

Registered pharmacy inspection report

Pharmacy Name: Lifestyle Pharmacy, 160 Trent Road, High Crompton, Shaw, OLDHAM, Lancashire, OL2 7QR

Pharmacy reference: 1033779

Type of pharmacy: Community

Date of inspection: 09/12/2021

Pharmacy context

This community pharmacy is located on a parade of shops in a residential area. Most people who use the pharmacy are from the local area and a home delivery service is available. The pharmacy dispenses NHS prescriptions and it sells a range of over-the-counter medicines. It supplies a large number of medicines in multi-compartment compliance aid packs to help people take their medicines at the right time. The inspection was undertaken 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
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	2.2	Good practice	Pharmacy team members have the appropriate skills, qualifications and competence for their role and the pharmacy effectively supports them to address their ongoing learning and development needs.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	Pharmacy team members actively promote the pharmacy's services and they signpost people to organisations outside the pharmacy to promote healthy living in the local community.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy generally manages risks to make sure its services are safe, and it acts to improve patient safety. It completes the records that it needs to by law and it asks its customers for their views and feedback. Members of the pharmacy team are clear about their roles and responsibilities. The team has written procedures on keeping people's private information safe. And team members understand how they can help to protect the welfare of vulnerable people.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services provided, with signatures showing that members of the pharmacy team had read and accepted them. The pharmacist superintendent (SI) reviewed the SOPs when he commenced his role earlier in the year. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their role. They were wearing uniforms and name badges showing their role. The name of the responsible pharmacist (RP) was displayed as required by the RP regulations.

Dispensing incidents and near misses were recorded and discussed with the pharmacy team. Actions were taken to prevent re-occurrences. The pharmacy team had completed training on look-alike and sound-alike drugs (LASAs) and a dispenser demonstrated the use of dividers and alert stickers on the dispensary shelves between olanzapine and olmesartan, sertraline and sildenafil, and co-beneldopa and co-careldopa, so extra care would be taken when selecting these. The SI had considered the risks of coronavirus to the pharmacy team and people using the pharmacy. He had introduced several steps to ensure social distancing and infection control.

A notice was on display with the pharmacy's complaint procedure and the details of who to complain to in the pharmacy and the NHS. It also contained the details of the local Patient Advice and Liaison Service (PALS). There was another notice encouraging people to provide feedback. A customer satisfaction survey was carried out annually. The results of the most recent survey were available. They were very positive and indicated 97.58 % of respondents had rated the pharmacy very good or excellent.

Insurance arrangements were in place. A current certificate of professional indemnity insurance was on display in the pharmacy. Private prescription records, the RP record, and the controlled drug (CD) register were appropriately maintained. Records of CD running balances were kept and these were regularly audited. Two CD balances were checked and found to be correct. Adjustments to methadone balances attributed to manufacturer's overage were recorded, and the SI knew what percentage of discrepancy should be investigated and reported to the accountable officer. Patient returned CDs were recorded and disposed of appropriately.

All members of the pharmacy team had read and signed documents in the information governance (IG) file which included information about confidentiality. The pharmacy team had completed training on data security and awareness. Confidential waste was collected in a designated place until destruction. A dispenser correctly described the difference between confidential and general waste. Assembled prescriptions and paperwork containing patient confidential information were stored appropriately so

that people's details could not be seen by members of the public. The delivery driver knew what it meant to maintain patient confidentiality. A privacy statement was on display, in line with the General Data Protection Regulation (GDPR).

The SI had completed level 2 training on safeguarding children and vulnerable adults. Other members of the team had completed level 1 training. Royal Pharmaceutical Society (RPS) guidance on safeguarding was available. The pharmacy had a chaperone policy and notices highlighting this were on display. The pharmacy team had received training on the policy. All members of the pharmacy team had completed training on 'Ask Ani' so had a better understanding of how to help support people requiring a safe space. The consultation room was available for anyone requiring a confidential conversation. And there was a notice on display with information and a contact number for people suffering domestic abuse.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members are well trained and the pharmacy encourages them to keep their skills up to date and supports their development. Team members are comfortable providing feedback to their manager and they receive feedback about their own performance. The pharmacy has enough team members to manage its workload safely.

Inspector's evidence

The SI was working as the RP and there were three NVQ2 qualified dispensers and a delivery driver on duty at the time of the inspection. There was an additional NVQ2 qualified dispenser on the pharmacy team who was absent at the time of the inspection. The staffing level was adequate for the volume of work during the inspection and the team were observed working collaboratively with each other and the people who visited the pharmacy. Planned absences were organised and one of the dispensers who worked part-time could increase their hours when necessary to help meet the workload.

Members of the pharmacy team carrying out the services had completed appropriate training and their qualification certificates were on display. There were records showing that a comprehensive amount of training had been completed during the year on a wide range of subjects. For example, the new progestogen-only oral contraceptive pill (POP) Lovima, healthy living, and wellbeing. The SI had been appropriately trained for the flu vaccination service and his certificates were available, along with records of continuing professional development (CPD) and revalidation.

The pharmacy team were given formal appraisals where performance and development were discussed. A dispenser was comfortable discussing dispensing errors with the SI and the rest of the team and felt that learning from mistakes was encouraged. The SI was empowered to exercise his professional judgement and could comply with his own professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine, because he felt it was inappropriate. He said the only targets set were customer service and public health related. They completed New Medicine Service (NMS) consultations, but team members were not under pressure to achieve a specific number of these.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a professional environment for people to receive healthcare services. It has a private consultation room that enables it to provide members of the public with the opportunity to receive services in private and have confidential conversations.

Inspector's evidence

The pharmacy premises, including the shop front and fascia, were clean and in a good state of repair. The pharmacy was fitted out to a good standard, and the fixtures and fittings were in good order. The temperature and lighting were adequately controlled. Staff facilities were limited to a small kitchen area and a WC with a wash hand basin and hot and cold running water. There was a separate dispensary sink for medicines preparation. Hand washing notices were displayed above the sink and on the pharmacy's notice board in the retail area. The retail area was free from obstructions, professional in appearance and had two wipeable chairs which people could use when waiting for services. Information notices about Covid-19, and reminders to maintain social distancing were displayed. There was a restriction on the number of people allowed into the pharmacy at one time. Floor markings were used to ensure adequate space between people and there was a Perspex screen at the counter to reduce the risk of infection. Hand sanitizer gel was available. The consultation room was uncluttered, clean and professional in appearance. The availability of the room was highlighted by a sign on the door. This room was used when carrying out services such as flu vaccinations and when customers needed a private area to talk.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy team members effectively promote the pharmacy's services to help improve people's health and wellbeing. They are helpful and give advice to people about healthy living and how they can access other support. The pharmacy's services are generally well managed which helps to make sure people receive their medicines safely. The pharmacy sources and supplies medicines appropriately. And it carries out some checks to ensure medicines are in good condition and suitable to supply.

Inspector's evidence

There was a step up to the front door of the pharmacy, but it was possible for customers to enter with prams and wheelchair users with assistance. There was a bell at the door to alert staff. The SI said they sometimes served customers at their car if necessary, but most people with mobility issues had their medicines delivered to them.

A list of the services provided by the pharmacy was displayed in the window. The pharmacy was actively promoting their flu vaccination service and they had already given around 900 vaccinations this season. There were posters encouraging people to have Covid-19 vaccinations. The team had received training on the new procedure for distributing lateral flow tests to the public and were actively promoting this. A range of posters and leaflets providing healthcare information were available, and there was a designated healthy living area. The main focus in the healthy living area changed on a regular basis, and as well as Covid-19, the other current priority was 'Dry January'. The pharmacy produced a monthly newsletter which was on display. It gave comprehensive information on the risks of drinking too much alcohol and asked people to talk to a member of the pharmacy team for more information on this or any other health conditions. Signposting information was on display for urgent GP and dental care, walk-in centres and wellbeing. Signposting and interventions were recorded in a book.

There was a home delivery service with associated audit trail. The service had been adapted to minimise contact with recipients, in light of the pandemic. The delivery driver confirmed the safe receipt in their records. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

Space was adequate in the dispensary. The dispensary shelves were well organised, neat, and tidy. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available. The team were aware of the valproate pregnancy prevention programme. A notice was on display to remind the team of the importance of providing people in the at-risk group with appropriate information and counselling.

Multi-compartment compliance aid packs were assembled and stored in a separate room next to the main dispensary. They were reasonably well managed and a dispensing audit trail was completed. Packaging leaflets were not always included so people might not have easy access to all of the information they need. The SI explained they didn't always supply leaflets because some people had stated that they were not necessary. They hadn't made a record of which people these were, but the SI

agreed to record these details on patients' medication records (PMRs). Disposable equipment was used. The SI made an assessment as to the appropriateness of a compliance aid pack to ensure it was appropriate to the patient's needs, before agreeing to supply their medicines this way.

One of the dispensers explained what questions she asked when making a medicine sale and knew when to refer the person to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and understood what action to take if she suspected a customer might be abusing medicines such as a codeine containing product. Team members had completed training on 'Red flag' symptoms in the pharmacy and red flag sheets were available at the counter for team members to refer to. Information on sepsis was also available at the counter to remind the team to be aware of this.

Recognised licensed wholesalers were used to obtain medicines. CDs were stored in a CD cabinet. The keys were under the control of the responsible pharmacist. Date expired, and patient returned CDs were recorded and dealt with promptly. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled. Medicines were stored in their original containers at an appropriate temperature. Dates had been added to opened liquids with limited stability. There was a SOP 'Handling drug alerts, recalls and GP early warnings' which was followed to provide assurance that the appropriate action had been taken when alerts and recalls were received.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. Equipment is appropriately monitored and maintained so that it is safe to use.

Inspector's evidence

The pharmacist could access the internet for the most up-to-date information. For example, electronic versions of the British National Formulary (BNF) and BNF for children. There was a clean medical fridge. The minimum and maximum temperatures were being recorded regularly and had been within range throughout the month. All electrical equipment appeared to be in good working order. The pharmacy had a range of appropriate equipment for counting loose tablets and measuring liquids. Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. Patient medication records (PMRs) were password protected. Individual electronic prescriptions service (EPS) smart cards were used appropriately. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted 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.