

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, 8 Hare Hill Road,  
LITTLEBOROUGH, Lancashire, OL15 9AB

**Pharmacy reference:** 1033416

**Type of pharmacy:** Community

**Date of inspection:** 08/11/2022

## Pharmacy context

This is a traditional community pharmacy, situated in a semi-rural residential area, serving the local population. It mainly supplies NHS prescription medicines, and it has a home delivery service. A large number of people receive their medicines in weekly multi-compartment compliance packs to help make sure they take them safely. It provides other NHS services such as influenza vaccination and the community pharmacy consultation service (CPCS).

## 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

Overall, the pharmacy manages the risks associated with its services. It has written policies and procedures to help make sure it operates safely and the pharmacy team members generally follow these in practice. The team usually reviews its mistakes so that it can learn from them. Team members know how to protect and support vulnerable people, and they understand their role in securing people's confidential information.

### Inspector's evidence

The pharmacy had some COVID-19 infection control measures. A large screen on the front counter protected people visiting the pharmacy and the pharmacy staff.

The pharmacy had written procedures which covered safe dispensing of medicines, the responsible pharmacist (RP) regulations and controlled drugs (CDs). Staff members had read these procedures.

The dispenser and checker initialled dispensing labels for prescription medicines prepared in the pharmacy, which helped to clarify who was responsible for each prescription medication supplied and this assisted with investigating and managing mistakes.

Pharmacy team members discussed mistakes they identified when dispensing medicines. They addressed each of these incidents as they arose, and reviewed them as a team collectively at the end of each month. However, the team did not always record all of their mistakes. So, it may miss additional learning opportunities to identify trends and mitigate risks in the dispensing process.

The pharmacy had written complaint handling procedures, so staff members could effectively respond to any concerns. Publicly displayed leaflets included information on how people could make a complaint. The pharmacy had not completed a patient survey recently due to the pandemic.

The pharmacy had professional indemnity cover for the services it provided. The RP displayed their RP notice, so the public could identify them. The pharmacy maintained the records required by law for the RP record, and CD transactions, including medicines that it had obtained and supplied. The team regularly checked its CD running balances and made corresponding records, which helped it to identify any discrepancies. A randomly selected CD balance was found to be accurate. The team kept records of unwanted CDs returned to the pharmacy for destruction. The pharmacy kept records of flu vaccinations and minor ailment consultations referred via the CPCS.

Staff members had completed training on protecting people's confidentiality and information governance. They securely stored and destroyed confidential material. Each team member used their own security card to access NHS electronic patient data and they used passwords to access this information. The pharmacy team entered people's verbal consent to receive the flu vaccination service on the electronic record. A publicly displayed privacy notice explained how the pharmacy handled and managed people's personal information as required by the General Data Protection Regulation.

Records confirmed that staff members had read the pharmacy's safeguarding policies and procedures. The RP, who was the regular pharmacist had level two safeguarding accreditation. The pharmacy had liaised with GPs to clarify which people receiving their medicines in compliance packs should be limited

to seven days' medication per supply. The pharmacy kept records of the next of kin or carer's details and specific care requirements for people who received compliance packs. This helped the team to deal with queries relating to these vulnerable people.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to provide safe and effective services. Team members understand their individual roles and they work well together. Staff complete the right training for their roles.

### Inspector's evidence

The staff present included the RP, the manager who was a dispenser, a registered pharmacy technician, and a trainee who started working at the pharmacy around two months ago and was completing a dual medicines counter assistant (MCA) and dispenser course. The team members who were not present included an accredited checking technician (ACT), a trainee who started working at the pharmacy around three weeks ago and was completing a dual medicines counter assistant (MCA) and dispenser course, a dispenser and a locum pharmacist who provided regular cover. The pharmacy also employed a delivery driver.

The pharmacy had enough staff to comfortably manage the workload. It usually had repeat prescription medicines, including compliance packs, ready in good time for when people needed them. The pharmacy received most of its prescriptions via the electronic prescription service. A significant number of prescription medicines were prepared at the pharmacy owner's offsite facility. These arrangements helped to increase service efficiency and manage the team's workload. The pharmacy's footfall was minimal. There had been a steady increase in the prescription volume and compliance pack service demand, but the recently filled staff vacancies meant the team now maximised the number of prescriptions it sent to the offsite facility and the pharmacy had capacity to accept more compliance pack patients. Delivery service demand had decreased significantly because these service users had mainly opted to collect their medication from the pharmacy. So, the team avoided sustained periods of increased workload pressure and it promptly served people.

Staff members worked well both independently and collectively and they used their initiative to get on with their assigned roles and required minimal supervision. They effectively provided the various dispensing services and had the skills necessary to provide them. The technician provided the compliance pack service under the pharmacist's supervision.

The RP was due to leave the pharmacy shortly. The short-term plan to provide pharmacist cover was unclear while the pharmacy recruited a permanent pharmacist. The arrangements to support the trainee staff progression during this period had not been clarified, so completion of their training might be delayed.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are clean, secure and spacious enough for the pharmacy's services. It has consultation facilities, so the pharmacy team members can speak to people in private.

### Inspector's evidence

The premises' cleanliness was appropriate for the services provided. It had the space needed to allow the pharmacy to dispense medicines safely, and a separate area for preparing compliance packs. The dispensary was set back from the front counter, so any confidential information could not be easily viewed from the public areas. Staff could secure the premises.

The consultation room offered the privacy necessary to enable confidential discussion. It was accessible from the retail area, could accommodate two people and was suitably equipped. But its availability was not prominently advertised, so people may not always be aware of this facility.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's working practices are generally effective, which helps make sure people receive safe services. It gets its medicines from licensed suppliers and manages them appropriately to make sure they are in good condition and suitable to supply.

### Inspector's evidence

The pharmacy was open 9am to 6pm Monday to Friday, and 9am to 2pm on Saturday. A permanent external ramp made it easier for people with mobility difficulties to access the premises.

The pharmacy had written procedures that covered the safe dispensing of higher-risk medicines including anti-coagulants, methotrexate, lithium, fentanyl patches and valproate. The team had reviewed people taking valproate to help identify anyone in the at-risk group each time it received a prescription, but staff members did not know to check if these patients had an annual review with their GP, and they were reminded of this. The pharmacy had valproate advice booklets and cards to give anyone in the at-risk group.

The team scheduled when to order prescriptions for people who used compliance packs, so that it could supply their medication in good time. It kept a record of these people's current medication that also stated the time of day they were to take them. This helped it to effectively query differences between the record and the prescriptions it received with the GP practice, and it reduced the risk of it overlooking medication changes. The team also recorded any communications about medication queries or changes for people using compliance packs. It sometimes had the same description for different medicines contained inside compliance pack. So, people might have difficulties identifying them.

The offsite facility usually prepared and supplied prescription medicines to pharmacy within the agreed time limit of forty-eight hours from prescription receipt. This helped to make sure people received their medication in good time.

The team used colour-coded baskets during the dispensing process to separate people's medicines and organise its workload. Staff members permanently mark part-used medication stock cartons, which helped to select the correct medication quantity when dispensing and supplying medication.

The team was aware of OTC medicines which were liable to misuse such as codeine-based pain relief medication. Team members refused repeated requests and advised people to consult their GP.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored them in an organised manner. The team suitably secured CDs and it used destruction kits for denaturing unwanted CDs. The pharmacy monitored its refrigerated medication storage temperatures. Records indicated that prescription medicine stock and over-the-counter medicine stock had been expiry date checked regularly until April 2022 or May 2022, but no checks had been documented since then and staff could not recall any date-checking since May 2022. The manager confirmed that she would address this and date checking would be resumed promptly.

The pharmacy took appropriate action when it received alerts for medicines suspected of not being fit

for purpose and it kept supporting records. The pharmacy had facilities in place to dispose of obsolete medicines, and these were kept separate from stock.

The pharmacy team used an alpha-numeric system to store and retrieve prescriptions and bags of dispensed medication. This storage area was well organised, which assisted in finding people's medication.

The CD delivery records included the delivery date, supplying pharmacists' and delivery drivers' identities, confirmation of the delivery address with the CD recipient, and whether the driver requested proof of their identity request and if they saw it.

The delivery driver electronically scanned bags of medicines they were taking from the pharmacy, which created a record of these being dispatched. However, the pharmacy did not keep a record confirming that non-CD medication had been delivered. The pharmacy had not received any concerns about medicines that had been delivered.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy team has the equipment and facilities that it needs for the services it provides. The equipment is appropriately maintained and used in a way that protects people's privacy.

### Inspector's evidence

Work surfaces, IT equipment and telephones were sanitised twice during each working day. The staff kept the dispensary sink clean; it had hot and cold running water and antibacterial hand sanitiser was available. The team had a range of clean measures and a separate set for methadone. So, it had facilities to make sure it did not contaminate the medicines it handled, and it could accurately measure and give people their prescribed volume of medicine. Recent versions of the BNF and cBNF were available to check pharmaceutical information if needed.

The pharmacy had facilities that protected peoples' confidentiality. It regularly backed up people's data on the PMR, which had password protection. So, it secured people's electronic information and it could retrieve their data if the PMR system failed. And the pharmacy had facilities to store people's medicines and their prescriptions securely.

### 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.