

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 109 Langworthy Road, SALFORD, Lancashire, M6 5PH

Pharmacy reference: 1033915

Type of pharmacy: Community

Date of inspection: 21/06/2019

Pharmacy context

This is a traditional community pharmacy situated on a main road of a suburban residential area, serving the local population. It mainly prepares NHS prescription medicines and orders repeat prescriptions on behalf of people. It also prepares medicines in weekly multi-compartment compliance aids to help make sure people take them safely. And it provides a substance misuse treatment service. The pharmacy also provides other NHS services such as Medicines Use Reviews (MURs), emergency hormonal contraception (EHC) and flu vaccinations.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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 generally manages its 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 that had been issued in August 2017 and were due for review in August 2019. These covered safe dispensing of medicines including in multi-compartment compliance aids, the responsible pharmacist (RP) regulations and controlled drugs (CD). All staff had signed to declare they had read and understood the procedures relevant to their role and responsibilities.

The pharmacy team recorded mistakes it identified when dispensing medicines, and it addressed each mistake in isolation. And team members participated in reviewing these records each month. However, it did not enter why it thought each of these mistakes happened on many of these records. So, it could be harder for it to identify trends and mitigate risks in the dispensing process. A dispenser and checker initialled dispensing labels, which helped to clarify who was responsible for each prescription medication. And it assisted with investigating and managing mistakes.

The pharmacy had professional indemnity cover for the services it provided. The RP, who provided regular cover, had not been displaying their RP notice, which they subsequently rectified. The pharmacy maintained the records required by law for controlled drug (CD) transactions, private prescriptions, and the RP. It also maintained records for special medications, flu vaccinations, minor ailments, EHC, MURs and CD destructions. The pharmacy regularly checked CD running balances at weekly intervals. And it recorded methadone balance discrepancies as a percentage of the total quantity dispensed. These systems helped to promptly identify any significant discrepancies.

The patient's and prescriber's details were missing from some of the pharmacy's recent records for special medications it had supplied. But otherwise these records were in order. Staff said the pharmacy rarely received emergency medication requests from patients. This was because it could usually obtain prescriptions quickly from the local surgeries when it was urgent. Emergency supply records for these supplies complied with the law.

The pharmacy had policies on protecting patient information. And it had completed a data protection audit in the last eighteen months. All the staff had completed the pharmacy's annual refresher data protection training. And they securely stored and destroyed confidential material. Each team member had their own security card, but they occasionally used another team member's card to access electronic patient data. So, it might be unclear who had accessed this information.

The RP had level 2 safeguarding accreditation. And staff said the resident pharmacist, who was also the manager, was level 2 accredited. Records indicated that most staff had read and understood the pharmacy's safeguarding policies, procedures and guidance. And the supervisor who recently moved from another Lloydspharmacy recalled reading it there. However, it was unclear when staff had read them as they had not recorded the date and could not recall when they had read them. And the policies were nearly three years old. The pharmacy also did not have the local safeguarding board's policies,

procedures and contact details available for reference.

The pharmacy limited supplying most of its compliance aid patients to seven day's medication, which helped them to avoid becoming confused. Staff said that they knew each of these patient's care arrangements and had informally assessed each of their needs. However, the pharmacy did not keep records that supported this. So, the team may not have easy access to this information if the pharmacy needed it urgently. The staff had a positive rapport with patients who could be vulnerable. And they recalled reporting concerns to the GP when patients exhibited confusion. In some cases, it led to the pharmacy supplying medication in compliance aids or limiting them to weekly medication supplies. So, it supported these patients to take their medication safely.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide safe and effective services. And the team has the skills and experience needed for its services. Each team member has a performance review and completes relevant training on time, so their skills and knowledge are up to date.

Inspector's evidence

The staff present were the RP who was an employee relief pharmacist and worked regularly at the pharmacy, and three experienced full-time dispensers. The only other staff was the resident pharmacist who had been the manager for nearly one year.

The pharmacy had enough staff to comfortably manage the workload. The team said that they usually had repeat prescription medicines, including those dispensed in compliance aids ready in good time for when patients needed them. The pharmacy received most of its prescriptions via the prescription ordering and electronic prescription services. And the pharmacy owner's hub pharmacy dispensed around a quarter of these prescriptions, which helped to reduce staff workload pressure. The pharmacy had a low footfall, so the team avoided sustained periods of increased workload pressure and it could promptly serve patients. The pharmacy only allowed one team member to be on leave at any one time. One of the dispensers, who was also a supervisor, closely monitored and handled staff resource planning. And the pharmacy's field manager, who was a dispenser, provided cover while staff took leave. So, the pharmacy effectively maintained services during staff leave. Staff worked well both independently and collectively. And they used their initiative to get on with their assigned roles and did not need constant management or supervision.

One of the dispensers worked full-time on compliance aid dispensing. And one of the other dispensers provided cover while they were on leave. However, they did not work on the service at any other times, so their skills or familiarity with the service's systems might not be maintained.

Each team member had a recent performance appraisal. And the pharmacy team was up-to-date with its mandatory e-Learning training that covered its procedures and services. However, staff did not have protected study-time to complete their training. So, each team member usually had to find time during quiet periods at work to complete training.

The whole team participated in monthly patient safety meetings, which the supervisor led. And some team members also regularly completed the weekly checklists that formed a large part of the pharmacy's patient safety management programme.

The pharmacy had targets for the number of MURs and patients who nominated it for the electronic prescription services (EPS). Staff said that these targets were realistic and achievable. And the resident pharmacist could manage the competing MUR and dispensing workloads. They also said that the pharmacist usually took around 15 minutes on each MUR consultation and did them in the pharmacy's consultation room. So, they conducted them in an appropriate time and place and the target did not affect how well they provided the service. And the team did not experience any unnecessary pressure in trying to meet targets.

The pharmacy obtained written patient consent for the flu vaccination and minor ailment services, EHC

and MURs. And staff said that they had obtained written consent from patients or carers to order prescriptions on their behalf. However, they could not locate the supporting records. The pharmacy obtained verbal patient consent for the EPS.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The premises' cleanliness was appropriate for the services provided. And it had the space needed to allow the pharmacy to dispense medicines safely. Staff could secure the premises to prevent unauthorised access. The consultation room offered the privacy necessary to enable confidential discussion. But its availability was not prominently advertised. So, patients may not always be aware of this facility.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices generally help make sure people receive safe and efficient services. It gets its medicines from licensed suppliers and it generally manages its medicines well to make sure they are in good condition, so are suitable to supply.

Inspector's evidence

The pharmacy opened Monday to Friday 9am to 6pm. The RP and the resident pharmacist, who between them usually provided pharmacist cover, were both accredited to provide the EHC, minor ailment and flu vaccination services. So, patients could easily access the pharmacy's services. The pharmacy had a step-free entrance and the pharmacy team could see people entering the premises. So, they could assist anyone having difficulty.

The pharmacy team prompted patients who had their repeat medication delivered to confirm the medication they required seven days before it was due. And it asked patients who collected their repeat medication to confirm them 28 days before their prescription was due and at the point of supply. Staff said that only a few of these patients said that they no longer required medication that they had originally requested. This helped limit medication wastage and made sure patients received their medication on time. The team also made records of prescription requests, so it could effectively deal with queries if needed.

The pharmacy had written procedures that covered the safe dispensing of higher-risk medicines including insulin, anti-coagulants, methotrexate and lithium. All the dispensers had signed to declare they had read and understood these procedures. And, they had each read and passed knowledge tests on the pharmacy's procedures for safely dispensing valproate. The pharmacy had completed two valproate patient audits in the last 12 months, which identified that it did not have any patients who may become pregnant prescribed valproate. The team had the MHRA approved valproate guidance booklets and cards to give to patients.

The pharmacy did not dispense lithium prescriptions unless the GP surgery had confirmed that the patient had a recent blood test. The pharmacy also monitored its warfarin patient's blood tests results, except for those it delivered medication. And it did not monitor its methotrexate patient's test results. So, it could support monitoring some patient's condition more effectively. The resident pharmacist regularly counselled warfarin and methotrexate patients on their dose, potential side-effects and interactions. So, these patients received the information they needed.

The pharmacy team scheduled when to order its compliance aid patients' prescriptions and when to deliver their medication, so that it could supply patient's medication in good time. The team kept a record of each patient's current medication that also stated the time of day they were to take them. This helped it effectively identify and query any medications changes with the GP surgery. The pharmacy recorded verbal communications about medication changes for compliance aid people. So, it had information that helped it make sure these people received the correct medicines. The pharmacy dispensed medicines in compliance aids. However, it did not label each compliance aid with a description of the medicines it contained, which could make it more difficult for people to identify each medicine.

The pharmacy team used baskets during the dispensing process. This helped it to avoid confusing each patient's medicines with others and organise its workload. And it marked part-used medication stock cartons. This helped make sure it gave people the right amount of medication.

The pharmacy dispensed methadone instalments in advance of patients presenting, which helped it to manage the dispensing workload. And it prepared instalments for more than one day in divided daily doses, which supported patients taking an accurate dose.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers. It had the software and hardware to comply with the Falsified Medicines Directive (FMD) installed a few months ago. However, the pharmacy was unable to use the system due to a technical fault, which it had reported immediately and was waiting for the company to resolve. So, the pharmacy's system for adhering to the FMD was not yet live, as required by law.

The pharmacy team suitably secured its CDs and kept all its medicine stock in a tidy and organised manner. It quarantined its date-expired and patient-returned CDs. And the pharmacy had destruction kits for destroying CDs. It suitably stored medicines that needed to be refrigerated. And it had monitored the refrigeration storage temperatures. Records indicated that the team had monitored medicine stock expiry dates in recent times. Staff also said that they had regularly checked medicine expiry dates over the long-term but could not locate the supporting records. The team disposed of obsolete medicines in waste bins kept away from medicines stock. And it took appropriate action when it received alerts for suspected defective medicines and recorded the action that it had taken. So, the pharmacy reduced the risk of supplying its medicines that may not be fit for purpose.

The pharmacy team used an alpha-numeric system to store bags of dispensed medication. So, staff could efficiently retrieve patient's medicines when needed. The team applied stickers that had the deadline date for supplying CDs on it, which the pharmacist checked when they supplied each CD. And they regularly reviewed each week the pharmacy's stored dispensed CDs awaiting collection. So, the pharmacy made sure it only supplied CDs when it had a valid prescription. Records showed that the pharmacy had a secure medication home delivery service. The delivery driver also consistently recorded that they had confirmed the address at which they delivered each CD, and whether they asked the recipient for proof of identity or showed it.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities that it needs to provide its services effectively.

Inspector's evidence

The pharmacy team kept the dispensary sink clean. It also had hot and cold running water and an anti-bacterial hand-sanitiser. So, it had the facilities to make sure they did not contaminate medicines they handled. The team had a range of clean measures, including separate ones for CDs. So, it could accurately measure and give patients their prescribed volume of medicine. The team had access to the latest versions of the BNF and cBNF online. So, they could refer to the latest clinical information for patients.

The pharmacy team had facilities that protected patient confidentiality. It viewed electronic patient information on screens not visible from public areas. The team also had a consultation room to enable confidential discussion with patients. And it had facilities to store bags of dispensed medicines and their related 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.