

Registered pharmacy inspection report

Pharmacy Name: Lloyds Pharmacy Ltd, Pharmacy Unit Adj to
Cowbridge + Vale Medical Centre, The Broadboard, Cowbridge, Vale
of Glamorgan, CF71 7DA

Pharmacy reference: 9010118

Type of pharmacy: Community

Date of inspection: 16/05/2019

Pharmacy context

This is a health centre pharmacy located close to a town centre. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. It provides dispensing services to a local care home. The pharmacy offers a wide range of services, including emergency hormonal contraception, smoking cessation, treatment for minor ailments, and a seasonal 'flu vaccination service for NHS and private patients. Substance misuse services are also available. It provides monthly hearing tests in partnership with a private audiology company.

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	1.2	Good practice	Information about potential and actual patient safety incidents is analysed in order to optimise the safety and quality of pharmacy services
2. Staff	Standards met	2.4	Good practice	A culture of continuous improvement through learning exists within the team
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy works closely with local healthcare providers to ensure its services are accessible to patients and the public.
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. Its team members record and review their mistakes so they can learn from them. And they take action to help stop the same sorts of mistakes from happening again. The pharmacy keeps the records it needs to by law. It asks people to give their views about the services it provides. And it keeps people's private information safe. The pharmacy's team members understand how to recognise and report concerns about vulnerable people to help keep them safe.

Inspector's evidence

The pharmacy had systems in place to identify and manage risk, including the recording and monthly analysis of dispensing errors and near misses. Evidence showed that root cause analyses had been conducted following recent dispensing errors.

The pharmacist was able to demonstrate recent action that had been taken to reduce risk. For example, a high-dose formulation of diamorphine had been separated from other strengths in the controlled drugs cabinet and marked to alert staff to the risks of picking errors. Metformin 500mg and 850mg tablets had been separated in the dispensary storage system following a recent dispensing error. The pre-registration trainee demonstrated how he had used caution stickers to highlight 'Look-Alike, Sound-Alike' drugs such as amitriptyline, amlodipine, allopurinol and atenolol on the front of dispensary drawers and inside the drawers themselves. He had also created boxes with alert questions, such as 'propranolol or prednisolone?' and 'pregabalin or gabapentin?' and placed these on top of stock. The act of removing the box to reach the stock underneath alerted staff to the message and helped to avoid picking errors.

Monthly team briefings were held to discuss any relevant patient safety issues, including any patterns and trends found when reviewing patient safety incidents. A 'Safer Care' whiteboard in the dispensary was used to convey important patient safety messages to all staff, such as examples of similar packaging that might contribute to picking errors. It was also used to display the most recent bulletins provided by the superintendent's office. The risks associated with the influenza vaccination service had been assessed and a poster describing the process to follow in the event of needlestick injury was displayed in the consultation room.

The pharmacy team understood their roles and responsibilities and worked in accordance with written Standard Operating Procedures (SOPs) that were regularly reviewed. The newest member of staff was in the process of reading and signing SOPs relevant to her role. The pharmacist said that she and the accuracy checking technician (ACT) were also in the process of re-reading and signing the current SOPs as refresher training. A list of daily, weekly and monthly tasks was displayed in the dispensary. The pharmacist manager explained that she allowed the pre-registration trainee to check other colleagues' work for accuracy and mark prescriptions he had checked with a stamp. She or the ACT then carried out a final accuracy check on these prescriptions.

The pharmacy received regular customer feedback from annual patient satisfaction surveys. Results displayed in the dispensary showed that this was mostly positive. However, some customers had made negative comments about the service they had received from the pharmacist. The pharmacist manager

explained that these comments referred to a time when the previous manager had been absent for a prolonged period and the branch had been run on locums. She said that she had made improvements since she had been appointed as manager and feedback was now much more positive. A formal complaints procedure was in place and evidence showed that a recent complaint had been dealt with appropriately by both the branch and the superintendent's office. Information about how to make complaints was included in a Customer Charter leaflet displayed in the retail area.

A current certificate of professional indemnity insurance was on display. All necessary records were kept and properly maintained, including Responsible Pharmacist (RP), private prescription, emergency supply, specials procurement and Controlled Drug (CD) records. CD running balance checks were carried out weekly.

Staff received annual training on the information governance policy and had signed confidentiality agreements as part of this training. They were aware of the need to protect confidential information, for example by being able to identify confidential waste and dispose of it appropriately. Individual staff members had unique passwords that the system prompted them to change at regular intervals. A privacy notice displayed near the consultation room advertised the way in which data was used by the pharmacy and gave details of the pharmacy's Data Protection Officer.

The pharmacist and staff had undertaken formal safeguarding training and had access to local guidance and contact details that were displayed in the dispensary and available in a safeguarding file. A summary of the chaperone policy was advertised in a poster displayed at the entrance to the consultation room and inside the room itself. Leaflets that included information for people affected by dementia were displayed in the retail area.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage the workload safely. Pharmacy team members complete regular training and have a good understanding about their roles and responsibilities. They can speak up about the way the pharmacy works.

Inspector's evidence

The regular pharmacist manager oversaw most professional activities, assisted by two regular part-time pharmacists who covered her absences. There were enough suitably qualified and skilled staff present to comfortably manage the workload during the inspection and the staffing level appeared adequate for the services provided. Most staff members had the necessary training and qualifications for their roles.

However, two members of staff had no formal training and worked under the pharmacist's supervision. One had recently completed her induction training and was soon to be enrolled on a dispensing course. The other had been employed at the branch for two years and worked for seven hours each week. She had completed in-house training on sales of medicines. The pharmacist said that she sometimes worked on the medicines counter but referred all requests for advice or sales of medicines to a pharmacist.

Targets were set for MURs, but the pharmacist said that these were managed appropriately and did not affect her professional judgement or patient care. Staff worked well together and had an obvious rapport with customers. They said that they were happy to make suggestions within the team and felt comfortable raising concerns with the pharmacists. They were aware that there was a confidential helpline number displayed in the staff area should they wish to report concerns outside the organisation.

A member of staff working on the medicines counter was observed to use appropriate questions when selling over-the-counter medicines to patients and referred to the pharmacist on several occasions for further advice on how to deal with a transaction.

Staff undertook online training provided by the organisation on new products, operational procedures and services. They had recently completed training on a new over-the counter nasal spray for allergies. Most staff had been trained to provide the blood pressure and blood glucose measurement services. All staff had recently completed training provided by NHS Wales on improving the quality of services provided.

The registered technicians said they understood the revalidation process. They said they based their continuing professional development entries on training and on situations they came across in their day-to-day working environment. All staff were subject to twice-yearly performance and development reviews. They could discuss issues informally with the pharmacist whenever the need arose.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, tidy and secure. It has enough space to allow safe working and its layout protects people's privacy.

Inspector's evidence

The pharmacy was very clean, tidy and well-organised. There was enough space to allow safe working, although some stock and prescriptions were temporarily stored on the floor. The sinks had hot and cold running water and soap and cleaning materials were available. A consultation room was available for private consultations and counselling and its availability was clearly advertised. The lighting and temperature in the pharmacy were appropriate.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy promotes the services it provides so that people know about them and can access them easily. If the pharmacy can't provide a service it directs people to somewhere that can help. The pharmacy is well-organised. Its working practices are safe and effective. And it generally manages medicines well.

Inspector's evidence

The pharmacy offered a range of services that were appropriately advertised. There was wheelchair access into the pharmacy and consultation room. Staff said that they would signpost patients requesting services they could not provide to nearby pharmacies, or other providers such as the local GP surgery. Health promotional material was displayed throughout the retail area.

The pharmacist had recently visited local surgeries to discuss and promote services as part of a health board-funded collaborative working initiative. Visits had involved discussions around the repeat dispensing service, the common ailments service, the All-Wales EHC service and the smoking cessation services.

Dispensing staff used a colour-coded basket system to ensure that medicines did not get mixed up during dispensing and to differentiate between different prescriptions. Dispensing labels were initialled by the dispenser and checker to provide an audit trail. Controlled drugs and insulin were dispensed in clear bags to allow staff members to check these items at all points of the dispensing process and reduce the risk of a patient receiving the wrong medicine. The dispensary had a logical workflow and the atmosphere in the pharmacy was calm and professional. The repeat prescription collection service was very well-organised.

Stickers were used on prescriptions awaiting collection to identify patients eligible for an MUR and to alert staff to the fact that a CD or fridge item was outstanding. Stickers were also used to identify dispensed Schedule 3 and 4 CDs awaiting collection and were marked with the date after which the prescription was invalid and could no longer be supplied. The pharmacist said that stickers were used to identify patients prescribed high-risk medicines such as warfarin, lithium and methotrexate, although two prescriptions for warfarin awaiting collection were not marked in this way. Staff said they asked these patients or their representatives for relevant information about blood tests and dose changes.

Evidence showed this information was recorded on the patient medication record (PMR) for reference. A high-risk medicines audit had recently been conducted. The pharmacist said that the pharmacy had two patients prescribed valproate who met the criteria for risk. She said she had conducted MURs with both patients and provided them with information explaining the risks of use during pregnancy. A valproate information pack was available in the dispensary.

The delivery service was managed electronically. Patients or their representatives signed a handheld electronic device to acknowledge receipt of delivery and were required to sign a paper form on receipt of a CD delivery. In the event of a missed delivery, the delivery driver put a notification card through the door and brought the prescription back to the pharmacy. The pharmacist said that she re-attached the

original prescription forms to any returned deliveries.

Disposable MDS trays were used to supply medicines to patients who had compliance difficulties. Trays were labelled with descriptions to enable identification of individual medicines and patient information leaflets were routinely supplied. Each patient had a section in a dedicated file that included their personal and medication details, collection or delivery arrangements, details of messages or queries and any relevant documentation, such as discharge summaries. A list of patients was available at the front of the file for reference.

Medicines were obtained from licensed wholesalers and generally stored appropriately, including those requiring cold storage. Some drawers containing external preparations for the eye, ear and nose were untidy, which increased the risk of selection errors. Some tablets in the MDS area that had been removed from their original packaging were not adequately labelled either as stock or as named-patient medication.

Some P medicines were stored in Perspex boxes marked 'Please ask for Assistance' that were accessible from the retail area. The cabinets were not locked, but the pharmacist said that customers rarely attempted to self-select medicines and if this happened they would intervene and refuse the sale if they felt that it was inappropriate. Some NFA-VPS pet medicines were available for self-selection and there was a risk that these might be supplied to a customer without a pharmacist's authorisation. CDs were stored appropriately in a tidy, well-organised CD cabinet, although this was very full. Obsolete CDs were segregated from usable stock.

Documentary evidence showed that regular expiry date checks were carried out; however, some out-of-date influenza vaccines were found in the drug fridge. Date-expired medicines were disposed of appropriately, as were patient returns and waste sharps. The pharmacy received drug alerts and recalls via its NHS email account which was checked at the beginning and end of each day. The pharmacist was able to describe how she had dealt with a recall for losartan by quarantining affected stock and returning it to the relevant supplier. Drug recalls were printed, filed and signed when actioned. The pharmacy had the necessary hardware to work in accordance with the Falsified Medicines Directive but the software had not been installed and so the pharmacy was not yet in a position to comply with legal requirements.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services. It makes sure these are always safe and suitable for use.

Inspector's evidence

The pharmacy used a range of validated measures to measure liquids. Separate measures were used for methadone. Triangles were used to count tablets and a separate triangle was available for use with loose cytotoxics. The pharmacy had a range of up-to-date reference sources.

All equipment was in good working order, clean and appropriately managed; evidence showed that it had recently been tested. Equipment and facilities were used to protect the privacy and dignity of patients and the public: for example, the computer was password-protected and the consultation room was used for private consultations and counselling. Baskets used to store stock for some patients were visible from the retail area; these had been numbered rather than labelled with a name to safeguard patients' 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.