

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 246 Eaves Lane, CHORLEY,
Lancashire, PR6 0ET

Pharmacy reference: 1033341

Type of pharmacy: Community

Date of inspection: 07/08/2019

Pharmacy context

This is a community pharmacy located on a high street opposite a GP's surgery. It is situated in the residential area of Chorley, Lancashire. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services, such as seasonal flu vaccinations, a minor ailment service and emergency hormonal contraception. A number of people receive their medicines in multi-compartment compliance aids.

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	Good practice	1.2	Good practice	Members of the team record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again.
		1.7	Good practice	People who work in the pharmacy receive training about the safe handling and storage of data. This helps to make sure that they know how to keep private information safe.
2. Staff	Good practice	2.2	Good practice	The pharmacy team complete regular training modules to help them keep their knowledge up to date.
		2.4	Good practice	Team meeting records, error records, and staff appraisals demonstrate that there is a culture of openness, honesty and learning.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy provides services safely, and additional checks are carried out for people who take higher risk medicines to ensure they are safe to supply.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Good practice

Summary findings

The pharmacy team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. Members of the team record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again. They are given training so that they know how to keep private information safe. The pharmacy keeps most of the records it needs to by law.

Inspector's evidence

There was a current set of Standard Operating Procedures (SOPs) which were issued in August 2017 and their stated date of review was August 2019. The pharmacy team had signed to say they had read and accepted the SOPs. The pharmacy had implemented the company's "safercare" programme to help review and learn from routine processes/procedures. Each month audits were completed to ensure compliance in various areas. This included the environment – ensuring the premises are tidy and stock appropriately stored, and process – to ensure regular housekeeping tasks are carried out such as near miss records and fridge temperatures. There were no notes in the latest audit to indicate any shortcomings.

Dispensing errors were recorded electronically and submitted to the superintendent (SI). The most recent error involved the incorrect labelling of a medicine's dose. The pharmacy manager investigated the error and found that it was a handwritten prescription which had been misread. The pharmacy team were informed about the error. Near miss errors were recorded on a paper log and the records were reviewed each month by the manager. The manager said she would discuss the review with staff as part of their monthly safercare briefing. The pharmacist would also highlight mistakes to staff at the point of accuracy check and asked them to rectify their own errors. She gave examples of action taken to help prevent similar mistakes. For example, segregating different strengths of Levothyroxine tablets. The company shared learning between pharmacies. Amongst other topics they covered common errors. The pharmacy team would discuss the information when it was received. Action was taken to prevent a similar error occurring in the pharmacy by segregating common picking errors, such as olanzapine and omeprazole.

Roles and responsibilities of the pharmacy team were described in individual SOPs. The dispenser was able to describe what her responsibilities were and was also clear about the tasks which could or could not be conducted during the absence of a pharmacist. Staff wore standard uniforms and had badges identifying their names and roles. The pharmacy had a complaints procedure. This was described in a leaflet and it advised people to give feedback to members of the pharmacy team or the head office. Details of how to contact the NHS PALs service were also included in the leaflet. Complaints were recorded to be followed up by the pharmacy manager or head office. A current certificate of professional indemnity insurance was provided by the company prior to inspection.

The responsible pharmacist (RP) had their notice displayed prominently and was signed in to the RP register. But there were two missing entries from the RP log for 18th and 19th June. So records may not always show which pharmacist was present and when. Controlled Drugs (CDs) registers were maintained with running balances recorded and checked weekly. The balance of Zomorph 10mg MR capsules and Durogesic Dtrans 25mcg Patches were checked and both found to be accurate. Patient

returned CDs were recorded in a separate register. Records for private prescriptions, emergency supplies and unlicensed specials appeared to be in order.

An information governance (IG) policy was available. The pharmacy team received annual IG training and had confidentiality agreements in their contracts. When questioned, the dispenser was able to correctly identify what information she considered confidential and how it was segregated to be removed by a waste contractor. A privacy notice was displayed about how the company handles people's data.

Safeguarding procedures were available, and these had been read by the pharmacy team. The pharmacist said he had completed level 2 safeguarding training. Contact details of the local safeguarding board were available. The dispenser said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✓ Good practice

Summary findings

There are enough staff to manage the pharmacy's workload and they are properly trained for the jobs they do. The pharmacy team complete regular training modules to help them keep their knowledge up to date. They get regular feedback from their manager to help them improve.

Inspector's evidence

The pharmacy team included a pharmacist, a pharmacy technician – who was the pharmacy manager, two dispensers and a medicine counter assistant (MCA). All members of the team had completed the necessary training for their roles. The normal staffing level was a pharmacist and three dispensers. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system. On some occasions it was not possible to obtain cover and the staffing level reduced to the pharmacist and one other member of staff.

The company provided the pharmacy team with a structured e-learning training programme. And the training topics appeared relevant to the services provided and those completing the e-learning. Training records were kept showing that ongoing training was up to date. Staff were allowed learning time to complete training.

The dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales she felt were inappropriate and refer people to the pharmacist if needed. The pharmacist said he felt able to exercise his professional judgment and this was respected by the pharmacy team. The dispenser said she received a good level of support from the pharmacist and pharmacy manager and felt able to ask for further help if she needed it.

Appraisals were conducted regularly by the pharmacy manager. A dispenser said she felt that the appraisal process was a good chance to receive feedback on her performance and she felt able to speak about any of her own concerns. The staff held weekly huddles about issues that had arisen, including when there were errors or complaints. A communications diary was used to record important information so that it could be shared with staff who were not present. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or head office. There were targets set for services such as MURs and NMS. The pharmacist said he did not feel under pressure to achieve these.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. Due to limited space in the dispensary, the pharmacy team managed the workload to stop overcrowding the workbenches. A sink was available within the dispensary. Customers were not able to view any patient sensitive information due to the position of the dispensary and access was restricted by the position of the counter. The temperature was controlled by the use of electric heaters. Lighting was sufficient. The staff had access to a kettle, microwave, separate staff fridge, and WC facilities.

A consultation room was available with access restricted by use of a lock. The space was clutter free with a computer, desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from appropriate sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. The pharmacy team carries out additional checks when supplying higher risk medicines to ensure they are safely used.

Inspector's evidence

Access to the pharmacy was level via a single door and was suitable for wheelchair users. There was wheelchair access to the consultation room. A service panel and pharmacy practice leaflets gave information about the services offered. Pharmacy staff were able to list and explain the services provided by the pharmacy. The pharmacy opening hours were displayed at the entrance of the pharmacy and a range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and an electronic device was used to obtain signatures from the recipient to confirm delivery. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. CDs were recorded on a separate delivery sheet for individual patients and a separate signature was obtained to confirm receipt.

Dispensed by and checked by boxes were initialled on dispensing labels to provide an audit trail. Dispensing baskets were used for segregating individual patients' prescriptions to avoid items being mixed up and the baskets were colour coded to help prioritise dispensing. Owing slips were in use to provide an audit trail if the full quantity could not be immediately supplied.

Dispensed medicines awaiting collection were segregated away from the dispensing area on a collection shelf using a numerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out.

Schedule 3 and 4 CDs were highlighted so that staff could check prescription validity at the time of supply. High-risk medicines (such as warfarin, lithium and methotrexate) were also highlighted and the pharmacy team would counsel patients about their latest results and current dosage. The staff were aware of the risks associated with the use of Valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist said he would speak to patients to check the supply was suitable. But there were currently no relevant patients that met the risk criteria.

Medicines were obtained from licensed wholesalers, with unlicensed medicines sourced from a specials manufacturer. The pharmacy was not yet meeting the safety features of the falsified medicine directive (FMD), which is now a legal requirement. Equipment was installed but the pharmacy team had yet to commence routine safety checks of medicines. Stock was date checked on a 3-month rotating cycle. A date checking matrix was signed by staff as a record of what had been checked, and shelving was cleaned as part of the process. Short dated stock was marked with a pen and liquid medication had the date of opening written on.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There was a clean medicines fridge with a minimum and maximum thermometer. The minimum and maximum temperature was being recorded daily and records showed they had been within the required range for the last 3 months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received electronically by email. Alerts were printed, action taken was written on, initialled and signed before being filed in a folder.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy's team members have access to the equipment they need for the services they provide.

Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and drug tariff resources. All electrical equipment appeared to be in working order. According to the stickers attached, all electrical equipment had been PAT tested in October 2018. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for methadone. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the staff to move to a private area if the phone call warranted privacy. The consultation room was used appropriately; patients were offered its use when requesting advice or when counselling was required. Substance misuse clients were directed to the use of the consultation room to provide privacy.

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.