

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, 50 Rochdale Road, Middleton,  
MANCHESTER, Lancashire, M24 2PU

**Pharmacy reference:** 1033643

**Type of pharmacy:** Community

**Date of inspection:** 16/03/2022

## Pharmacy context

This is a traditional community pharmacy situated on a main road in a suburban area. It serves the local population. It mainly supplies NHS prescription medicines, and it manages people's repeat prescriptions. The pharmacy also prepares medicines in weekly compliance packs to help make sure people take them safely. It provides NHS flu vaccination and minor ailment services, and it offers home delivery service. This inspection was completed during the COVID-19 pandemic.

## 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 suitably manages its risks. It has written instructions to help make sure the pharmacy team provides safe services. The team reviews any mistakes which helps it to learn and improve. And it keeps the records required by law. Team members know how to keep people's private information safe, and they understand their role in protecting and supporting vulnerable people.

### Inspector's evidence

The pharmacy had some COVID-19 infection control measures. A screen had been installed on the front counter, and hand sanitiser was available for members of the public and staff members. Face masks were available for staff members to use and the public were offered one if they used the consultation room. Staff completed a COVID-19 lateral flow test twice each week.

The pharmacy had written procedures which covered safe dispensing of medicines, the responsible pharmacist (RP) regulations and controlled drugs (CDs). Records indicated that all staff members had read and understood the procedures relevant to their role and responsibilities.

The pharmacy recently installed a new patient medication record (PMR) system. It required medications selected for dispensing to be scanned to confirm they were correct. This helped to reduce the number of mistakes made when preparing prescription medication.

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 these incidents separately. Team members participated in reviews of these records each month. However, records sometimes did not include details indicating why they thought each mistake happened. So, the team could miss additional learning opportunities to identify trends and mitigate risks in the dispensing process.

Staff had completed training on the pharmacy's complaint handling procedures, which included following the internal reporting process, so they could effectively respond to any concerns. There was no publicly displayed information on how people could make a complaint, so they may be less confident about raising concerns. The regular pharmacist agreed to make sure this information was made available. 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 was a relief employee pharmacist. They had forgotten to display their RP notice, which made it less easy for the public to identify them, but the RP immediately addressed this when it was pointed out. The pharmacy maintained the records required by law for the RP, private prescriptions and CD transactions. The private prescriptions were filed in an organised manner. The team regularly checked its CD running balances and made corresponding records, which helped it to promptly identify any significant discrepancies. A randomly selected balance was found to be accurate. The pharmacy maintained records of flu vaccinations and minor ailment service supplies. The records of medicines manufactured under a special licence that the pharmacy had obtained and supplied did not always include the person's details who received the medication, but the regular pharmacist was reviewing these records.

Staff members had read a guide on protecting people's confidentiality, 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 recorded that people had given it permission to access their information in relation to the flu vaccination service, and their signed consent for the minor ailment service. The team obtained people's verbal consent to contact them on their mobile telephone to inform them their medication was ready to collect. And it recorded when it had obtained people's verbal consent to obtain their prescription via the electronic prescription service (EPS). A privacy notice was publicly displayed, which helped people understand how the pharmacy handled their information.

The regular pharmacist 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. 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. The regular pharmacist informally assessed people's needs before supplying compliance packs, including if they should be limited to seven days' medication per supply. However, these assessments were undocumented, so it was difficult to determine how effective they were.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload. The team members work well together, and they have access to appropriate training and development opportunities.

### Inspector's evidence

The staff present included the RP, a dispenser who had recently been appointed as pharmacy manager, and an NVQ level three locum dispenser, who was experienced having worked at other Lloydspharmacies. The pharmacy also employed a regular pharmacist and a dispenser, who were not present.

The pharmacy had enough staff to comfortably manage the workload. In addition to the existing staff, a dispenser, who previously worked at the pharmacy, was due to re-join the team shortly. A third dispenser had also been recruited and they were due to start working at the pharmacy in around two weeks.

The team usually had repeat prescription medicines and compliance packs ready in good time for when people needed them. It received most of its prescriptions via the electronic prescription service (EPS) and the owner's hub pharmacy dispensed a significant number of these prescriptions. And a recently introduced text-reminder service informed people that their medication was ready to collect. These systems helped to increase service efficiency and manage the team's workload. The pharmacy had minimal 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. The regular pharmacist was accredited to provide the flu vaccination service. The manager was the only team member involved in preparing compliance packs, which meant the service efficiency could potentially be affected if she was unexpectedly absent.

Staff members completed the pharmacy's online training material in a timely manner. The manager had recently started NVQ level three dispenser training. They had eight hours of protected study-time per week.

The manager and regular pharmacist shared responsibility for managing the pharmacy's patient safety programme. They took turns completing the weekly checklists that formed a large part of the programme.

## Principle 3 - Premises ✓ Standards met

### Summary findings

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

### Inspector's evidence

The pharmacy had well-maintained shop and dispensary fittings that were professional in appearance. All areas were generally clean and tidy. The retail area and front counter could usually accommodate the number of people who presented at the same time. The dispensary size and available dispensing bench space was enough for the team to safely prepare medication. There was a separate area used to prepare compliance packs, so there was enough space to provide this service safely.

The consultation room was accessible from the retail area. It could accommodate two people and was suitably equipped. The dispensary was on a raised floor above the front counter, so any confidential information could not be easily viewed from the public areas. The premises could be secured to prevent unauthorised access.

## 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 operated between 9am to 5.30pm Monday to Friday. Staff could see anyone who needed assistance entering the premises.

The pharmacy had written procedures that covered the safe dispensing of higher-risk medicines including valproate, methotrexate and lithium. The team had audited any people taking valproate to help identify anyone in the at-risk group. The MHRA approved valproate advice booklets were available to give anyone in the at-risk group, and a notice highlighting the points of care when handling valproate prescriptions was displayed in the dispensary.

The pharmacy prompted people to confirm the repeat medications they required around four days before they needed them, which helped it limit medication wastage and meant people received their medication on time. It made records of these requests, so it could effectively resolve queries if needed.

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 prescriptions with the medical centre and reduced the risk of it overlooking medication changes. The team also recorded communications about medication queries or changes for people using compliance packs. These were noted in an unstructured format, so staff members may overlook some relevant information. The team labelled compliance packs that it prepared with a description of each medicine contained inside them, which helped people to identify them.

The team used colour-coded baskets during the dispensing process to separate people's medicines and organise its workload. Staff permanently marked part-used medication stock cartons, which helped to make sure people received the right amount of medication. The team prepared methadone instalments in advance, which helped to effectively manage the dispensing workload.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored them in an organised manner. The team suitably secured its CDs, quarantined its date-expired CDs, and it used destruction kits for denaturing CDs. The pharmacy monitored its refrigerated medication storage temperatures.

Records indicated that retail stock had been regularly expiry date-checked and dispensary stock had been regularly checked until December 2021. The regular pharmacist confirmed that the dispensary stock had been regularly date-checked recently, and they would make sure that corresponding records are made.

The pharmacy took appropriate action when it received alerts for medicines suspected of not being fit for purpose and it kept corresponding records. It 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. The storage area was well organised, which assisted in finding people's medication. The pharmacy kept an electronic database of people who had their medication delivered, and the team stored prepared prescription medication intended for delivery in a separate area allocated solely for this purpose. These arrangements helped to make sure people received their supply in a timely manner.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

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

### Inspector's evidence

The team sanitised the work surfaces, IT equipment, telephones, door handles and light switches twice each day and kept corresponding records. The 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. So, it had facilities to make sure it did not contaminate the medicines it handled and could accurately measure and give people their prescribed volume of medicine. Staff used the latest versions of the BNF and cBNF to check pharmaceutical information if needed.

The team had facilities that protected peoples' confidentiality. It viewed people's electronic information on screens which were not visible from public areas and regularly backed up people's data on its PMR system. So, it secured people's electronic information and could retrieve their data if the PMR system failed. The pharmacy 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.