

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 112-114 Deepdale Road,
PRESTON, Lancashire, PR1 5AR

Pharmacy reference: 1033804

Type of pharmacy: Community

Date of inspection: 03/12/2019

Pharmacy context

This is a community pharmacy situated in the residential area of Deepdale, near to Preston city centre. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations, a minor ailment service and substance misuse supplies. The pharmacy supplies medicines in multi-compartment compliance aids for some people to help them take the medicines at the right time. The pharmacy is contracted to dispense private prescriptions for various organisations, including prisons and a hospice.

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	1.2	Good practice	Members of the pharmacy team record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again.
		1.7	Good practice	Members of the team are given training so that they know how to keep private information safe.
2. Staff	Good practice	2.2	Good practice	Members of the pharmacy team complete regular training to help them keep their knowledge up to date.
		2.3	Good practice	The pharmacist routinely records interventions which demonstrate use of their professional judgement in the interest of patients.
		2.4	Good practice	Team meeting records, error records, and staff appraisals demonstrate that there is a culture of openness, honesty and learning.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy team carry out additional checks when they supply higher-risk medicines to make sure they are being used safely.
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), some of which were recently reviewed 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 are tidy and stock appropriately stored, and process – to ensure regular housekeeping tasks are carried out such as near miss records and fridge temperatures. The latest review identified improvements that were needed such as keeping the dispensary tidy and reminding people to record near miss incidents.

Dispensing errors were recorded electronically and submitted to the superintendent (SI). The most recent error involved a labelling error where the incorrect quantity was printed on the label. The pharmacy manager had investigated the error and discussed her findings with the pharmacy team. Near miss incidents were recorded on a paper log. The pharmacy manager explained that she would review the near miss records each month before discussing her findings with the pharmacy team. The pharmacist said she would highlight mistakes to staff at the point of accuracy check and ask them to rectify their own errors. Members of the pharmacy team gave examples of action which had been taken to help prevent similar mistakes. For example, changing the tasks people were completing throughout the day to help create a mental break. The company shared learning between pharmacies using a bulletin on the intranet. The latest topic was about sepsis which the pharmacy team had read and discussed.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A dispenser 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. Staff 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. Details about this was described in a 'customer charter' leaflet and it advised people they could give feedback to members of the pharmacy team or head office. Complaints were recorded to be followed up by the pharmacy team or head office. A current certificate of professional indemnity insurance was on display.

Records for the RP, emergency supplies and unlicensed specials appeared to be in order. But due to a technical problem, records related to some private prescriptions could not be viewed. The pharmacy manager had contacted their IT helpdesk to fix the problem. Controlled drugs (CD) registers were maintained with running balances recorded and checked weekly. Two random balances were checked, and both found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. The pharmacy team had completed IG training and had signed confidentiality agreements. When questioned, a dispenser was able to describe how

confidential waste was segregated to be collected by a waste carrier. The pharmacy's privacy notice was on display and it described how people's data was handled and stored.

Safeguarding procedures were available. The pharmacy team had in-house training and pharmacy professionals had completed level 2 safeguarding training. Contact details of the local safeguarding board were on display in the dispensary. A dispenser said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✓ Good practice

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete regular training to help them keep their knowledge up to date. They get regular feedback from their manager to help them improve. The pharmacist routinely records interventions which demonstrate how they have used their professional judgement in the interest of patients.

Inspector's evidence

The pharmacy team included three pharmacists, three pharmacy technicians who were trained to accuracy check (ACT) – one was also the pharmacy manager, a pharmacy technician, three trainee pharmacy technicians, thirteen dispensers, and five pharmacy students. All members of the team had completed the necessary training for their roles. The normal staffing level was three pharmacists, two ACTs, and seven to eight dispensers. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system. Relief staff from local branches could also be requested, but they were not usually required.

The pharmacy provided members of the team with a structured e-learning training programme. And the training topics appeared relevant to the services provided and those completing the e-learning. Training records were kept showing that ongoing training was up to date. Staff were allowed learning time to complete training.

A dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse co-codamol sales she felt were inappropriate and refer people to the pharmacist if needed. The locum pharmacist said she felt able to exercise her professional judgement and this was respected by the other pharmacists and the pharmacy manager. A dispenser said she received a good level of support from the pharmacist and pharmacy manager, and she was able to ask for further help if she felt it was needed.

Interventions were routinely recorded by the pharmacist which allowed for referral and follow up. A recent intervention involved contacting a prescriber due to an inappropriate dose of lymecycline and duplicated treatment of the same type of medication. The outcome was recorded which involved the patient being referred back to the prescriber.

Appraisals were conducted by the pharmacy manager. A dispenser said she felt that the appraisal process was a good chance to receive feedback, and she felt able to speak about any of her own concerns. The staff held a monthly team meeting as part of the safecare programme. Details of the meeting was recorded, and people were asked to sign the record during their attendance or once they had read it. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or head office. There were targets set for services such as MURs and NMS. The locum pharmacist said she did not feel under pressure to achieve these.

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. There was a separate dispensary located upstairs and was used for dispensing medicines for the pharmacy's contractual work. A sink was available within the dispensary. Customers were not able to view any patient sensitive information due to the position of the dispensary. Access to the dispensary was restricted by the position of the counter. The temperature was controlled by the use of electric heaters. Lighting was sufficient. The staff had access to a kitchenette and WC facilities.

A consultation room was available with access restricted by use of a lock. The space was clutter free with a computer, desk, seating, and adequate lighting. The patient entrance to the consultation room was clearly signposted.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. 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. Members of the pharmacy team identify patients who take higher-risk medicines. Then they check that the medicines are still suitable and give people advice about taking them.

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. Pharmacy staff were able to list and explain the services provided by the pharmacy. If the pharmacy did not provide a particular service staff were able to refer patients using a signposting folder. 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 segregated after their accuracy check and logged onto an electronic delivery management system. The driver used an electronic device to obtain a signature from the recipient to confirm delivery. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. CDs were recorded on a separate delivery sheet for individual patients and a signature was obtained to confirm receipt.

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 an accuracy checker was able to perform the final accuracy check. Owing slips were in use to provide an audit trail if the full quantity could not be immediately supplied. Dispensed medicines awaiting collection were kept on a collection shelf using a numerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out.

Schedule 3 and 4 CDs were highlighted so that staff could check prescription validity at the time of supply. High-risk medicines (such as warfarin, lithium and methotrexate) were also highlighted and patients were counselled on their latest results and this was recorded on their PMR. The staff 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 pharmacy team had completed an audit and said the pharmacist would speak to any patients who were at risk to make sure they were aware of the pregnancy prevention programme, which would be recorded on their PMR.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacy would refer them to their GP to complete an assessment about their suitability. A record sheet was kept for each patient, containing details of their current medication. Any

medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge information was 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.

The pharmacy dispensed medicines for a number of patients who were residents of care homes. A re-order sheet was provided to the pharmacy and it contained details about the medicines required, medicine changes and any handover notes for the pharmacy. When prescriptions were received from the GP surgery they would be compared to the re-order sheet to confirm all items had been received back. Any queries were written onto a query sheet and chased up with the GP surgery. A copy of the query sheet was provided to the care home upon delivery of the medicines. Medicines were dispensed into disposable compliance aids and a dispensing and checking signature was written onto the seal. PILs were provided to the care home. A delivery sheet was used and signed by the care home.

The pharmacy had a contractual arrangement to dispense medicines for certain organisations against private prescriptions. These were dispensed upstairs in a separate dispensary. The pharmacy received a fax or email copy of the prescription to dispense against. The original prescription was obtained upon delivery of the medicine. The pharmacist said CDs were not dispensed until the original prescription was obtained.

Medicines were obtained from licensed wholesalers, with unlicensed medicines sourced from a specials manufacturer. The pharmacy was not yet meeting the safety features of the falsified medicine directive (FMD), which is now a legal requirement. Equipment was installed but the pharmacy team had yet to commence routine checks of medicines. Stock was date checked on a 12-week rotating cycle. A date checking matrix was signed by staff as a record of what had been checked, and shelving was cleaned as part of the process. 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 cabinets, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. Methameasure equipment was used to help deliver the substance misuse service in an appropriate manner. There were clean medicine fridges, each with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had been in range for the last 3 months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the head office. Alerts were printed, action taken was written on, initialled and signed before being filed in a folder.

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. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for methadone. The pharmacy also had equipment for counting loose tablets and capsules, including tablet triangles, a capsule counter and a designated tablet triangle for cytotoxic medication. Methameasure equipment was kept clean and was calibrated each day by the pharmacy team.

Computers were password protected and screens were positioned so that they weren't 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; patients were offered its use when requesting advice or when counselling was required. Substance misuse clients were directed to the use of the consultation room to provide 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.