

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 40 Berry Lane, Longridge,
PRESTON, Lancashire, PR3 3JJ

Pharmacy reference: 1033799

Type of pharmacy: Community

Date of inspection: 09/08/2022

Pharmacy context

This is a community pharmacy located on a high street, opposite a GP surgery. It is situated in the village of Longridge, outside of Preston. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations. The pharmacy supplies medicines in multi-compartment compliance aids for some people to help them take the medicines at the right time.

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	N/A	N/A	N/A
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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. And members of the team are given training so that they know how to keep private information safe. They record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again.

Inspector's evidence

There was a current set of standard operating procedures (SOPs) which were routinely updated by the head office. Members of the pharmacy team had signed to say they had read and accepted the SOPs. The pharmacy had implemented the company's "safecare" programme to help review and learn from routine processes and procedures. Each month audits were completed to ensure compliance in various areas. This included the environment, ensuring the premises were tidy and stock appropriately stored, and process, to ensure regular housekeeping tasks were carried out such as near miss records and fridge temperatures.

Near miss incidents were recorded on a paper log. The pharmacist described how he reviewed the records and discussed any learning points with the pharmacy team. He said he would also highlight mistakes to members of the team at the point of accuracy check and ask them to rectify their own errors. An example of an action taken in response to near miss errors was members of the team being reminded to use a "look alike, sound alike" (LASA) stamp on prescriptions for listed LASA medicines. This encouraged pharmacy team members to perform an additional check during dispensing the prescription.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A medicine counter assistant was able to explain what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Members of the pharmacy team wore standard uniforms and had badges identifying their names and roles. The responsible pharmacist (RP) had their notice displayed.

The pharmacy had a complaints procedure which was explained in the practice leaflet. Any complaints were recorded online and followed up. The pharmacy handed out leaflets with dispensed medicines which included a link for an online survey. And there was an incentive for people to complete the survey by being entered into a prize draw. Feedback from the survey was sent to the pharmacy by email. A pharmacy team member said recent feedback had been positive in nature. A current certificate of professional indemnity insurance was on display.

Records for private prescriptions and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were appropriately maintained with running balances recorded and checked weekly. Two random balances were checked, and both were found to be accurate. Patient returned CDs were recorded in a separate register. RP records were incomplete with records only having been made for eight days since March 2022. The pharmacist explained that he had misunderstood how the pharmacy's new patient medical record software worked and as a result the RP records had not been properly recorded. He had only recently realised and had now started making the records correctly. Following the inspection, the pharmacy confirmed that their IT team had been able to retrieve the records of the

RP from the PMR system, so they now had complete records available.

An information governance (IG) policy was available. The pharmacy team completed IG training and had confidentiality agreements in their contracts. When questioned, a dispenser was able to describe how confidential waste was segregated to be removed by a waste carrier. A notice in the retail area provided information about how people's information was handled by the pharmacy. Safeguarding procedures were available. Members of the pharmacy team had completed basic safeguarding training. The pharmacist had completed level 2 safeguarding training. Contact details for the local safeguarding board were on display within the dispensary. A medicines counter assistant said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are normally enough staff to manage the pharmacy's workload, but recent absences have increased pressure on the team. Members of the team are appropriately trained for the jobs they do. And they complete additional training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included a pharmacist, a pharmacy manager, who was a trained dispenser, a pharmacy technician who was trained to accuracy check (ACT), two dispensers, and three medicine counter assistants (MCA). All members of the pharmacy team were appropriately trained. The normal staffing level was a pharmacist, ACT, dispenser and two MCAs. However, the pharmacy manager was currently on long-term sick and another team member was on a phased return. This meant at times there was one MCA covering the medicines counter, and just one dispenser working in the dispensary. On the day of inspection, a locum dispenser was present. He said he was employed through a locum agency who had completed background checks about his training, and he had to sign the SOPs before he commenced a locum shift for this pharmacy. There was a high footfall into the pharmacy, but the volume of work appeared to be managed.

The pharmacy provided the team with an e-learning training programme. And the training topics appeared relevant to the services provided and those completing the e-learning. Members of the team were allowed learning time to complete training. An MCA gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines she felt were inappropriate, and refer people to the pharmacist if needed. Members of the pharmacy team said they felt a good level of support from the pharmacist and pharmacy manager and felt able to ask for further help if they needed it. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or head office.

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. The size of the dispensary was sufficient for the workload. Customers were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled by the use of electric heaters. Lighting was sufficient. The pharmacy team had access to a kitchenette and WC facilities. Perspex screens had been installed at the medicines counter to help prevent the spread of infection. Hand sanitiser was available.

A consultation room was available with access restricted by use of a lock and it was clean in appearance. The space was clutter free with a desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted and indicated if the room was engaged or available.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. The pharmacy provides services safely, and additional checks are carried out when higher-risk medicines are supplied to ensure they are being used appropriately.

Inspector's evidence

Access to the pharmacy was level via a single door and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Pharmacy practice leaflets gave information about the services offered and information was also available on the website. The pharmacy opening hours were displayed and a range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service. Deliveries were recorded onto an electronic device. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. A signature was obtained for any deliveries which contained a CD.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. The pharmacist performed a clinical check of all prescriptions and then signed the prescription form to indicate this had been completed. When this had been done the ACT was able to perform the final accuracy check.

Dispensed medicines awaiting collection were kept on a shelf using an alphanumerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Members of the pharmacy team were seen to confirm the patient's name and address when medicines were handed out. Schedule 3 and 4 CDs were highlighted so that team members could check prescription validity at the time of supply. High-risk medicines (such as warfarin, lithium and methotrexate) were also highlighted, and the counter assistant said she would refer the patient to the pharmacist for counselling. Members of the pharmacy team 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 had spoken to patients who were at risk to make sure they were aware of the pregnancy prevention programme. But that there were currently no patients meeting the risk criteria.

Some medicines were dispensed in multi-compartment compliance aids. The pharmacy did not complete suitability assessments before agreeing to dispense medicines into compliance aids. So it could not provide assurance that the benefits of removing medicines from their original packaging always outweighed the risks. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge sheets were sought, and previous records were retained for future reference. Disposable equipment was used to provide the service, and the compliance aids were labelled with medication descriptions and a dispensing check audit trail. Patient information leaflets (PILs) were routinely supplied.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Stock was date checked 4 times per year. A date checking matrix was signed by members of the team as a record of what had been checked. Short-dated stock was highlighted using a sticker and liquid medication had the date of opening written on. Controlled drugs were stored appropriately in the CD cabinet, with segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There were clean medicines fridges, each with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had remained in the required range for the last 3 months. Patient returned medication was disposed of in designated bins. Drug alerts were received by email from the head office. An electronic record was kept about the action taken, when and by whom.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

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, electrical equipment had last been PAT tested in December 2021. There was a selection of liquid measures with British Standard and Crown marks. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

Computers were password protected and screens were positioned so that they were not 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. And patients were offered its use when requesting advice or when counselling was required.

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.