

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Units 1-2 Greengables, Station Road, New Waltham, GRIMSBY, South Humberside, DN36 4YE

Pharmacy reference: 1032478

Type of pharmacy: Community

Date of inspection: 05/09/2019

Pharmacy context

This community pharmacy is in a village on the outskirts Grimsby, an industrial port town in North East Lincolnshire. The pharmacy sells over-the-counter medicines and it dispenses NHS and private prescriptions. The pharmacy offers advice on the management of minor illnesses and long-term conditions through its NHS services. And it offers some private health-check services. 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

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 identifies and manages the risks associated with its services. It keeps people's private information secure. And it keeps the records it must by law up to date. The pharmacy has appropriate arrangements in place for managing feedback and concerns. Pharmacy team members act openly and honestly by sharing information when mistakes happen. And they participate in regular safety reviews to share their learning. They have the knowledge required to protect the safety and wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs). The printed review date on SOPs confirmed they were due for review. And the company had rolled out a new system of reviewing these in batches rather than reviewing all SOPs every two years. The manager demonstrated a batch of new, updated SOPs which had recently been received from the superintendent pharmacist's office. Pharmacy team members were beginning to read and sign these new SOPs. Training records maintained with other SOPs confirmed staff had read them. And pharmacy team members were observed working in accordance with sales of medicines and dispensing SOPs during the inspection. A member of the team explained what tasks could and couldn't be completed if the RP took absence from the premises.

Space in the dispensary was limited. But work benches were clear of clutter and workload was effectively managed. Labelling, assembly and accuracy checks took place in separate areas of the dispensary. The pharmacy sent some prescriptions to the company's off-site dispensing pharmacy. The RP explained how he moved into the consultation room when carrying out checks of data entered by the support team prior to sending it to the off-site hub. Pharmacy team members had completed additional training prior to this service being introduced.

Pharmacy team members took ownership of their mistakes by discussing them with the pharmacist and recording them in a near-miss error log. Pharmacy team members recorded details of contributory factors when making these records. And learning outcomes were also documented. The pharmacy reported dispensing incidents to its superintendent's office through an electronic reporting programme. It recorded details of the incidents and actions it had taken to correct the error. The pharmacy also completed a root cause analysis following a dispensing incident. This helped to identify the cause and share learning to prevent a similar incident occurring.

The pharmacy engaged in the company's 'Safer Care' scheme. This included weekly rolling checks across the pharmacy environment, staffing and procedures. The manager led these checks. Every four weeks the team held a Safer Care briefing. And it maintained brief notes of these meetings to help share learning. It also undertook a monthly near-miss error review. Pharmacy team members demonstrated how they acted to reduce risk following these reviews. For example, they had reviewed stock placement of some 'look-alike and sound-alike' (LASA) medicines on the dispensary shelves. The pharmacy also engaged in a quarterly professional standards audit. This audit helped the team identify what it did well and also to act on any outcome requiring improvement.

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. A member of the team explained how she would manage a complaint and understood how to escalate concerns if required. Pharmacy team members explained how they were managing increasing numbers of concerns about medicines availability due to information in the media. The pharmacy also promoted feedback through their annual 'Community Pharmacy Patient Questionnaire'. It published the results of this questionnaire 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 requirements. A sample of the pharmacy's prescription only medicine (POM) register and specials records also complied with legal and regulatory requirements. The pharmacy maintained running balances in its controlled drug (CD) register. And it completed weekly stock checks of the register against physical stock. The register was maintained in accordance with legal requirements.

The pharmacy displayed a privacy notice. It stored people's personal information in staff only areas of the pharmacy. And pharmacy team members demonstrated how their working processes kept people's information safe and secure. All team members had completed mandatory training relating to data protection. The pharmacy had submitted its annual NHS Data Security and Protection toolkit as required. It disposed of confidential waste through transferring it to designated bags which were sealed when full, and the contents securely disposed of via a waste management contractor.

The pharmacy had procedures and information relating to safeguarding vulnerable people in place. This information included a flow-chart in the dispensary to assist pharmacy team members in reporting concerns relating to vulnerable people. Pharmacy team members had completed e-learning on the subject and the RP had completed level two safeguarding training. A pharmacy team member explained how she would manage a hypothetical safeguarding concern. And demonstrated a sound knowledge of safeguarding reporting requirements.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough qualified and knowledgeable people working to provide its services safely. It has appropriate systems in place for supporting the learning needs of its team members through regular learning and structured feedback. Pharmacy team members can raise concerns and provide feedback about the pharmacy. And understand how to escalate any concern they have. They engage in regular conversations and learning opportunities to help manage risk and improve safety.

Inspector's evidence

On duty at the time of the inspection was the RP (full-time regular pharmacist), the pharmacy manager (a qualified dispenser) and another dispenser. A medicine counter assistant was nearing the end of her shift as the inspection process began. The pharmacy also employed another qualified dispenser and a trainee dispenser. A company employed delivery driver provided the prescription collection and delivery service. Most pharmacy team members worked part-time which allowed some flexibility for providing cover during periods of leave.

The pharmacy displayed certificates relating to the qualifications of its team members. The trainee dispenser was enrolled on an accredited training course. And qualified members of the team undertook regular learning to help keep their skills and knowledge up to date. This learning included reading newsletters, SOPs and completing monthly e-learning modules. Pharmacy team members received time at work to complete this learning. They also took the opportunity to discuss their performance and development with their manager regularly through a formalised appraisal system.

The pharmacy had some targets in place. These related to its performance in a number of areas including services, training and sales. The RP discussed how the off-site dispensing service was designed to assist the team in managing the pharmacy's services. Pharmacy team members supported the pharmacist by identifying people who were eligible for a service during the dispensing process. And bags of assembled medicines were annotated with stickers to help promote services.

The pharmacy team communicated through daily discussions and formalised Safer Care meetings. The pharmacy kept brief notes of the Safer Care meetings and its near-miss error reviews. This meant members of the team not on duty at the time of a meeting could refer to the notes for learning. The pharmacy had a whistleblowing policy in place. And pharmacy team members confirmed they could provide feedback and escalate concerns if necessary. Pharmacy team members explained they were confident in sharing feedback or raising concerns if required.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, secure and suitably maintained. People using the pharmacy can speak with a member of the pharmacy team in confidence in a private consultation room.

Inspector's evidence

The pharmacy was secure. Pharmacy team members reported maintenance concerns to a designated support team. And a sheet in the dispensary tracked recent concerns raised. For example, the pharmacy was awaiting some new ceiling tiles in the dispensary following a leak from the flat above. The pharmacy was clean. Antibacterial soap and paper towels were available at designated hand washing sinks. A portable air-conditioning unit had been used over the summer to help control temperature. And the pharmacy's heating arrangements were adequate. Lighting throughout the pharmacy was sufficient.

The dispensary was small. But the pharmacy team managed the space effectively. For example, assembly of multi-compartmental compliance packs took place when the RP took his lunch break, in his checking area. The team aimed to complete two packs each day and the RP returned to check these following his break. The pharmacy had also rolled out off-site dispensing by sending some of its repeat collection service prescriptions to the company's hub pharmacy. This helped to manage space by reducing the volume of dispensing which took place onsite.

The public area of the pharmacy was fitted with wide spaced aisles. The section leading to the medicine counter was open plan. This meant that people using wheelchairs and pushchairs could access the pharmacy with ease. The pharmacy's consultation room was accessed to the side of the medicine counter. The room was bright and clean. It offered a suitable space for holding confidential conversations with people. Pharmacy team members were observed using the room with people during the inspection. A staff-only area to the side of the public area provided access to a stock room and staff facilities.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy advertises its services and makes them accessible to people. It has up-to-date procedures and protocols to support the pharmacy team in delivering its services. The pharmacy obtains its medicines from reputable sources. And it has appropriate systems in place to ensure it keeps these medicines secure. But its date checking schedule doesn't cover all areas of the pharmacy. This means there is a reliance on the team completing necessary checks at the point of supplying a medicine. Or when using the equipment.

Inspector's evidence

The pharmacy was accessed through a simple push/pull door at street level. It advertised details of its opening times and services clearly through its window displays. The public area of the pharmacy included seating for people waiting for prescriptions or services. And pharmacy team members were observed engaging with people well when serving on the healthcare counter and handing out assembled medicines. They were knowledgeable about how to refer people to other pharmacies or health services if the pharmacy couldn't provide a service.

The pharmacy had an up-to-date protocol for the supply of medicines through the minor ailments service. And details of the service were advertised. It also had procedures for the other services provided such as Medicines Use Reviews (MURs) and its health check services. There was a good selection of information relating to long-term conditions, including some specialised guides designed for children. Pharmacy team members demonstrated an understanding of the risks associated with dispensing high-risk medicines. And they identified these medicines by attaching stickers to bags of assembled medicines. This prompted referral to the pharmacist for counselling. The RP confirmed verbal counselling took place. But the details of these conversations were not recorded on people's medication records. The pharmacy participated in the valproate pregnancy prevention programme (PPP) and PPP warning cards were available to issue to people in the high-risk group.

The team had completed training and competency tests prior to sending prescriptions to the company's hub as part of its off-site dispensing service. The pharmacy team separated these prescriptions from its general workflow. And pharmacy team members demonstrated how they managed the service. The pharmacy team used a designated section of shelving in the dispensary to hold dispensed items from the hub. And it had appropriate processes in place to manage the dispensing of part-prescriptions (when some of the medicines on a prescription were dispensed locally and others by the hub). It also had processes in place to monitor the quality of the service. For example, it monitored timescales associated with receiving assembled medicines back from the hub. And pharmacy team members could physically see what the hub had supplied through a large clear window on each assembled bag of medication. Consent for the service was included within the pharmacy's Electronic Prescription Service (EPS) nomination. And pharmacy team members explained how they had marked people's medication records when they preferred to have their prescriptions managed solely by the pharmacy.

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 digital delivery audit trails for the prescription delivery service. People were asked to sign an electronic point of delivery (EPOD) device to confirm they had received their medicine. The pharmacy had an audit trail for the prescriptions it ordered from the surgery. This allowed it to chase missing prescriptions or queries with surgery teams. But it sometimes did this by re-ordering missing prescriptions rather than communicating directly with surgeries to help identify the reason for the missing prescription. This increased the risk of a person attending the pharmacy and their prescription not being ready.

Each person on the multi-compartmental compliance pack service had individual profile sheets with details of their prescription regimen clearly recorded. The pharmacy checked details of the prescriptions it received for these people against the profile sheet. It queried changes to medication regimens with GP surgeries and it clearly recorded these changes. A sample of assembled packs contained full dispensing audit trails. The pharmacy provided descriptions of the medicines inside the pack to help people identify them. And 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 had limited awareness of the Falsified Medicines Directive (FMD). They explained scanners had been fitted some months ago. And they were expecting to be updated with further information when the company's systems went live. A discussion took place about the requirements of FMD and associated changes to medicine packaging which the team were aware of. The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste. It received drug alerts through email. And it printed alerts and kept an audit trail of the actions taken to check an alert. All alerts were up to date at the time of inspection.

The pharmacy stored Pharmacy (P) medicines in Perspex units to the side of the healthcare counter. There was clear signage on the units to indicate that staff assistance was required when purchasing any of the medicines within the cabinets. The pharmacy stored medicines in the dispensary in an organised manner and within their original packaging. It had a date checking matrix displayed in the dispensary and was up to date with its date checking tasks. Several out-of-date medicines were found on one shelf of the dispensary. Other randomly checked areas contained no out-of-date medicines. The manager confirmed the out-of-date medicines had been found on a shelf containing medicines to supply against the minor ailments protocol. And the pharmacy had not included this shelf on its date checking matrix. This service was not accessed frequently. And pharmacy team members were able to demonstrate the safety checks they went through during the dispensing process. This included applying a date check of the medicine. Short-dated medicines were generally identified. And pharmacy team members annotated the opening date on to bottles of liquid medicines.

The pharmacy held CDs in secure cabinets. Medicines inside were kept in an orderly manner. There was designated space for storing patient returns, and out-of-date CDs. But a bottle of methadone oral solution which had expired due to its shortened expiry date once opened had not been segregated with other out-of-date CDs. The bottle was brought to the direct attention of the RP. Assembled CDs were held in clear bags with details of the prescription's 28-day validity period clearly indicated. The pharmacy's fridge was clean and stock inside was stored in an organised manner. Temperature records confirmed it was operating between two and eight degrees Celsius as required.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for providing its services. And pharmacy team members manage and use equipment in a way which protects people's confidentiality.

Inspector's evidence

The pharmacy had up-to-date written reference resources available. These included the British national Formulary (BNF) and BNF for children. Pharmacy team members could access additional resources through the intranet and internet. The pharmacy's computer system was password protected. And information on computer monitors was protected from unauthorised view through the layout of the premises. Pharmacy team members on duty had working NHS smart cards. The pharmacy stored assembled bags of medicines on allocated shelving within the dispensary. It stored prescriptions relating to these medicines in an alphabetised retrieval system with the shelf location of the assembled medicine annotated on the prescription. A separate area of shelving was used to store medicines dispensed by the hub. And pharmacy team members explained how this assisted them in locating these efficiently. Pharmacy team members used cordless telephone handsets. This meant they could move out of ear-shot of the public area when having confidential telephone conversations.

Clean, crown stamped measuring cylinders were in place for measuring liquid medicines, including separate cylinders for use solely with methadone. The pharmacy had clean counting equipment for tablets and capsules. A separate triangle for use when counting cytotoxic medicines was available. The pharmacy had a blood pressure machine, this had been replaced in August 2019. It did not have a working glucometer on the date of inspection. The RP explained that the type two diabetes testing service had not been requested in some time. And discussed how a machine could be obtained or a person signposted to a nearby pharmacy for the service. Some equipment to support health checks such as glucose testing strips had expired. The RP acted to remove these from the consultation room. And a discussion took place about updating the date checking matrix to include the consultation room and stock supplied under the minor ailment scheme. Stickers on the pharmacy's electrical equipment indicated portable appliance checks were next due in October 2019.

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.