

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Pembroke House, 15 Main Street, Pembroke, Pembrokeshire, SA71 4JS

Pharmacy reference: 9011337

Type of pharmacy: Community

Date of inspection: 27/04/2021

Pharmacy context

This is a high street pharmacy in a rural town. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. It provides medicines in multi-compartment compliance aids to a large number of people. It offers a wide range of services including emergency hormonal contraception, treatment for minor ailments and a seasonal 'flu vaccination service. Substance misuse services are also available.

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	1.8	Good practice	Safeguarding is an integral part of the culture within the pharmacy
2. Staff	Standards met	2.2	Good practice	Staff have the appropriate skills, qualifications and competence for their role and are supported to address their learning and development needs
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

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 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 are good at recognising and reporting 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 review of dispensing errors and near misses. Root cause analyses had been conducted following recent dispensing errors. Caution stickers and posters had been used to highlight 'Look-Alike, Sound-Alike' or 'LASA' drugs such as amitriptyline and amlodipine, propranolol and prednisolone and colchicine and carbimazole. These items had also been separated in the dispensary to reduce the risk of selection errors. Regular briefings were held during which the team discussed relevant patient safety issues that had occurred in branch. The superintendent's office sent frequent patient safety bulletins via email. Learning points from these were also discussed at the briefings and the most recent bulletin was displayed in the dispensary for reference. 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. A range of written standard operating procedures (SOPs) underpinned the services provided. A list of weekly tasks was displayed on the dispensary whiteboard.

Leaflets at the medicines counter asked customers to complete an online survey about customer care. A formal complaints procedure was in place and information about how to make complaints was included in the pharmacy's practice leaflet displayed in the retail area. A leaflet advertising the NHS Complaints service 'Putting Things Right' was also displayed. Cards from the public thanking the team for their help and support were displayed in the staff area.

A current certificate of professional indemnity insurance was displayed. All necessary records were kept and properly maintained, including Responsible Pharmacist (RP), private prescription, emergency supply, unlicensed specials and Controlled Drug (CD) records. CD running balances were typically checked weekly.

Evidence showed that staff had signed confidentiality agreements and had completed information governance 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. A bulletin from the superintendent's office with learning points about patient confidentiality was displayed in the staff area for reference.

The pharmacist and staff had undertaken formal safeguarding training and had access to guidance and local contact details that were displayed in the dispensary. The team were able to give examples of how they identified and supported potentially vulnerable people, resulting in positive outcomes. A poster describing the 'ASK FOR ANI' domestic abuse codeword scheme was displayed in the retail area. A summary of the chaperone policy was advertised in a poster displayed in the consultation room.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members complete regular training and have a good understanding about their roles and responsibilities. And they feel comfortable speaking up about any concerns they have.

Inspector's evidence

The pharmacist manager worked on most days. The support team consisted of a pharmacy technician and six dispensing assistants, one of whom worked mainly on the medicines counter. Three other dispensing assistants were absent. The delivery driver was also a trained dispensing assistant and helped in the dispensary on Saturdays. 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. Staff members had the necessary training and qualifications for their roles.

There were no specific targets or incentives set for the services provided. Staff worked well together and had an obvious rapport with customers. The pharmacy team were happy to make suggestions and felt comfortable raising concerns with the pharmacist and their regional manager. 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, clinical topics, operational procedures and services. They had recently completed training modules on pharmacovigilance and skin conditions. All staff were normally subject to six-monthly performance and development reviews, although these had been suspended during the pandemic. However, they were due to resume shortly and staff 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 had recently relocated and the new premises had benefitted from a complete refit. It was clean, tidy and well-organised with enough space for safe working. The sinks had hot and cold running water and soap and cleaning materials were available. Hand sanitiser was available in the dispensary and in the retail area for staff and customer use. Personal protective equipment (PPE) was available for staff use and the pharmacy team were wearing face masks.

Signs displayed at the pharmacy entrance provided customers with information about COVID-19 procedures, including the maximum number of people permitted in the retail area. A one-way system with floor markings at two-metre intervals had been implemented in the retail area to encourage customers to adhere to social distancing requirements. Two plastic screens had been installed at the medicines counter to reduce the risk of viral transmission between staff and customers. 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's services are easy for people to access. If it can't provide a service, it directs people to somewhere that can help. The pharmacy's working practices are generally safe and effective. It stores medicines appropriately and carries out checks to make sure they are in good condition and suitable to supply. But members of the pharmacy team do not always know when higher-risk medicines are being handed out. So they might not always check that medicines are still suitable, or give people advice about taking them.

Inspector's evidence

The pharmacy offered a range of services and these were appropriately advertised. There was wheelchair access into the pharmacy and consultation room and a hearing aid loop was available. Staff said that they would signpost people requesting services they could not provide to other nearby pharmacies. Some health promotional material was on display in the retail area.

The dispensary had a logical workflow and the atmosphere in the pharmacy was calm and professional. Most of the dispensing workload was made up of repeat prescriptions, with very few walk-ins. 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. Stickers were used on prescriptions awaiting collection to alert staff to the fact that a CD or fridge item was outstanding. Dates on post-dated prescriptions were highlighted to reduce the risk of them being given out earlier than directed by the prescriber. There was no strategy in place to ensure that Schedule 3 or 4 CDs were not supplied to the patient or their representative more than 28 days after the date on the prescription.

Prescriptions for high-risk medicines such as warfarin, lithium and methotrexate were not highlighted and there was a risk that counselling opportunities could be missed. The pharmacy team were aware of the risks of valproate use during pregnancy. The SOP for supply of valproate was displayed in the dispensary, as was a poster that listed actions to be taken by the pharmacy team when dealing with valproate prescriptions. The pharmacist said that any patients prescribed valproate who met the risk criteria would be counselled appropriately and provided with information. The pharmacy carried out regular high-risk medicines audits commissioned by the local health board. These audits were used to collect data about the prescribing, supply and record-keeping associated with high-risk medicines to flag up areas where risk reduction could be improved within primary care.

The delivery service was managed electronically. There had been an increase in demand for the service as a result of the pandemic. Prior to this, signatures had been obtained for prescription deliveries. However, to reduce the risk of viral transmission, the procedure had been changed. The driver now placed a package on the patient's doorstep, knocked or rang the doorbell and waited until it was collected, making a note of this on an electronic device as an audit trail. In the event of a missed delivery, a notification card was put through the door and the prescription was returned to the pharmacy.

The pharmacy provided medicines in disposable multi-compartment compliance aids to a large number of patients. This service was well-organised. 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 details, medication details, collection or delivery arrangements, details of any messages or queries for communication purposes and documentation such as discharge summaries.

There had been a steady uptake of most services, including the common ailments service, the All-Wales EHC service and the emergency supply of prescribed medicines service. The team had provided the 2020/21 seasonal influenza vaccination service to over 250 people. The pharmacy was not currently providing medicines use reviews, as this service had been suspended indefinitely by the NHS during the pandemic. The pharmacist conducted consultations over the telephone in line with recommendations from NHS Wales or wore appropriate PPE where this was not possible.

Medicines were obtained from licensed wholesalers and stored appropriately. Medicines requiring cold storage were stored in two well-organised drug fridges. Maximum and minimum temperatures were recorded daily and were consistently within the required range. CDs were stored appropriately in three well-organised CD cabinets. Large quantities of obsolete CDs were awaiting destruction, but these were segregated from usable stock. Patients supplied substance misuse treatments against instalment prescriptions had a section in a dedicated file which included their current prescription, claim form if supervised, supervision contract and any other relevant documents or notes.

Stock was regularly checked and date-expired medicines were disposed of appropriately, as were patient returns and waste sharps. The pharmacist demonstrated that drug alerts and recalls were received electronically. During the inspection he dealt appropriately with a drug recall for trimethoprim tablets.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. It makes sure these are always safe and suitable for use. The pharmacy's team members use equipment and facilities in a way that protects people's privacy.

Inspector's evidence

The pharmacy used a range of validated measures to measure liquids. Separate measures were used for controlled drugs. Triangles and a tablet counter 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. Records showed that the blood glucose monitor was calibrated regularly. Equipment and facilities were used to protect the privacy and dignity of patients and the public. For example, the pharmacy software system was protected with a password and the consultation room was used for private consultations and counselling. Dispensed prescriptions could be seen from the retail area but no confidential information was visible.

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.