

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Irlam Health Centre, Macdonald Road, Irlam, MANCHESTER, Lancashire, M44 5LH

Pharmacy reference: 1033577

Type of pharmacy: Community

Date of inspection: 21/11/2019

Pharmacy context

This pharmacy is situated in a busy medical centre in an urban residential area, serving the local population. It mainly supplies NHS prescription medicines and it has a home delivery service. The pharmacy also provides other NHS services such as emergency hormonal contraception (EHC) and minor ailments.

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	2.1	Good practice	Staff do not feel pressurised when working and complete tasks properly and effectively in advance of deadlines. And the pharmacy reviews its staffing levels so that they remain appropriate.
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 generally manages risks well. It provides the pharmacy team with written instructions to help make sure it provides safe services. The team records and reviews its mistakes so that it can learn from them. It keeps people's information secure. And the team understands its role in protecting and supporting vulnerable people.

Inspector's evidence

The pharmacy had written procedures which covered safe dispensing of medicines, the responsible pharmacist (RP) regulations and controlled drugs (CDs). Some of these procedures had been recently reviewed, but many were overdue a review that was originally scheduled for August 2019. Records indicated that all the staff had read and understood the procedures relevant to their role and responsibilities.

The dispenser and checker initialled dispensing labels, which helped to clarify who was responsible for each prescription medication supplied and assisted with investigating and managing mistakes. The pharmacy team recorded mistakes it identified when dispensing medicines, and it addressed each of them separately. Team members participated in reviews of these records each month. However, records sometimes did not include details indicating why they thought each of these mistakes happened. So, the team could miss additional learning opportunities to identify trends and mitigate risks in the dispensing process.

The pharmacy team received positive feedback from people across key areas in a satisfaction survey from January 2019 to March 2019. Publicly displayed information explained how people could make a complaint, and staff had completed the pharmacy's complaint handling procedures, so they could effectively respond to them.

The pharmacy had professional indemnity cover for the services it provided. The RP, who was the resident pharmacist, displayed their RP notice, so people could identify them. The pharmacy maintained the records required by law for the RP, private prescriptions and CD transactions. It also regularly checked its CD running balances, which helped it to promptly identify any significant discrepancies. The pharmacy rarely received any emergency supply requests so had not had to make any records for these during 2019. It also maintained records of flu vaccinations, minor ailments, EHC and medicines manufactured under a specials licence that it had obtained and supplied.

All the staff had completed the pharmacy's annual refresher data protection training, which also covered the General Data Protection Regulation and they securely stored and destroyed confidential material. Each team member used their own security card to access electronic patient data and they used passwords to access this information. The pharmacy obtained people's written consent to access their information in relation to the flu vaccination, minor ailments and EHC. The pharmacy also obtained people's written consent to contact them on their mobile telephone to inform them their medication was ready to collect. It recorded that it had obtained people's verbal consent to obtain their prescription via the electronic prescription service (EPS). However, staff did not know if a data protection audit had been completed, which could mean that the pharmacy may not have assessed all aspects of protecting people's information.

The RP and the accredited checking technician (ACT) had level two safeguarding accreditation, and all the staff had read the pharmacy's safeguarding policies and procedures. The pharmacy also had the local safeguarding board's contact details. Staff would discuss any safeguarding concerns with the GP if they noted anyone who might be showing signs of forgetfulness, confusion or difficulties staying independent. However, the pharmacy had not properly assessed the few people who it supplied medication in multi-compartment compliance packs. So, it was unclear if it was appropriate to issue twenty-eight days' medication in each supply.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide safe and effective services and it keeps its staffing under review. Team members have the skills and experience needed for their roles. They each have a performance review and complete relevant training on time, so they keep their skills and knowledge up to date.

Inspector's evidence

The staff present included the RP, who was the manager, an ACT, who was also the team's supervisor and four experienced dispensers. The other staff, who were not present, included a pharmacist who provided cover on two Saturdays each month, and a delivery driver.

The pharmacy had enough staff to comfortably manage the workload. It usually had repeat prescription medicines ready in good time for when people needed them. The pharmacy received most of its prescriptions via the EPS and recently introduced a text-reminder service for people to collect their medication when it was ready, which supported service efficiency. The pharmacy had a steady footfall, so the team avoided sustained periods of increased workload pressure and it could promptly serve people. Staff worked well both independently and collectively, they used their initiative to get on with their assigned roles and required minimal supervision. All the staff were trained to provide the minor ailment service and two dispensers regularly checked the methadone running balances.

The pharmacy had an effective strategy for covering planned and unplanned leave. Only one team member could take their annual leave at any time, and the rest of the team were allowed to work extra hours to cover up to forty percent of their working hours. The pharmacy's area management team promptly provided cover for any unplanned leave.

Each team member had a recent performance appraisal and they were up-to-date with their mandatory e-Learning training that covered the pharmacy's procedures and services. However, staff did not have protected study-time to complete their training, so they usually had to find time during their working hours to complete training, but could usually complete it in a timely manner. The whole team participated in monthly patient safety meetings. And all the team members also took turns completing the weekly checklists that formed a large part of the pharmacy's patient safety management programme.

The pharmacy had targets for the number of medicines usage reviews (MURs) it completed, people who nominated it for the EPS. The RP said that these targets were realistic and achievable, and the team could manage the competing non-dispensing and dispensing workloads because of the ACT's presence. Staff said that the pharmacist usually took between ten to twenty minutes on each MUR consultation and conducted them in the pharmacy's consultation room. So, they carried them out in an appropriate time and place. The team did not experience any unnecessary pressure in trying to meet these targets and senior management understood the reasons given to them when targets were not met.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, secure and spacious enough for the pharmacy's services. It has a private consultation room, so members of the public can have confidential conversations and maintain their privacy.

Inspector's evidence

The pharmacy was situated in a purpose-built unit. It had shop and dispensary fittings that were suitably maintained. It was professional in appearance: the retail area and counter could accommodate the number of people who usually presented at any one time. The open-plan dispensary provided enough space for the volume and nature of the pharmacy's services. The consultation room was accessible from the retail area and could accommodate two people. However, its availability was not prominently advertised, so people may not know about this facility. The level of cleanliness was appropriate for the services provided. And staff could secure the premises to prevent unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy was open from 8.30am to 6.30pm Monday to Friday and Saturday 9am to 12 noon. It had a step-free entrance and power-assisted doors via the medical centre. The RP was flu vaccination accredited, so people could usually access the service at a time convenient to them.

The pharmacy had written procedures that covered the safe dispensing of higher-risk medicines including fentanyl patches, valproate, insulin, anti-coagulants, methotrexate and lithium. It had completed an audit of people taking valproate to identify any that were in the at-risk group, and confirmed that they had previously been counselled in accordance with MHRA guidance. The pharmacy had the MHRA issued valproate advice booklets and cards to give people, and an MHRA notice on dispensing valproate was displayed in the dispensary.

The RP encouraged people on anti-coagulants to provide their blood test results but didn't record them. They checked that these people understood their dose, reminded them to report any side effects, interactions or dietary changes to them. The RP checked that people on methotrexate understood their dose, were experiencing any side effects or interactions and they advised them where necessary. However, they did not check if they had a recent blood test. The RP also regularly checked that people on lithium had a recent blood test.

The team used colour-coded baskets during the dispensing process to prioritise and organise its workload. It marked part-used medication stock cartons, which helped make sure it gave people the right amount of medication.

The pharmacy obtained its medicines from a range of licensed pharmaceutical wholesalers and suitably stored all its medicine stock. And staff consistently used the pharmacy's Falsified Medicines Directive (FMD) system for monitoring medicines stock authenticity.

The pharmacy suitably secured its CDs, properly quarantined date expired CDs, had destroyed all its patient returned CDs and had denaturing kits for destroying them. The team regularly monitored its medication refrigerator storage temperatures. Records indicated that the dispensary stock expiry dates were checked in August 2018 and November 2018, and some of it had been checked in January 2019. Records also indicated that all this stock had been date checked in October 2019, and the RP said there had been a check in the intervening period, but there were no records that supported this. So, the pharmacy overall could be more consistent at recording expiry date checks. The team took appropriate action when it received alerts for medicines suspected of not being fit for purpose, and it kept supporting records. The pharmacy disposed of obsolete medicines in waste bins kept away from medicines stock, which reduced the risk of these becoming mixed with stock or supplying medicines that might be unsuitable.

The team attached stickers with the supply deadline date to CDs and the RP checked this date before

supplying each of them, which helped make sure they only supplied CDs when they had a valid prescription. The team used an alpha-numeric system to store patient's bags of dispensed medication, which supported efficiently retrieving people's medicines when needed. The pharmacists initialled each CD register supply entry, so each supplying pharmacist could be identified, including for CDs that the pharmacy had delivered. And records showed that the pharmacy had a secure medication home delivery service.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment that it needs to provide its services effectively, which it properly maintains. And it has the facilities to secure people's information.

Inspector's evidence

The pharmacy team kept the dispensary sink clean. It had hot and cold running water and an antibacterial hand-sanitiser. The team had a range of clean measures, including separate ones for methadone. So, it had the facilities to make sure it did not contaminate the medicines it handled and could accurately measure and give people their prescribed volume of medicine. The team had access to the latest version of the BNF and a recent cBNF and a Stockley's drug interactions, which meant it could refer to pharmaceutical information if needed.

The pharmacy team had facilities that protected peoples' confidentiality. It viewed people's electronic information on screens not visible from public areas and regularly backed up people's data on its patient medication record (PMR) system. So, it secured people's electronic information and could retrieve their data if the PMR system failed. And it had facilities to store people's medicines and their prescriptions away from public view.

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.