

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, 9-11 Kings Hedges, St. Ives, Cambridgeshire, PE27 3XS

**Pharmacy reference:** 9010291

**Type of pharmacy:** Community

**Date of inspection:** 22/05/2019

## Pharmacy context

The pharmacy is situated in a parade of shops in a housing estate on the edge of the town. The nearest surgery is 100m away across a road. The pharmacy has three regular pharmacists who work on fixed days and so offer different services on different days. The pharmacy provides NHS and private prescription dispensing mainly to local residents. It supplies medicines in multi-compartment compliance trays to around 40 patients. It has a home delivery service. And it offers a travel clinic, through MASTA, emergency hormonal contraception, blood pressure monitoring and diabetes screening, as well as supplying treatment to drugs service users.

## 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	1.2	Good practice	An effective system is in place to manage the risks in the dispensing process. The team notice when systems are about to fail and take appropriate steps to prevent this from happening.
<b>2. Staff</b>	Standards met	2.4	Good practice	The staff work well together as a team and this has led to improved patient care.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	4.2	Good practice	Pharmacy services are patient centred, with reviews of patient need being central to the provision of multi-compartment compliance trays. The number of trays is restricted by patient need and pharmacy capacity to ensure that the service is sustainable for those needing and receiving it.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

Members of the pharmacy team are clear about their roles and responsibilities. They work to professional standards and identify and manage risks well. They take actions to prevent risks occurring. The pharmacy logs any mistakes it makes during the dispensing process. It learns from these to avoid problems being repeated. The pharmacy keeps its records up to date and these show that it is providing safe services. It manages and protects information well and it tells people how their private information will be used. The team members also understand how they can help to protect the welfare of vulnerable people.

### Inspector's evidence

The pharmacy had written procedures to tell the team how they should undertake the work in the pharmacy. The procedures were reviewed regularly and had been signed by the staff. They were generally followed. The team members referred to the standard operating procedures when reviewing systems, to ensure that they were following what the procedures said. It was observed that when a dispenser noticed that some stickers used to highlight risk prescriptions were getting into short supply they were ordered and some alternatives made, rather than waiting until there were none left, and then not using them.

The written procedures said the team should log any mistakes in the dispensing process in order to learn from them. The team did this regularly and mostly embraced the learning reviews which were held on a monthly basis. To help all members of the team to take ownership of their own mistakes, all prescriptions were now picked and labelled by the same person. The monthly learning reviews were said to have been beneficial and had highlighted some common times of day when errors occurred, and the team were working together to reduce interruptions when dispensing.

The pharmacy conspicuously displayed the responsible pharmacist notice and the record required by law was up to date and filled in correctly. The pharmacy team members were aware of their roles and they were observed asking the pharmacist for advice, when needed.

The pharmacy regularly sought feedback from people using the pharmacy in an annual questionnaire. Previous responses had highlighted the perception of a lack of a private area to speak to the pharmacist. In fact there was a consultation room, and the staff were observed asking people if they wanted to use this facility. The staff said that they had made a conscious effort to mention the room once the results of the questionnaire were made known to them.

The pharmacy had professional services insurances in place. The pharmacy team recorded private prescriptions and emergency supplies in a book. The prescriptions were recorded on a weekly basis. As a result, some prescriptions had not been entered into the record within the time required by law. The controlled drugs registers were up to date and legally compliant. One of the dispensers checked that the actual stock of controlled drugs matched the recorded balance on a weekly basis and a spot check showed that the balance was correct. Maximum and minimum fridge temperatures were recorded on a daily basis and were within the required range.

Patient confidential information was kept in the dispensary where it could not be accessed by the public. The consultation room was open, but all the cupboards were kept locked, so any information or

equipment in them would be safe. Confidential waste was segregated and bagged and collected by specialist waste contractors on a monthly basis for secure destruction. NHS cards to access electronic prescriptions were worn on lanyards when not in use, and it was observed that they were only used by the person to whom they had been issued. All staff had received training on data protection legislation.

The pharmacists had all completed level 2 safeguarding training and the rest of the staff had completed company training on the matter. There were local telephone contact details available for the staff to use, if they needed to raise a safeguarding concern.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough qualified staff to provide safe services. Its staffing rotas enable it to have good handover arrangements and effective staff communication. There is a very positive atmosphere in the pharmacy, centred on the care of patients.

### Inspector's evidence

There were three regular, part-time pharmacists. They did regular days and gave good leadership to the pharmacy team. Previously the pharmacy had had many locums and the supervisor said that the regular pharmacists had positively changed the working practices in the shop. The rest of the team consisted of three full-time dispensers, five part-time ones and a full-time counter assistant, as well as a delivery driver. Each member of the team had allocated jobs each day. The staff had also organised a system to cover the counter which reduced interruptions during the dispensing process to minimise risk. There was one person allocated to dispense the multi-compartment compliance trays but three of the others could step in if that person was off or not able to do them for some reason. Another person was responsible for the controlled drugs checks and another the SaferCare learning.

The team members worked closely together to embrace change and encouraged each other when the changes seemed difficult. A recent change had been sending prescriptions to the off-site dispensing hub. In the first few weeks they had struggled with the new process and some of the staff had been quite resistant to the change. The pharmacy was now processing 60-70% of prescriptions through the hub and had found that they were managing the new process well and were able to provide a better service to their customers. They said that many of the chores, which had sometimes been left as they did not have time to do them, were now being done on a regular basis.

The staff were allocated 30 minutes training time each week to help keep their skills and knowledge up to date. Training undertaken by staff included materials issued by head office and they said they were able to read the pharmacy magazines and other training material in the pharmacy, so that they kept up to date with current products.

The staff had regular appraisals and said that they were able to make suggestions to improve the efficiency in the pharmacy. A dispenser had changed the way they recorded exemptions on prescriptions and this had led to a 50% reduction in miss-allocated prescriptions, saving about half a person's salary each month.

The staff were critical of the targets set by head office, as they said that they would have to increase the electronic sign-up to more than 100% of their patients. However the targets did not affect the professional judgements of the pharmacists.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are clean and provide a safe, secure and professional environment for patients to receive healthcare.

### Inspector's evidence

The pharmacy had been refitted about three years prior to this inspection and was very clean and tidy. The shop gave a professional image and was bright, well organised and it was clear where people should go to be served. There were chairs for people who wanted to wait for their prescription to be dispensed.

The pharmacy entrance should have been an automatic door, but the mechanism had failed. This had been reported to the maintenance team but the staff said that this had been a few months ago, and that the issues had yet to be resolved. There was a consultation room which was also clean and tidy and was suitable for the services provided. It was large enough for a person in a wheelchair to access. It was sound-proof.

The dispensary was well organised, with separate areas for checking, dispensing walk-in prescriptions, repeat prescriptions and multi-compartment compliance trays. There was also a separate stock room, kitchen and office, as well as the lock-up garage to the rear. There were adequate toilet and hand-washing facilities. The fire-exit was kept clear.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's working practices are safe and effective and it gets its medicines from reputable sources. Pharmacy team members are helpful and give advice to people about where they can get other support. People on high risk medicines are monitored appropriately. The pharmacy makes sure that the services it provides take into account people's needs and how these may change.

### Inspector's evidence

There was a notice stating that the automatic door was not working and people were encouraged to either knock on the window, or use the bell at the entrance to gain the attention of staff. Access was level from the pavement. Services were displayed in the window of the shop.

The pharmacy used a dispensing audit trail to identify who had dispensed and checked each item. The use of baskets helped to ensure that prescription items were kept together and were easy to move from one area of the dispensary to another. Prescriptions where the person was waiting were put into red baskets to highlight this fact.

Some people were supplied their medicines in multi-compartment compliance trays. These were labelled with the information the person needed to take the medicines in the correct way. They also had tablet descriptions to identify the individual medicines. These descriptions were updated whenever a manufacturer was changed. There was a file containing the information for each person's contact details, carers, medicines and recording any changes made to them. This information along with a wall chart showing the dates for collection for each tray meant that the whole team could step in to dispense the trays, if needed. The current maximum capacity for providing this service safely was set at 42 people at the time of the inspection. The pharmacy was at this number and there was a waiting list. All patients were being reviewed to ensure that the trays were still suitable and were the best way for the person to receive their medicines. It was hoped that once the hub dispensing had been embedded into the daily dispensing process, another member of the team could help dispense the trays and the capacity of the pharmacy to provide this service could then be increased.

People taking warfarin, lithium or methotrexate, who brought their own prescriptions into the pharmacy or had their prescription on repeat, were asked about any recent blood tests or their current dose. The pharmacy could show that it was monitoring the patients in accordance with good practice as it usually recorded the evidence seen. The pharmacy used stickers consistently to highlight these prescriptions.

The pharmacy got its medicines from licensed wholesalers, stored them in dispensary drawers and on shelves in a tidy way and did regular date checking. There were "use first" on the shelves and boxes to indicate items which were short dated. No out-of-date medicines were found on the shelves. Drug alerts were received, actioned and filed appropriately to ensure that recalled medicines did not find their way to people who used the pharmacy.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the right equipment for its services.

### Inspector's evidence

There were various sizes of glass, stamped measures with separate ones labelled for methadone use, reducing the risk of cross-contamination. The pharmacy had access to up-to-date reference sources. This meant that people could receive information which reflected current practice.

The pharmacy had a separate triangle marked for use with methotrexate tablets ensuring that dust from them did not cross-contaminate other tablets. The blood pressure meter was marked with the date of first use, so that it was not used past the guaranteed period for accuracy.

### 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.