

Registered pharmacy inspection report

Pharmacy Name: Lloyds pharmacy, 9 West Way Square, Botley, Oxford, Oxfordshire, OX2 9TJ

Pharmacy reference: 9011417

Type of pharmacy: Community

Date of inspection: 17/06/2021

Pharmacy context

The pharmacy is in a shopping complex in Oxford. The pharmacy opened during September 2020. It dispenses NHS and private prescriptions, sells over-the-counter medicines and provides health advice. The pharmacy dispenses medicines in multi-compartment compliance aids for people who have difficulty managing their medicines. Services include supply of emergency hormonal contraception (EHC), human papillomavirus (HPV) and seasonal flu vaccinations, prescription collection and delivery, substance misuse and Pharmacy Collect (supply of lateral flow tests). The inspection took place during the COVID-19 pandemic. All aspects of the pharmacy were not inspected.

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	N/A	N/A	N/A
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's working practices are safe and effective. It has appropriate written procedures which tell team members how to manage risks and work safely. The pharmacy enables people to give it feedback so it can improve its services. The pharmacy's team members mostly keep the records they need to by law so they can show the pharmacy is providing safe services. They have introduced new ways of working to help protect people against COVID-19 infection. The pharmacy's team members understand their role in protecting vulnerable people. And they keep people's private information safe.

Inspector's evidence

The pharmacy had systems in place to manage risk associated with dispensing prescriptions. The pharmacy had a 'Safer Care' folder which outlined the patient safety culture to report, learn, share and act. It included dispensing incident forms and regular checklists to monitor patient safety. A recent pharmacy audit showed that areas such as the consultation room, controlled drugs registers and processes for supply of valproate, to the at-risk group of people who might become pregnant, were monitored. A Safer Care notice board displayed messages to the pharmacy team such as a reminder to date-check stock and complete a study topic. There were designated dispensing and checking areas. Baskets were used to separate the prescriptions and medicines being dispensed. When a near miss was identified during the checking process, it was recorded in the near miss book. All the required fields of information regarding the near miss were completed. Near misses were reviewed to identify trends. Remedial action was taken to reduce the risk of the same mistake happening again. Incidents were investigated, recorded on an incident form and submitted to the pharmacy's head office. Medicines were stored on the dispensary shelves and in drawers. The most used or 'top 150' medicines were stored on the dispensary shelves, so they were more accessible during the dispensing process. Medicines which 'looked alike or sounded alike' (LASA) were highlighted by LASA stickers to alert pharmacy team members picking medicines for prescriptions.

The pharmacy's premises had been risk assessed in line with COVID-19 guidance. Staff wore personal protective equipment (PPE). To help protect people from infection screens had been fitted at the medicines counter and hand sanitiser was available for anyone to apply. The pharmacy displayed posters reminding members of the public to wear masks in the pharmacy. Five or six members of the public were permitted to enter the pharmacy at a time. There were markings on the floor to tell people where to stand when paying or queuing to speak to the responsible pharmacist (RP). The pharmacy's surfaces were cleaned regularly. The pharmacy team members were aware of the need to report COVID cases contracted in the workplace to the relevant authorities. They had been vaccinated against COVID-19 infection and were tested with lateral flow tests twice weekly.

There was a set of standard operating procedures (SOPs) which included complaints, high-risk medicines, CD and RP procedures. Training records were available. The member who had joined the pharmacy team most recently was in the process of training in the SOPs. One member of the pharmacy team explained that she would not give out a prescription or sell a pharmacy (P) medicine if the RP was not on the premises. A second team member described the sales protocol and how she would deal with

requests for medicines liable to abuse. She would explain that it was only for three days treatment and refer the person to their doctor. The information about the refused sale would be shared with the rest of the team.

The pharmacy had in-date professional indemnity insurance to protect people who received services at the pharmacy. The RP notice was on display and the RP record was completed. The CD registers mostly included the required information for each CD which was seen during the visit. A random check of the actual stock of two strengths of MST was the same as the recorded balance. CDs were generally audited weekly in line with the SOP. There was an audit trail identifying who amended entries in the register and a record of patient-returned CDs. The private prescription records were recorded manually and included all the required information. Details of how members of the public could give the pharmacy feedback were printed on the 'Let's Talk' leaflet. They could also scan the QR code on the red sticker on each prescription bag and give feedback online.

The pharmacy team had trained in the procedures for patient confidentiality and information governance, updated in Oct 2020. The pharmacy displayed a privacy notice. Pharmacy team members were using their own NHS cards and they collected confidential wastepaper for shredding. The pharmacy computer system was password protected and backed up regularly. The pharmacy team members were aware of their role in protecting the welfare of vulnerable people and how to refer any concerns. The RP had completed Centre for Post-graduate Pharmacist Education (CPPE) level 2 safeguarding training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough suitably trained team members to deliver services safely and manage the workload. They are supported in keeping their knowledge and skills up to date. Team members were comfortable in providing feedback about services.

Inspector's evidence

The pharmacy team comprised: one regular full-time locum pharmacist who covered five days one week and three days the next week. The remaining days were covered by locum pharmacists. There were three full-time dispensing assistants also accredited as healthcare assistants and two part-time dispensing assistants also accredited as healthcare assistants. One further part-time team member was enrolled on healthcare assistant training. The trained delivery person was shared with another branch. The pharmacy did not have a permanent pharmacist manager at the time of the visit.

The pharmacy team members had their own profile on the training platform, myLearn, and could complete monthly training topics during protected learning time. The most recent topics concerned lateral flow testing for the general public. The inspector signposted the RP to the Knowledge Hub on the GPhC website. When there was a permanent manager, staff performance and development plans were monitored via an appraisal. The pharmacy team discussed Safer Care and other issues during their regular staff meeting. They could speak to the area manager weekly on a conference call or message any feedback direct. There was also a whistleblowing policy and the 'Speak up, speak out' poster was displayed in the storeroom.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are safe, clean, secure and suitable for the provision of pharmacy services. The pharmacy prevents people accessing its premises when it is closed so that it keeps its medicines and people's information safe. The pharmacy team members have introduced extra measures to help protect people from COVID-19 infection.

Inspector's evidence

The pharmacy had been re-located from nearby premises which were re-developed. The dispensary was on the same level behind the medicines counter at the back of the retail area. The public-facing retail area was clean and tidy. The consultation room was not locked when not in use, but any equipment was stored securely. The consultation room was clean, tidy and presented a professional appearance. There was a hand washing facility. The chaperone policy was displayed. Patient privacy was protected. The lavatory was clean and hand washing equipment was provided.

In line with COVID-19 guidance, screens had been fitted at the medicines counter and hand sanitiser was available for anyone to apply to help protect people against infection. The pharmacy displayed posters reminding members of the public to wear masks in the pharmacy. The number of people permitted to enter the pharmacy at a time was restricted. There were markings on the floor to tell people where to stand while they waited. The pharmacy's surfaces were cleaned twice daily according to the COVID-19 cleaning rota. There was sufficient lighting and air-conditioning.

Principle 4 - Services ✓ Standards met

Summary findings

People with a variety of needs can easily access the pharmacy's services. The pharmacy's working practices are safe and effective. It gets its medicines from reputable sources and makes sure they are stored securely at the correct temperature, so they are safe to use. The pharmacy team members know what to do if any medicines or devices need to be returned to the suppliers. And they make sure people have all the information they need to use their medicines safely. The pharmacy team provide a description of each medicine when they pack these together in compliance aids but the printing is faint which may make it difficult to read.

Inspector's evidence

The pharmacy was accessed via power-assisted double doors. Team members could speak or understand Spanish and Portuguese to assist people whose first language was not English. And large font labels could be generated to assist visually impaired people. Members of the public were signposted to the nearby dentist, optician and doctor's surgery.

Workflow: baskets were used to separate the prescriptions and medicines being dispensed. The RP performed the clinical and final checks of prescriptions. Interactions between medicines for the same person were checked and interventions were recorded on the patient medication record (PMR). The dispensing audit trail was completed providing an assurance that the checking procedure had been completed and identifying the team members who dispensed and checked the medication. The pharmacy also processed prescriptions using 'tote dispensing'. All the items for one prescription were ordered and received in one tote box. So, speeding up the efficiency and accuracy of dispensing a prescription. And suitable prescriptions could be processed, dispensed off-site and returned to the pharmacy within two days. However, this service was not currently available. There was a procedure for dealing with outstanding medication.

Medicines were delivered outside the pharmacy by a trained delivery person who wore PPE. There was patient consent and the deliveries were contactless to reduce the risk of COVID infection.

Multi-compartment compliance aids (compliance aids) were prepared in the dispensary for a number of people who had difficulty managing their medicines. Upon receipt, prescriptions were checked for changes in medicines which were documented and referred back to the prescriber. The pharmacy team re-ordered prescriptions on behalf of people. High-risk medicines such as sodium valproate and alendronate were supplied separately from the compliance aid. The date on CD prescriptions was managed to ensure supply of CDs within the 28-day period when the prescription was valid. Compliance aids awaiting collection included patient information leaflets (PIL), so the patient had the most up-to-date information on their medicines. The backing sheet included a description of each tablet or capsule, so the patient or carer could identify individual medicines. But the printing on the backing sheet was very faint and may be difficult to read although the printer cartridge had been replaced. New patients were generally recommended to use compliance aids by the doctor's surgery or the hospital. Discharge summaries were emailed to the pharmacy. The pharmacy had not yet received any referrals via the

discharge medicines service (DMS).

The RP described the procedure for every time sodium valproate is supplied to people in the child-bearing potential at-risk group. Information on the pregnancy prevention programme (PPP) would be explained. There was information to give to people in this at-risk group. Valproate must be dispensed with a PIL and for valproate which was re-packaged, there should be a warning on the container. The patient should be reminded to have an annual specialist review. The pharmacist explained the procedure for supply of isotretinoin to people in the at-risk group including evidence of a negative pregnancy test and the date after which the prescription was no longer valid. The prescriber would be contacted regarding prescriptions for more than 30 days' supply of a CD.

People taking warfarin were asked for their INR which was recorded on the PMR. Advice was given about vitamin K containing foods and using over-the-counter medicines which may affect INR. People who took methotrexate were reminded of the weekly dose and asked if they understood the dose and which day, they should take folic acid tablets. The patient should seek medical attention if they develop unexplained fever. Ensuring interventions such as counselling and therapeutic checks such as INR, blood test or pregnancy test results were recorded on the PMR was discussed. An intervention would show the steps taken by the RP to help protect patient safety and optimise treatment.

Medicines and medical devices were obtained from Alliance and AAH. Floor areas were generally clear, and stock was stored on the dispensary shelves and in drawers. It was date-checked and recorded, and no date-expired medicines were found in a random check in the dispensary. Liquid medicines were marked with a date of opening. Medicines were stored in manufacturer's original packaging. Cold chain items were stored in the medical fridge. Waste medicines were stored separate from other stock. Drug alerts were received by email and stock was checked for affected batches, and a record of actions taken was maintained. Prescriptions awaiting collection were in the retrieval system. The team attached stickers to identify prescriptions containing high-risk medicines such as medicines requiring special storage in the fridge. Uncollected prescriptions were cleared regularly and after four weeks the patient was contacted and then reminded that there was a prescription awaiting collection.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it offers. The pharmacy uses its equipment appropriately to keep people's private information safe.

Inspector's evidence

The pharmacy had current reference sources. The dispensary sink area was generally clean and there were stamped measures to measure liquids including separate marked measures for methadone. The fridge was shown to be between two and eight Celsius and daily records were maintained. Both CD cabinets were fixed in line with requirements.

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.