles were capped when stored. A counting triangle and capsule counter were also 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 were four fridges in use which were in good working order and the maximum and minimum temperatures were recorded daily and were seen to always 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.