

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, 84 Wiltshire Way, HARTLEPOOL,  
Cleveland, TS26 0TB

**Pharmacy reference:** 1029924

**Type of pharmacy:** Community

**Date of inspection:** 22/03/2023

## Pharmacy context

The pharmacy is in Hartlepool, a coastal town in Cleveland. It dispenses NHS and private prescriptions and sells over-the-counter medicines. The pharmacy delivers medicines to people's homes. And it supplies medicines in multi-compartmental compliance packs. These help people remember to take their medicines. It provides NHS services such as flu vaccinations and a minor ailment scheme.

## 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 team members identify and manage the risks associated with providing pharmacy services. The team regularly reviews the errors made. And it uses this information to take appropriate action to help prevent similar mistakes happening again. People using the pharmacy can raise concerns and the team appropriately responds. The team members have training, guidance, and experience to correctly respond to safeguarding concerns. The pharmacy suitably protects people's private information. And it keeps the records it needs to by law.

### Inspector's evidence

The pharmacy had a range of up-to-date electronic standard operating procedures (SOPs). These provided the team with information to perform tasks supporting the delivery of services. They also had a paper version to refer to and all had completed online training on the contents of the SOPs. Team members demonstrated a clear understanding of their roles and worked within the scope of their role. For example, the trainee referred to other team members or the responsible pharmacist (RP) when she was unsure about selling a pharmacy only medicine.

The pharmacist when checking dispensed prescriptions and finding an error asked the team member involved to find and correct the error. The pharmacy kept records of these errors known as near misses. The team member involved completed the near miss record. The records demonstrated consistent recording of near miss errors, with associated information such as the circumstances surrounding the error. The team discussed common errors and how to prevent them from happening again. The pharmacy clearly displayed information about medication that looked alike and sounded alike (LASA) so the team were aware of this when dispensing prescriptions. Pharmacy team members provided examples of changes they had made such as separating ramipril capsules and tablets following selection errors.

The pharmacy had a procedure for managing errors that reached the person. The procedure included the team completing a dispensing incident report and the completion of a reflective statement by the team members involved. All team members were informed of the dispensing incident and the actions taken to prevent the same error happening again. An error had occurred when the wrong strength of a liquid had been supplied. The RP provided training to team members so that they were aware of the different strengths available. The pharmacy team discussed errors at the weekly team meeting.

The pharmacy had a procedure for handling complaints raised by people using the pharmacy services. A recent complaint had been made about the availability of a cream for a person. The item was out of stock, so the team had contacted the GP for an alternative.

The pharmacy had up-to-date indemnity insurance. A sample of records required by law such as the Responsible Pharmacist (RP) records and controlled drug (CD) registers met legal requirements. The team members had completed training about the General Data Protection Regulations (GDPR). And they separated confidential waste for shredding offsite.

The pharmacy had safeguarding procedures and guidance for the team to follow. And team members had guidance on the Ask for ANI (action needed immediately) initiative. So far nobody had accessed the

service. The RP had completed training from the Centre for Pharmacy Postgraduate Education (CPPE) on protecting children and vulnerable adults. The team members were up to date with their safeguarding training and had access to contact numbers for local safeguarding teams.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has an experienced team with the qualifications and skills to support its services. Team members work well together. And they support each other in their day-to-day work, especially at times of increased workload and as the pharmacy introduces new services. The team members discuss ideas to enhance the delivery of the pharmacy's services.

### Inspector's evidence

A full-time employee pharmacist manager covered most of the opening hours. The pharmacy had been busy, and she had not had a day off for some time due to a shortage of locums in the area. The pharmacy team consisted of four full-time dispensary assistants, three part-time dispensary assistants and one part-time trainee. The company didn't fund team members working overtime to cover holidays, so the team planned ahead and tasks such as preparing multi-compartmental compliance packs were done in advance. Team members worked well together and supported each other to complete tasks in a timely manner. The RP explained that the pharmacy was due to change hands in April and the team had been through turbulent times with the COVID-19 pandemic and now the uncertainty ahead. The manager felt that it was only the strength of the team and their concern for the customers that had kept them focused and they had managed to maintain a good service despite the setbacks and lack of support.

The team members used company online training modules to keep their knowledge up to date. The manager had taken on the role as Primary Care Network (PCN) lead for five local pharmacies and was setting up meetings with local GP practices to identify service gaps and how community pharmacy could assist with the provision of local services. The manager thought that this was the way forward and was driven and committed to improving health care for local people. The pharmacy team members held regular meetings and team members could suggest changes to processes or new ways of working, but they hadn't had a formal appraisal for some years. The manager gave on the spot feedback and took time to speak to the newer members of the team on a one-to-one basis.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are suitable and provide a safe and secure environment for people to receive healthcare. And they are adequately maintained. The pharmacy has a good-sized soundproofed room where people can have private conversations with the pharmacy's team members.

### Inspector's evidence

The pharmacy team kept the pharmacy clean, tidy and hygienic, and it was fitted out to an acceptable standard. The pharmacy team members kept the sink for preparation of medicines clean. And there was hot and cold running water. The room temperature was comfortable, and the pharmacy was well lit. All the team took part in general cleaning. And this was done when time allowed. The pharmacy stocked a range of healthcare-based products and pharmacy only medicines were restricted from self-selection. There was a good-sized consultation room accessible from the retail area for people to have private and confidential discussions. It contained a desk, chairs and computer. The pharmacy had enough storage space for stock, assembled medicines and medical devices and the team kept floor spaces clear to reduce the risk of trip hazards.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides an appropriate range of services to help people meet their health needs. The pharmacy gets its medicines from reputable suppliers. And it stores and manages these safely. It responds appropriately to drug alerts and product recalls. And it makes sure that its medicines and devices are safe to use.

### Inspector's evidence

There was direct access from the street through a wide door at the front of the pharmacy. The pharmacy advertised its services and opening hours in the window and retail area, and it had a seating area for people waiting for prescriptions. A range of healthcare related leaflets were available for people to select and take away. The pharmacy provided services such as EHC, Hypertension case finding scheme, minor ailment, and the urinary tract infections (UTI) test and treatment service. The pharmacy had service specifications and the manager had completed appropriate training to provide these services.

The pharmacy supplied multi-compartmental compliance packs to people to help them take their medicines at the right time. Pharmacy team members prepared these in a small separate area off the main dispensary away from distractions. Patient information leaflets (PILs) were supplied with the first tray each month. The team recorded the descriptions of the products within the packs so people could identify the medicines in the packs.

The pharmacy provided separate areas for labelling, dispensing and checking of prescriptions. The pharmacy kept a record of the delivery of medicines to people and it kept separate records for deliveries of CDs. The pharmacy used clear bags to hold fridge lines. This allowed the team, and the person collecting the medication, to check the supply. The pharmacy used fridge and CD stickers on bags and prescriptions to remind the team when handing over medication to include these items. Baskets were used during the dispensing process to isolate individual people's medicines and to help prevent them becoming mixed up. The pharmacy had 'checked by' and 'dispensed by' boxes on dispensing labels to record who in the team had dispensed and checked the prescription. A sample found the team completed both boxes. The team checked the expiry dates of the stock every three months. And the team kept records of the activity. They used stickers to highlight medicines due to expire in the next six months. No out-of-date stock was seen in four areas of the pharmacy checked. The team recorded the date the pack was opened on liquid medicines. This allowed them to identify medicines that had a short-shelf life once they had been opened. And check that they were fit for purpose and safe to supply to people.

The team were aware of the pregnancy prevention programme (PPP) for people who were prescribed valproate. And they had completed an audit to identify eligible people. Fridge temperatures were checked daily and recorded electronically. The records seen confirmed that temperatures were consistently within the correct range. The pharmacy received most of its medicines from AAH. There had been some issues with medicines being out of stock and sometimes the pharmacy hadn't received a daily delivery. Drug alerts were received electronically through the company portal and the manager printed these out. For example, the pregabalin in pregnancy alert had been printed out so the pharmacy team could refer to it.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide safe services. And it uses its facilities to suitably protect people's private information.

### Inspector's evidence

The pharmacy had references sources and access to the internet to provide the team with up-to-date clinical information. The pharmacy had equipment available for the services provided which included a range of CE equipment to accurately measure liquid medication. The pharmacy had a under counter fridge with a glass door that enabled the team to check the stock.

The pharmacy computers were password protected and access to people's records restricted by the NHS smart card system. The pharmacy positioned the dispensary computers in a way to prevent disclosure of confidential information. The pharmacy stored completed prescriptions away from public view and it held private information in the dispensary and rear areas, which had restricted access.

### 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.