

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Warren Court, Warren Lane, Off Hinkley Road, LEICESTER, Leicestershire, LE3 3LW

Pharmacy reference: 1034172

Type of pharmacy: Community

Date of inspection: 17/04/2019

Pharmacy context

This pharmacy is located next to a GP surgery in a residential area of Leicester. It dispenses NHS prescriptions. And it offers Medicine Use Reviews (MURs) and New Medicine Service (NMS) consultations.

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	The pharmacy's team members carry out effective reviews to make improvements to its services and to share learning.
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 manages risks well. Its team members carry out effective reviews to make improvements to its services and to share learning. It keeps the legal records it needs to. And it makes sure that these are accurate. The pharmacy's team members manage confidential information appropriately. And they know how to protect vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) available. These had been produced by the pharmacy's head office and covered the services it offered. The pharmacy's team members had signed records to indicate they had read relevant SOPs. They wore name badges which stated their job title. The name and registration number of the responsible pharmacist was displayed on a notice that was visible from the retail area.

The manager, who was a dispenser, was the "Safer Care Champion" for the pharmacy. This involved the completion of weekly checklists that risk-assessed different aspects of the pharmacy. Examples included the pharmacy's environment and processes. The team said that it found this company procedure useful and had used it to make several improvements in the pharmacy. This included: moving different strengths of medicines to prevent mistakes, regularly checking the allergy status of people visiting the pharmacy and ticking strengths when dispensing to make sure the right strength of medicine has been selected.

The team completed regular briefings to share learning points and to discuss issues. Recent briefings had highlighted that controlled drug prescriptions could be sent via electronic prescriptions. The briefings had also involved discussions about emergency supply requests and sodium valproate.

Near misses were recorded on a template and reviewed monthly. The pharmacy team identified the most common types of near miss during reviews and discussed techniques for reducing these types of mistakes. Reflective statements and root cause analyses were used to investigate errors and to suggest improvements.

The results of the most recent annual patient satisfaction survey were generally positive. The pharmacy's practice leaflet outlined contact details for patients wishing to provide feedback or complaints about the pharmacy. SOPs were available to manage complaints. Team members said that formal complaints were escalated to the responsible pharmacist and their head office.

Certificates were displayed which indicated that there were current insurance arrangements in place for: employer's liability, public liability and professional indemnity.

Controlled drugs records were appropriately maintained. Running balances were recorded and checked weekly. Several controlled drug registers were chosen at random. The running balances matched the actual balances held by the pharmacy.

Other records of patient-returned controlled drugs, responsible pharmacist logs, private prescriptions

and unlicensed specials were found to be kept and maintained adequately.

The pharmacy team had completed information governance training. Team members described online assessments they had completed about information governance. The pharmacist could access people's Summary Care Records if required. Team members had their own NHS smartcards which they used to access electronic prescriptions. A statement that the pharmacy complied with the Data Protection Act and NHS Code of Confidentiality was found in the practice leaflet. Confidential waste was separated by the team and appropriately managed in the pharmacy.

The pharmacy's team members had completed training in relation to safeguarding vulnerable people. Delivery drivers had also completed this training. The pharmacist described additional Level 2 training which she had completed. Contact details were available for local safeguarding organisations. Team members described a previous concern which they had managed. They said that additional guidance could be accessed from their head office.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough, suitably trained staff to manage its services safely. It takes appropriate action to make sure this staffing level is maintained. The pharmacy provides ongoing training to its team members, so they can stay up to date. Its team members are competent in their roles and refer to the pharmacist when needed.

Inspector's evidence

At the time of the inspection there was: the pharmacy manager (dispenser), responsible pharmacist (regular pharmacist) and three healthcare partners present. Healthcare partners completed appropriate qualifications to allow them to work in the dispensary and on the pharmacy counter. The staffing level at the time of the inspection appeared adequate to comfortably manage the workload. People who visited the pharmacy were served promptly by the team and prescriptions were processed efficiently.

The manager said that there was one healthcare partner currently on leave due to long-term sickness. She said that overtime and other part-time staff were used to cover this absence. The manager said that she could contact local branch managers or her line managers to request additional cover. This had been utilised within the previous two weeks.

The team was able to send non-urgent work to an off-site dispensary to be assembled and checked. Team members said that medicines were received within two working days and ready to supply to patients. The team members said that this allowed some of their dispensing workload to be reduced.

Team members were comfortable to refer to the pharmacist when necessary. A healthcare partner was observed referring a query about an eye condition.

Copies of certificates were seen which indicated that team members had completed appropriate qualifications. The company provided ongoing training to staff via its e-learning platform. Team members had previously been allocated weekly training time. But this had not been provided recently due to the long-term absence of a team member.

Team members provided examples of other training which they had been provided to allow them to work competently in the pharmacy. This included training on the retail tills and medicines such as Syndol.

A diary was used to share messages across the team. Staff also had access to a WhatsApp group. Team members described emails and newsletters which they received from their head office and discussed.

Appraisals had been completed in November 2018 and April 2019. These were used to provide feedback to the pharmacy team. The pharmacy team received incentives to achieve company targets. Team members said that they did not compromise the interests of patients to achieve targets. They also said that they were comfortable to refer concerns or queries to senior managers.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are suitable for its services.

Inspector's evidence

The pharmacy premises were clean and tidy throughout. The layout of the premises meant that confidential information was not visible from the public areas. The counter and large screens protected people's information.

Workbenches were segregated for the use of specific tasks to enable an efficient workflow.

A consultation room was available on the premises, which was suitable for private consultations and counselling. The pharmacy had appropriate security arrangements in place.

There was adequate heating and lighting throughout the premises. And hot and cold water was also available.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages its services safely. It sources its medicines from reputable suppliers and makes sure that its medicines are safe to use. The team identifies higher-risk medicines and generally makes sure people get the advice they need to use their medicines safely.

Inspector's evidence

Access to the pharmacy was via step-free entrances which were suitable for wheelchairs. The pharmacy's practice leaflets were in the consultation room. They were not available in the retail area which may have restricted accessibility to some services and to key information about the pharmacy. The team moved copies of the leaflet to the leaflet display in the retail area when this was highlighted to them.

The pharmacy team said that most people ordered their prescriptions directly with local GP surgeries. A list of vulnerable patients was agreed with GP surgeries. The pharmacy was able to order prescriptions for people on this patient list.

The pharmacy supplied medicines to two care homes. One care home housed around 120 people and the other housed around 60 people. The workload was organised over four weeks which made it more manageable. Nursing home staff ordered the required medicines. Prescriptions were checked by the pharmacy team against previous orders. Prescription orders were made in advance so there was enough time to assemble and check the medicines. Records of communications were made on people's medication records and in a diary. Records of deliveries stated the controlled drugs and refrigerated items that were included and were signed by nursing home staff when they were received. Patient information leaflets were supplied to the nursing homes.

The pharmacy supplied medicines in multi-compartment compliance packs to around 40 people. Its team members maintained records of medicines and their administration times. Assembled packs included descriptions which allowed individual medicines to be identified. Patient information leaflets were packaged and supplied with the packs.

A sample of invoices showed that medicines and medical devices were obtained from licenced wholesalers.

Stocked medicines were then organised and stored appropriately. Stock requiring refrigeration was stored at appropriate temperatures. Records were maintained to ensure temperatures were within the required ranges.

Controlled drugs were stored appropriately during the inspection. Expired and returned controlled drugs were segregated to prevent mixing up with stock. Dispensed controlled drug or fridge items such as insulin were stored in clear plastic bags which provided the opportunity for additional accuracy checks when being collected by the patient.

The pharmacy had a regular process of date checking and rotating stock to ensure medicines were still safe to use and fit for purpose. Its records indicated that recent checks had taken place in April 2019.

This process would take place quarterly. A sample of medications was chosen at random and was found to be within date. Opened bottles of liquid medicines were marked with the date to make sure they were safe to use.

The team were observed using baskets to ensure prescriptions were prioritised and assembled medication remained organised. Computer-generated labels included relevant warnings and were initialled by the pharmacist and dispenser which allowed an audit trail to be produced. A team member said that she would tell the pharmacist about interactions that were highlighted or communicate this information on a note.

The shelving system enabled storage and retrieval of dispensed medication for collection. People collecting medicines were routinely asked to confirm the name and address of the patient to ensure that medication was supplied to the correct patient safely.

Stickers were used to highlight higher-risk medicines that were supplied. This was used for methotrexate, warfarin and lithium. The pharmacist said that they asked people taking warfarin about their blood tests. Information about these checks were not always recorded. So, it was not possible to see when these checks had previously taken place.

The pharmacy team had completed an audit to make sure that people in the at-risk group were provided with appropriate guidance about pregnancy prevention when supplied with sodium valproate. The pharmacy had an outdated version of the patient guide for this medicine. This meant that some people may not have been provided with the updated information they required. The pharmacy team was signposted to an updated version of the patient guide.

The pharmacist gave examples of referrals she had made to GP surgeries. She said that she had worked with the adjacent surgery to identify people who required medicine reviews.

Expired stock and patient-returned medication were disposed of in pharmaceutical waste bins for destruction. These bins were stored securely and away from other medication. A separate bin was available for cytotoxic medicines. A list was available to help the team identify cytotoxic medicines.

The pharmacy had not yet made adjustments to meet the Falsified Medicines Directive. The pharmacy had not made changes to SOPs. And were not able to scan barcodes on medicine packaging. This may have reduced the ability of the pharmacy to verify the authenticity of medicines.

The pharmacy carried out deliveries of medicines to people. Records of deliveries were maintained and included the signature of the delivery recipient.

The pharmacy maintained an audit trail of medicines alerts and recalls which had been received. And whether any further actions had to be taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy's equipment is suitable for its services and appropriately maintained.

Inspector's evidence

The pharmacy's equipment appeared safe and fit for purpose. The team was able to escalate maintenance issues, so they could be resolved. Stickers were seen on the fridge which indicate that it had been PAT tested.

The sinks provided hot and cold running water and crown-marked measuring cylinders were available. Triangles were available for counting tablets.

Computers and labelling printers were used in the delivery of services, information produced by this equipment was not visible to the public due to their positioning within the premises. Computers were password-protected to prevent unauthorised access to confidential information. Other confidential information was kept securely away from the visibility of the public.

Up-to-date reference sources were available on paper and online formats.

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.