

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 53-55 Fieldhouse Road,
Humberston, GRIMSBY, South Humberside, DN36 4UJ

Pharmacy reference: 1032473

Type of pharmacy: Community

Date of inspection: 27/06/2019

Pharmacy context

This pharmacy is in a small village. The pharmacy sells over-the-counter medicines and it dispenses NHS and private prescriptions to both local people and tourists visiting the area. It offers advice about the management of minor illnesses and long-term conditions. It supplies medicines in multi-compartmental compliance packs, designed to help people remember to take their medicines. And it delivers medicines to people's homes.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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	4.1	Good practice	The pharmacy engages well with people to promote improvements to their health and wellbeing. And it works effectively to promote pharmacy led services to reduce the impact on other healthcare providers.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has procedures and processes in place to manage the risks associated with the services it delivers. The pharmacy advertises how people can provide feedback about its services. Pharmacy team members follow procedures and understand their roles and responsibilities. They know how to protect vulnerable people. And they keep people's information secure. Pharmacy team members record and discuss the mistakes they make. And they engage in reviews to inform the safety and quality of the pharmacy's services. It generally keeps all records it must by law. But some gaps in these records occasionally result in incomplete audit trails.

Inspector's evidence

The pharmacy had a set of up-to-date standard operating procedures (SOPs) in place which were accessible to its team. The next review date for SOPs was documented as August 2019. Training records held with the SOPs confirmed pharmacy team members had read and understood the SOPs in place. SOPs highlighted the roles and responsibilities of staff and pharmacy team members were seen working in accordance with dispensing SOPs throughout the inspection. They were confident at explaining their roles. For example, a member of the team explained clearly what tasks she could and couldn't complete if the responsible pharmacist (RP) took absence from the premises.

Workflow in the dispensary was busy with all available workspace used. But pharmacy team members demonstrated how they organised work to help minimise risk during the dispensing process. For example, assembly of multi-compartmental compliance packs took place on a separate work bench to avoid the risk of distractions during the dispensing process.

The pharmacy team engaged in the company's 'Safer Care' programme. A pharmacy team member explained how weekly rotating checks of the pharmacy environment, people, and processes were used to support a safe environment for delivering services. Some weekly checks had been missed in Spring 2019. The team had identified these missed checks as a potential risk and had put processes in place for managing checks when the regular pharmacist took leave. The pharmacy generally held a Safer Care review each month. The review highlighted the results of the weekly checks and highlighted action points designed to minimise risk. The pharmacy also completed a 'Professional Standards Audit' and a dispensing accuracy exercise every quarter.

Pharmacy team members recorded details of near-misses made during the dispensing process following feedback from the responsible pharmacist (RP). Entries in the near-miss record varied in quality with some entries identifying contributory factors and actions taken to reduce risk and others providing minimal detail of the near-miss made. A discussion took place about the advantages to identifying risks when contributory factors were routinely identified. The regular pharmacist led near-miss reviews each month. Photographs of medicines in similar packaging and trends in near-misses were clearly identified along with improvement actions such as separating similar sounding medicines on the dispensary shelves.

The pharmacy had an incident reporting procedure in place. And the RP explained how she would manage and investigate a dispensing incident. The pharmacy submitted incident reports electronically

through the company's 'Pharmacy Incident Management System' and maintained records of submitted reports in its Safer Care folder. The RP demonstrated how extra measures had been put in place prior to handing out cold-chain medicines following an incident involving the supply of incorrect insulin.

The pharmacy had a complaints procedure in place. And it provided details of how people could leave feedback or raise a concern about the pharmacy through a customer charter leaflet available in the public area. A member of the team explained how she would listen to a concern before escalating it to the manager or RP, if she was unable to resolve it herself. The pharmacy also engaged people in feedback through an annual 'Community Pharmacy Patient Questionnaire' and it published the results of this survey for people using the pharmacy to see.

The pharmacy had up to date indemnity insurance arrangements in place.

The RP notice contained the correct details of the RP on duty. Entries in the responsible pharmacist record complied with legal requirements. A sample of the CD register entries found that these generally met legal requirements. Some wholesaler addresses were missing on occasion, when a CD was entered into the register. The pharmacy maintained running balances in the register and checked these weekly against physical stock. A physical balance check of OxyNorm 5mg capsules complied with the balance in the register. The pharmacy maintained a CD destruction register for patient returned medicines. And the team entered returns in the register on the date of receipt. The pharmacy kept records for private prescriptions and emergency supplies in full within its Prescription Only Medicine register. But it did not always complete full audit trails to show who unlicensed medicines had been supplied to.

The pharmacy displayed a privacy notice and its team completed annual information governance training. Pharmacy team members had completed additional learning following the introduction of the General Data Protection Regulation (GDPR). The pharmacy had submitted its annual NHS information governance toolkit. It disposed of confidential waste in designated bins. Bags of confidential waste were sealed before being collected by a licensed waste carrier.

The pharmacy had procedures and information relating to safeguarding vulnerable people in place. Pharmacy team members had completed training on the subject and could explain how they would recognise and report a safeguarding concern. The RP had completed level 2 training through the Centre for Pharmacy Postgraduate Education. The team members had access to contact details for local safeguarding teams. And they discussed how they worked with surgery teams to ensure the welfare of vulnerable people requiring medicines was protected. For example, by providing medicines in multi-compartmental compliance packs.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough skilled and knowledgeable staff to provide its services. The pharmacy encourages its team members to engage in continual learning. Pharmacy team members engage in regular reviews to help identify and minimise risks during the dispensing process. They understand how to feedback concerns about the pharmacy and their feedback is listened to and acted upon appropriately.

Inspector's evidence

On duty at the time of the inspection was the RP (the regular full-time pharmacist), the pharmacy manager (a qualified dispenser), another qualified dispenser, a trainee dispenser and a healthcare assistant. The pharmacy also employed another qualified dispenser and two trainee dispensers. A company employed driver provided the prescription delivery service. The manager confirmed she was well supported with regular reviews of staffing levels taking place in response to increased workload. Cover for leave was generally provided amongst the team.

The pharmacy kept training records for its team. And team members took time during quieter periods to complete regular e-learning. Some team members explained they preferred to complete this learning at home. The manager was enrolled on a level three course in pharmacy services. And other trainees were enrolled on a GPhC accredited training course relevant to their role. The manager explained all staff started work on the healthcare counter, those enrolled on dispensary training progressed to the dispensary following completion of the first part of the course. Protected learning time was not provided to staff in training roles, but those on duty confirmed they felt supported by other team members. Pharmacy team members received regular performance reviews with their manager and confirmed the review involved two-way feedback.

Pharmacy team members confidently discussed their roles. They were aware of targets in place for providing the pharmacy's services and understood their role in promoting these services. The manager and RP discussed the targets and stated that they accepted them and used them as an incentive to undertake services. They explained that the senior management team were supportive. Pharmacy team members engaged in regular conversations and daily briefings to discuss workload priority. Near-miss and Safer Care reviews were generally held at four-weekly intervals and team members confirmed they could feedback during these meetings.

The pharmacy had a whistleblowing policy in place. Pharmacy team member were aware of how to raise concerns and escalate these if needed. A member of the team discussed a recent concern relating to task management within the dispensary. Because of this feedback the pharmacy had reviewed the skill set of staff. Pharmacy team members competent to undertake tasks associated with a service were supervising and mentoring other team members. The team's long-term plan was to rotate tasks between all appropriately trained team members.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are secure and are maintained to the standards required. The workspace is adequate for the workload. But the dispensary is cluttered, and storage space is at capacity. The pharmacy team members have raised concerns about the management of the available space. And the pharmacy has listened to their feedback, so it can make changes to reduce the risks. The pharmacy has private consultation facilities in place. These help to protect the confidentiality of people accessing its services.

Inspector's evidence

The pharmacy was generally clean and secure. Some areas of low shelving in the dispensary were dusty and the cleanliness of the dispensary sink required attention. The pharmacy team reported maintenance and IT issues to its head office. There were no outstanding maintenance issues found during the inspection. The public area was professional in appearance. There were some cosmetic issues in the staff area of the pharmacy. For example, damaged paintwork in the kitchen. A portable air conditioning unit was available in the dispensary. Staff felt that the unit was extremely loud when switched on, so did not use this facility very often due to the potential of it to cause a distraction during the dispensing process. Lighting throughout the premises was bright. Antibacterial soap and paper towels were available close to designated hand washing sinks.

The public area was relatively open plan with wide spaced aisles. The medicine counter was in front of the dispensary. Steps provided access from behind the counter, into the dispensary. There was a private and well sign-posted consultation room available. The room was professional in appearance and could accommodate a wheelchair if a pharmacy team member removed a chair.

Physically the dispensary had enough space to manage the level of activity taking place. But work benches were narrow, and every available bit of space was used. There was some clutter on work benches and on the pharmacy floor. For example, some assembled medicines were held on the work bench in front of the designated shelving for assembled medicines. The pharmacy team explained its prescription numbers had grown over the last few years and as a result this was impacting on storage space for assembled medicines. Empty baskets were stacked and held on the dispensary floor as there was not enough room on work-tops to hold these. Pharmacy team members explained they had escalated feedback about space in the dispensary, and as a result a works assessment had taken place. Suggested plans to move tasks associated with the multi-compartmental compliance pack service into another room had not been agreed. The team felt moving the service could lead to staff working in isolation. The pharmacy had very recently started sending some prescriptions to its hub dispensing facility off-site. And the team hoped this would help manage space in the dispensary long-term. A discussion took place about the need to review workflow and space management with a view of decluttering the dispensary. The pharmacy had a sizeable store room in place. But this room was also cluttered and required attention. Walk-ways were clear, and the room was not a health and safety hazard. Staff facilities were located off the store room.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy promotes its services and makes them fully accessible to people. It engages well with people to promote improvements to their health and wellbeing. And it works effectively to promote pharmacy led services to reduce the impact on other healthcare providers. The pharmacy has some records and systems in place to make sure people get the right medicines at the right time. The pharmacy obtains its medicines from reputable sources. And it generally stores and manages them appropriately to help make sure they are safe to use. It has systems in place to provide assurance that its medicines are fit for purpose.

Inspector's evidence

People accessed the pharmacy through a push/pull door from street level. The pharmacy clearly displayed details of its opening times and services. It had a range of service and health information leaflets available to people. The pharmacy had a prominent healthy living display close to the entrance to the pharmacy and it had designated seating for people waiting for their prescriptions or a service. Pharmacy team members understood the arrangements in place for signposting people to other local pharmacies or healthcare services if they were unable to provide a service.

The pharmacy team was attentive to people's needs as they waited for their prescriptions. Members of the team were heard engaging people in conversation about their health throughout the inspection. Some members of the team lived locally and explained how they chatted to people about their health and wellbeing when socialising. Pharmacy team members described the pharmacy as a hub for people who wanted to chat about their health. They explained they offered a non-judgmental listening ear to people, particularly to those who had experienced loss or a change in domestic circumstances. The RP and manager provided a varied range of examples relating to positive outcomes for people using the pharmacy's services. The pharmacy worked closely with the village surgery and the RP explained how people were referred to the pharmacy for the New Medicine Service and Medicine Use Review service by GPs. Interventions were documented when these resulted in a referral. The pharmacy had an up-to-date protocol in place to support the safe supply of medicines through the local minor ailments scheme. Pharmacy team members recognised how promotion of the scheme reduced the impact on GP workload.

The pharmacy had systems in place for managing high-risk medicines. The team highlighted bags of assembled items containing high-risk medicines with 'pharmacist' stickers to prompt verbal counselling. The RP explained how details of counselling would be recorded if an intervention was made. The pharmacy team understood the requirements of medicines requiring a pregnancy prevention plan (PPP). They had completed learning and a valproate audit to help identify people on valproate preparations requiring a PPP. The RP demonstrated guidance and tools for ensuring these plans were in place for people in the high-risk group who were prescribed valproate and isotretinoin.

The pharmacy used coloured baskets throughout the dispensing process. This kept medicines with the correct prescription form and helped inform workload priority. Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on medicine labels to form a dispensing audit trail. The pharmacy team kept original prescriptions for medicines owing to people. The team used the prescription

throughout the dispensing process when the medicine was later supplied. It maintained delivery audit trails for the prescription delivery service. People signed an electronic point of delivery device to confirm they had received their medicine. The pharmacy maintained an audit trail of people it ordered prescriptions for. But it did no record which medicines people had ordered. This meant it could be difficult for the team to manage queries and chase missing prescriptions prior to the person attending to collect their medicine.

The team had completed training and competency tests prior to the roll out of sending prescriptions to the company's hub for dispensing. Pharmacy team members explained consent for the service was combined with the consent for the Electronic Prescription Service (EPS). The pharmacy team responded appropriately by cancelling a prescription sent to the hub and dispensing it locally during the inspection visit, following a person expressing their preference to have the prescription dispensed at the pharmacy. Prescription details were entered by members of the dispensary team onto the Prescription Assembly Solution (PAS) system. The RP then logged in to the system and completed an accuracy check of the information entered and a clinical check of the prescription before sending the order to the off-site hub. The pharmacy kept prescriptions for PAS separate to others. This allowed the team to check assembled bags of medicines against prescriptions upon receipt and assemble any exceptions such as non-original containers, cold chain medicines and controlled drugs. Bags of assembled medicines received through PAS were clear on 1-side. This meant the pharmacy team did not physically open bags. Pharmacy team members were aware that if bags were opened before hand-out to a person, the RP on duty would assume responsibility for the accuracy check of the dispensed medicines.

The pharmacy had a schedule to support workload associated with the multi-compartmental compliance pack service. Individual profile sheets were in place for each person on the service. A dispenser explained how changes to medicine regimens were checked with the surgery and backing sheets attached to packs were updated with new medicine regimens following these checks. But details of the checks were not regularly recorded on people's medication records or individual profile sheets. A discussion took place about the benefits of tracking all changes to inform safety checks during the dispensing process. A sample of assembled packs contained full dispensing audit trails. The pharmacy provided descriptions of the medicines inside the packs, to help people identify them. It supplied patient information leaflets at the beginning of each four-week cycle of packs.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. Pharmacy team members demonstrated some awareness of the aims of the Falsified Medicines Directive (FMD). A scanner was installed but staff explained they had not received any further details of when processes to comply with FMD would begin.

The pharmacy stored Pharmacy (P) medicines in cabinets and behind Perspex screens to the side of the medicine counter. The Perspex screen on one shelf had broken and as such required replacing. Clear signage indicated that the medicines were not for self-selection. The pharmacy stored medicines in their original packaging in an organised manner. The team followed a date checking rota to help manage stock. There was a large quantity of out-of-date medicines held in a tote on the dispensary floor. The team explained these required recording before being transferred to the pharmacy's medical waste containers. Short dated medicines were generally identified with stickers. The team annotated details of opening dates on bottles of liquid medicines. One out-of-date medicine was found during random checks of dispensary stock. This was brought to the team's attention and transferred to the tote. The team were observed checking expiry dates of medicines during the dispensing process.

The pharmacy held CDs in secure cabinets. Storage of medicines held inside the cabinets was orderly. There was designated space for storing patient returns, and out-of-date CDs in one cabinet. Assembled

CDs were held in clear bags with details of the prescription's expiry date. Pharmacy team members highlighted these prescriptions and could explain the validity requirements of a CD prescription. The pharmacy's fridges were clean and stock inside each fridge was generally organised. Temperature records confirmed that one fridge was operating between two and eight degrees Celsius. The temperature record for the other fridge was reported as missing. The thermometer for the fridge was reading between two and eight degrees Celsius and a new temperature record was commenced. The pharmacy stored assembled cold chain medicines in clear bags, this prompted additional safety checks of the dispensed medicine upon hand-out.

The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste. The pharmacy received drug alerts relevant to the medicines it stocked through email. The pharmacy team checked alerts and kept details of alerts for reference purposes.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy team has access to all the equipment it needs, for providing its services. It monitors this equipment to ensure it is safe to use and fit for purpose.

Inspector's evidence

The pharmacy had up-to-date written reference resources available. These included the British National Formulary (BNF) and BNF for Children. Intranet and Internet access provided the team with access to further information. Computers were password protected and faced into the dispensary and the computer in the consultation room remained locked between use. These arrangements protected information on monitors from unauthorised access. Pharmacy team members on duty had working NHS smart cards. The pharmacy team stored assembled bags of medicines within the dispensary, out of view of the public area. Some health check forms were held on a side in the consultation room, these included personal identifiable information. A discussion took place about securing the forms against unauthorised view.

Clean, crown stamped measuring cylinders were in place. The pharmacy team used separate cylinders for use with methadone. Equipment used for dispensing medicines into multi-compartmental compliance packs was single use. Gloves were available to team members assembling packs. The pharmacy had a blood pressure machine, the machine was marked with details of it being put into use in May 2017. The pharmacy kept calibration records for its glucometer, calibration checks took place at quarterly intervals. Portable appliance testing checks of electrical equipment were next due in July 2020.

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.