

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, 8 Blandford Place, Seaham Harbour, SEAHAM, County Durham, SR7 7EL

**Pharmacy reference:** 1029477

**Type of pharmacy:** Community

**Date of inspection:** 06/08/2019

## Pharmacy context

The pharmacy is in the town centre of Seaham. It dispenses NHS and private prescriptions and sells over-the-counter medicines. And provides advice on the management of minor illnesses and long-term conditions. The pharmacy offers a prescription collection service from the local health centre and GP surgeries. And it delivers medicines to people's homes. It supplies medicines in multi-compartmental compliance packs, to help people remember to take their medicines. And it provides NHS services such as flu vaccinations, a substance misuse service, including supervised consumption and a minor ailments service.

## 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	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has written procedures that the team follows. The team members have a clear understanding of their roles and tasks. And they work in a safe way to provide services to people using the pharmacy. The team members responsibly discuss mistakes they make during dispensing. The pharmacy keeps all the records as required, by law in compliance with standards and procedures. It provides people using the pharmacy with the opportunity to feedback on its services. The pharmacy team members look after people's private information. And they know how to protect the safety of vulnerable people.

### Inspector's evidence

The pharmacy had up to date standard operating procedures (SOPs) which the pharmacy team members have read. These provided the team with information to perform tasks supporting delivery of services. The team members completed a declaration after reading SOPs and undertook quizzes, as a knowledge check. They advised SOPs were revised on quarterly cycles which were more manageable to read. The pharmacy team had received the revised SOPs for controlled drugs (CD) key log procedure, Methamphetamine and dealing with CD incidents. They could advise of their roles and what tasks they could do. There were also several other corporate checks undertaken weekly to manage the running of the pharmacy. The pharmacy workflow provided different sections for dispensing activities with dedicated benches for assembly and checking, with two computer terminals in the dispensary. The pharmacy had two rooms upstairs, one which the team used for the compliance pack preparation and the other for the home packs. The pharmacy team members used baskets throughout the process to keep prescriptions and medicines together. They used different colours of baskets for waiting, call back, electronic and delivery to distinguish people's prescriptions by degree of urgency and this helped plan workload.

The pharmacy recorded near misses found and corrected during the dispensing process. The team members recorded these on a specific template. They used a separate book for the compliance packs as the mistakes were generally different and they found this easier to review when it was separate. Examples included wrong strengths with Clenil inhaler and apixaban. They discussed the errors made and why it had happened. They noted actions taken which included checking the form prior to preparing for the compliance pack and checking the labels with the prescriptions for the strengths. They completed the reviews using the company process, Safer Care. And displayed the month's review with learning on the Safer Care notice board. They had highlighted care to be taken with gabapentin and pregabalin. As part of the Safer care process, they discussed any complaints received, and actions and learning taken. They had separated olanzapine and omeprazole in the drawers to avoid picking errors in the future which had been learning from a case study from the company.

The pharmacy had a practice leaflet which detailed services. The team could not locate the Customer Charter leaflet which explained the company's process. And ordered some more to put out on display. The pharmacy gathered feedback through the annual patient satisfaction survey. And displayed results which had been positive about the service people received. There was a procedure to record and report dispensing errors and evidence was seen that this procedure was followed. The team could advise on the process. The pharmacy had current indemnity insurance in place.

The pharmacy displayed the correct responsible pharmacist (RP) notice. And the pharmacist completed the responsible pharmacist records on the computer. The pharmacy kept CD registers complete and in order. It kept running balances and the register indicated weekly checks were undertaken. Physical stock of an item selected at random agreed with the recorded balance. The pharmacy kept a record of CDs which people had returned for disposal and it had a process in place to ensure the team destroyed these promptly. And did not allow a build-up in the CD cabinet. The pharmacy kept records for private prescriptions in a book with few entries. There were some from Lloyds Dr Online. The records were complete and in order. The pharmacy kept special records for unlicensed products with the necessary information recorded in samples seen.

The pharmacy team kept sensitive information and materials in restricted areas. It stored confidential waste in separate containers for offsite shredding. Pharmacy members completed training on privacy and confidentiality annually. And had undertaken training on General Data Protection Regulation (GDPR). The IT system was password protected. The computer stored patient medication records (PMRs) electronically. The pharmacy has safeguarding information including contact numbers for local safeguarding teams available. The pharmacist had undertaken level 2 CPPE training. And the team completed Dementia friends training. They have completed training on the company My Knowledge.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough qualified staff to provide safe and effective services. The pharmacy team members are competent and have the skills and qualifications they need for their role. The pharmacy encourages and supports the pharmacy team to learn and develop. And it provides access to ongoing training. The pharmacy team members support each other in their day-to-day work. And they feel comfortable raising any concerns they have.

### Inspector's evidence

There was one pharmacist, one accuracy checking technician (ACT), one technician, three dispensers and two medicines counter assistants (MCA) who worked in the pharmacy. The pharmacy had not had a permanent pharmacist for about one and a half years. But the technician was the manager and one of the MCAs was the supervisor. The manager worked 39 hours a week and the supervisor worked 13.5 hours weekly. One of the dispensers was learning the role of supervisor to assist in this role. Certificates and qualifications were available for the team. And displayed in the retail area of the premises.

The team members completed training on the computer online system 'My Knowledge', with modules received approximately every month. The team members had training records and completed these after undergoing training modules and doing the quizzes at the end. The company audited training records to ensure the pharmacy kept all training up to date. The team members received time during the day to undertake training. They had recently undertaken training on Ella One, General Data Protection Regulation (GDPR) and Health & Safety. One of the MCA was doing the Healthy Living Champion qualification and had completed all the required topics. She was waiting to receive the exam questions to complete this. The team received yearly performance reviews using the company My Pad system which gave the chance to receive feedback and discuss development needs. The pharmacy set objectives with the team members. One of the team requested shadowing of another colleague to learn and improve a task.

The MCA followed the sales of medicines protocol when making over-the-counter (OTC) recommendations and referring to the pharmacist when necessary. The team carried out tasks and managed their workload in a competent manner discussing any issues which arose and dealing with any telephone queries. The team members said they could raise concerns about any issues within the pharmacy by speaking to the manager, cluster manager or area manager. There was a whistleblowing policy and telephone numbers were available, so the team members could easily and confidentially raise any concerns outside the pharmacy if needed. The pharmacy team had targets for services such as MURs. These were achievable and done when they met the patient's needs.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are of a suitable size for the services it provides. The pharmacy is clean and well maintained. And people can have private conversations with the team in the consultation room.

### Inspector's evidence

The pharmacy was clean, tidy and hygienic. It was fitted out to an acceptable standard with suitable space for dispensing, storing stock and medicines and devices waiting collection. All areas of the pharmacy were free from clutter and floor ways and passages kept clear and unobstructed. The sink in the dispensary for preparation of medicines was clean. Separate hand washing facilities were in place for the team. The benches, shelves and flooring were all clean and the pharmacy maintained a cleaning rota. The room temperature was comfortable and the pharmacy well lit.

The pharmacy had a good sized, signposted, sound proofed consultation room which the team promoted for use. There was a notice about the chaperone policy asking patients if they would like a family member or chaperone present. The pharmacy team did not leave any confidential materials in the consultation room. Members of the public could not access the dispensary, with the medicines counter in front of the entrance. The team covered the counter at all times.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible to people. And it displays information about health-related topics. The pharmacy provides its services using a range of safe working practices. It takes the right action if it receives any alerts that a medicine is no longer safe to use. The pharmacy team members take steps to identify people taking some high-risk medicines. And they provide these people with extra advice. The pharmacy team members dispense medicines into packs to help people remember to take them correctly.

### Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was a touch pad at the entrance for easy access. There was some customer seating. And there was an induction loop in place to help with hearing. The team wore name badges with their role. The pharmacy displayed its services in the window in a ladder showing the services. The hours of opening were on the door. Within the pharmacy there were several leaflets for people to take away on a variety of health-related topics. And the team had additional leaflets and posters in the consultation room which people could access. The pharmacy displayed its practice leaflet and had copies for people to take away. The pharmacy required to update this as it referred to the 'free' blood pressure checks, and the company had just started charging for this service. The pharmacy had a defined professional area. And items for sale were mostly healthcare related, including mobility aids and toiletries. Customers could not reach Pharmacy only medicines as the pharmacy kept these on shelves behind plastic covers and were behind the counter till area. The plastic covers were marked, 'please ask for assistance' and the team members assisted when required.

The team signposted to other healthcare services such as needle exchange and referred people to the nearest clinics or the surgery. The pharmacy undertook Medicine Use Reviews (MUR) and New Medicines service (NMS). Several people liked the MURs and NMS as it provided them with an opportunity to discuss any side effects. The pharmacy undertook Flu vaccinations when possible and it used reliefs who could provide this service. It provided a blood pressure monitoring service with a recent charge and glucose tests. It also provided vitality checks for insurance requirements, with about four to five request a week. The pharmacy provided the minor ailments service with paracetamol and ibuprofen being the most popular items provided. The pharmacy could provide Emergency Hormonal Contraception (EHC) but only with a charge and not through a Patient Group Directive so referred people to alternative pharmacies or their doctor if they did not want to pay.

The pharmacy supplied medicines to around 145 people in multi-compartmental compliance packs to help them take their medicines. And to three homes with around 150 people. The team prepared the packs for the homes in a separate room to the compliance packs for the community people. One of the homes used electronic medicines administration records which the team advised worked well. The team prepared the medication for the compliance packs, four weeks at a time. The team worked about one week in advance which allowed them time to sort any issues and have the packs ready in plenty of time. They attached backing sheets to the packs, so people had written instructions of how to take their medicines. And provided patient information leaflets (PILs) with each cycle. The team kept individual records for each person. And recorded any changes noting the change, who had requested the change

and when to complete an audit trail. One dispenser prepared the backing sheet, one dispensed a pharmacist or technician checked and a fourth person bagged. This allowed several opportunities for checks to be undertaken.

The pharmacy offered a substance misuse service for methadone and buprenorphine. They prepared prescriptions in advance of people attending the pharmacy, either one or two weeks at a time. The pharmacy had a cut off time for people to obtain this service each day. But accommodated people if they let them know in advance that they would be after the designated time. This helped the pharmacy plan workload and assisted people using the service, especially if they were working or had other appointments.

There was a clear audit trail of the dispensing process. The team completed the 'dispensed by' and 'checked by' boxes which showed who had performed these roles. And a sample of completed prescriptions looked, at found compliance with this process. The team used a stamp on the prescription to show that the pharmacist had completed a clinical checked. This allowed the accuracy checking technician to do their accuracy check. The team used appropriate containers to supply medicines. And used clear bags for dispensed CDs and fridge lines so the contents could be checked again, at the point of hand-out. There were some alerts stickers used to apply to prescriptions to raise awareness at the point of supply. These included 'pharmacist' which ensured the team involved the pharmacist in the hand out process and people received additional counselling. The team members used CD and fridge stickers on bags and prescriptions to alert the person handing the medication over to add these items. The CD stickers recorded the last date for supply, to make sure it was within the 28-day legal limit. This prevented supplies when the prescription was no longer valid. When the pharmacy could not provide the product or quantity prescribed, full patients received an owing slip. And the pharmacy kept one with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy contacted prescribers if items were unobtainable at the current time for an alternative.

The pharmacy team members were aware of the valproate Pregnancy Prevention Programme. They had completed a learning module on the online system last month, with a quiz at the end to ensure their understanding. This had been a refresher module to remind them of the importance and risks associated with this product. They could explain the information they were expected to provide to the 'patients in the at-risk' group. And they had marked the drawer with the stock with reminders of risks and required counselling for the product. The pharmacy had undertaken an audit and it had no people in the at-risk group.

The pharmacy provided a repeat prescription collection service. And reminded people that they would have to order their own medicines, as per the Clinical Commissioning Group (CCG) from September. The pharmacy was liaising with the doctors if there were any people who would be unable to manage this, and arrangements would be made to assist them. The team had sent a list to the surgery for ones for the pharmacy still to manage. The pharmacy kept a delivery sheet as an audit trail for the delivery of medicines from the pharmacy to patients. This included a signature of receipt of the delivery. The driver used a separate delivery sheet for controlled drugs.

The pharmacy obtained medicines from reputable sources and it stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature. The pharmacy had a refrigerator from a recognised supplier. This was appropriate for the volume of medicines requiring storage at such temperatures. The team members recorded temperature readings daily and they checked these to ensure the refrigerator remained within the required temperature range. The pharmacy team checked expiry dates on products and had a rota in place to ensure all sections were regularly checked. They marked short-dated items and they took these off the shelf prior to the expiry



date. And marked liquid medication with the date of opening which allowed them to check to ensure the liquid was still suitable for use. The pharmacy team members were aware of the Falsified Medicines Directive (FMD). And could explain the taper evident seals on packs. The pharmacy had new connections put in ready for FMD but had no date fixed for this to become live. So, the pharmacy was not legally compliant with FMD.

The team used appropriate medicinal waste bins for patient returned medication. They team members asked people when returning medicines if these included any sharps. And they asked people to tip the returns on to a tray to for the team to sort safely, before they put the items in the appropriate bin. These were uplifted regularly. The pharmacy had appropriate denaturing kits for the destruction of CDs. The pharmacy had a process to receive drug safety alerts and recalls. The team actioned these and kept records of the action taken.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs for the pharmacy services it provides. There are provisions in place to maintain people's privacy.

### Inspector's evidence

The pharmacy team members had access to a range of up to date reference sources, including the British National Formulary (BNF). They used the internet as an additional resource for information such as the Electronic Medicines Compendium (EMC) for patient information leaflets (PILs). The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. It had a separate range of measures for measuring methadone. It also had a range of equipment for counting loose tablets and capsules. The team members had access to disposable gloves, tweezers and alcohol hand washing gel. The equipment such as the blood pressure machine appeared in good working order and the team checked these as required. The pharmacy replaced batteries for the blood pressure monitor when required. They checked the glucose monitor and they calibrated it regularly to make sure it was providing accurate readings.

The pharmacy positioned computer terminals away from public view. And the computer in the consultation room was screen locked, when not in use. The team used the NHS smart card system to access to people's records. And the computers were password protected. The pharmacy stored medication waiting collection on shelves where no confidential details could be observed by people. The team filed these in boxes in a retrieval system out of view, keeping details private. The team used cordless phones for private conversations.

### 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.