

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, 114 Chester Road, Whitby, Ellesmere Port, SOUTH WIRRAL, Merseyside, CH65 6SG

**Pharmacy reference:** 1034727

**Type of pharmacy:** Community

**Date of inspection:** 29/01/2020

## Pharmacy context

This is a health centre pharmacy. The health centre is located within the complex of a small hospital. The pharmacy dispenses NHS prescriptions, mainly for patients of the health centre. Some of these sent to a 'hub' pharmacy to be assembled off-site. Some people were supplied with their medicines in multi compartment compliance aids, to help them to take them at the right time. The pharmacy also provides a number of other NHS services and sells a range of over-the-counter medicines.

## 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
<b>1. Governance</b>	Standards met	1.2	Good practice	Members of the pharmacy team record things that go wrong so that they can learn from them. And they take action to stop the same mistakes from happening again.
<b>2. Staff</b>	Standards met	2.2	Good practice	Staff receive the training they need for the jobs they do. And they complete ongoing training to help keep their knowledge up to date.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

Members of the pharmacy team follow written instructions to help them work safely and effectively. They record things that go wrong so that they can learn from them. And they take action to stop the same mistakes from happening again. The pharmacy keeps the records that are needed by law. And staff complete regular training so that they know how to keep private information safe.

### Inspector's evidence

The pharmacy had a full range of Standard Operating Procedures (SOPs) with signed training records to show that staff had read and accepted them. Some of the SOPs were dated to show they had been due for review in August 2019. Newer versions of these SOPs were available, and the pharmacist said the newer versions had been read by staff. But training records had not yet been completed for these SOPs, and they had not been added to the SOP folder. So there could be some confusion about which procedures the team were expected to follow.

A checklist on the dispensary wall was used to check compliance with a number of routine tasks and an annual compliance audit was completed to monitor compliance with company procedures and with legal obligations. Dispensing errors were recorded electronically and submitted to head office. A recent error involved ramipril and bisoprolol being mixed up. A printed copy of the error report was available, which showed that a full root cause analysis had been completed. The error had been discussed with the pharmacy team and the two medicines had been clearly separated on the dispensary shelves to help avoid the error being repeated. Near miss records were completed on paper and were reviewed monthly. Any learning points identified were recorded and discussed in team meetings. A recent example was that the dispensary drawers had been tidied following several near misses resulting from stock being mixed up in the drawers.

A Responsible Pharmacist (RP) notice was prominently displayed. Roles and responsibilities of staff were described in the SOPs. All dispensing labels were initialled by the dispenser and checker to provide an audit trail. A complaints procedure was available and practice leaflets provided information about how to make complaints and give feedback. Customer charter leaflets were also available giving more information about how complaints were handled. A current certificate of professional indemnity insurance was on display. Electronic RP records were properly maintained and up to date. Records of controlled drugs (CDs) were maintained in accordance with requirements, and running balances were recorded and checked weekly. Patient returned CDs were recorded separately. Records of private prescriptions, emergency supplies and unlicensed specials were in order. Confidential waste was disposed of in a dedicated bin, which was emptied into sealed bags which were periodically collected by a specialist waste contractor.

All staff had signed confidentiality agreements and completed Information Governance training which they were required to repeat annually. Practice leaflets included brief information about how the pharmacy handled personal data. A safeguarding policy was available. The pharmacist and the pharmacy technician had completed level two safeguarding training and other staff had completed level one. A notice on the dispensary wall outlined the reporting procedure for safeguarding concerns and included details of local contacts. The pharmacy's chaperone policy was explained on a notice that was clearly displayed outside the consultation room.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

There are enough people working in the pharmacy to safely manage the workload. Staff receive the training they need for the jobs they do. And they complete ongoing training to help keep their knowledge up to date. Members of the team work well together, and they are able to share ideas or raise concerns.

### Inspector's evidence

The pharmacy employed a regular pharmacist, a pharmacy technician who was employed as an accuracy checker (ACT), and nine dispensers, one of whom was a trainee. The normal staffing level was a pharmacist with five or six assistants, who worked in the dispensary and also had to cover the medicines counter. At the time of inspection there were more staff than usual, including a regional support pharmacist, because the GP surgery was starting to issue EPS prescription forms for the first time, and some difficulties were anticipated. The pharmacist said there were normally enough staff to manage the workload.

All staff were appropriately qualified for their roles and they completed online training modules each month to help them keep up to date. The most recent training module had been about the treatment of skin tags. The pharmacist said he received a report to let him know if any training was outstanding but said the team was currently up to date. A dispenser described the sort of questions she would ask when selling medicines and the circumstances under which she would seek advice from the pharmacist, for example, if the patient was taking other medication. She was aware that some medicines were liable to abuse and said if there were repeat requests, or if she had any other concerns, she would ask the pharmacist. Members of the pharmacy team appeared to work well together. A whistleblowing policy was in place, with a confidential helpline that was advertised on a poster displayed in the dispensary. When questioned, a dispenser said she would feel comfortable raising a concern and said if this was necessary, she would normally speak to the pharmacist in the first instance. Team meetings were held to update staff on any procedure changes and to share learning. Targets were set by means of a performance wheel which measured performance in several areas, including NHS items dispensed and additional services. The pharmacist said he did not feel under undue pressure to meet the targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is small, but it is well organised to make best use of the space that is available. It is clean and tidy, and it provides a suitable environment for healthcare.

### Inspector's evidence

The pharmacy was clean and tidy, fitted to a good standard and well maintained. The dispensary was small for the volume of work but was well organised to make best use of the available space. There were stacks of crates on the dispensary floor containing dispensed medicines that had been returned from the hub and were waiting to be sorted onto the collection shelves. These further restricted the available space but were being stored as tidily as possible.

A consultation room was available for private consultations and counselling. It was clean and tidy and suitably equipped. The dispensary was screened to provide privacy for the dispensing operation. There was a dispensary sink for medicines preparation and separate sinks in the staff area, consultation room and toilet; all had hot and cold running water. The toilet area appeared to be generally clean but it was very cluttered and was being used to store sacks of confidential waste and DOOP waste medicine bins. All areas of the pharmacy were well lit and air conditioning was fitted to control the temperature.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are easy for people to access. And its working practices are generally safe and effective. The pharmacy stores its medicines appropriately and carries out checks to make sure they are kept in good condition. Members of the team identify higher-risk medicines so they can make extra checks when they hand them out. And they give people advice to help make sure they take them safely.

### Inspector's evidence

Access to the pharmacy was via conventional doors which were suitable for wheelchairs. There was a door that led from the health centre reception and a separate door that was a direct entrance to the pharmacy. Posters and leaflets were on display in the retail area and inside the consultation room, providing information about a range of healthcare topics. The services offered were described in the practice leaflet and staff were aware of the need to signpost patients requiring services not available at the pharmacy. All prescription forms were stamped with three check boxes. The ACT explained that she only accuracy checked prescriptions after they had been clinically checked by a pharmacist. This was indicated by the pharmacist initialling a box on the prescription form. The ACT or the pharmacist would then initial the stamp to confirm they were responsible for the accuracy check. A further box on the stamp was initialled to indicate if there had been an intervention. The pharmacy operated a hub and spoke service and every day a number of prescriptions were sent to the remote 'hub' pharmacy to be assembled. The medicines were then returned to the pharmacy to be supplied to the patients. The pharmacist confirmed that consent was obtained from people before their prescriptions were sent to the hub. Computer records provided an audit trail to identify which medicines had been assembled at the hub in the event of a query or concern.

The pharmacy offered a prescription collection and delivery service. A hand-held electronic device was used to manage the delivery service and to collect signatures when the medicines were delivered. Separate signatures were obtained on a paper delivery sheet when controlled drugs were delivered. Dispensed medicines awaiting collection at the pharmacy were stored on collection shelves in the dispensary. Prescription forms were retained and filed separately in alphabetical order. Stickers were used to highlight when Schedule 3 or 4 CDs had been prescribed, so that the date of the prescription could be checked before the medicines were supplied. Stickers were also used to highlight high-risk medicines such as warfarin and lithium so that the pharmacist would be alerted to counsel the patient. The pharmacist confirmed that INR results were normally checked when warfarin was dispensed, and this was recorded on the patient medication record. The pharmacy team was aware of the risks associated with the use of valproate during pregnancy and had carried out audits of valproate patients, most recently in December 2019. The pharmacist said they had identified two current patients who met the risk criteria, and both had been counselled. Educational material was available to supply with any valproate the pharmacy dispensed and was kept in the drawer where the stock medicines were stored.

Medicines dispensed in multi dose compliance aids (MDS) were labelled with descriptions so that the individual medicines could be identified. The technician confirmed that Patient Information Leaflets were routinely supplied. Disposable MDS trays were used and a master sheet was kept for each patient to record their current medicines and dosage times and these were checked against repeat

prescriptions on receipt. The dispenser said any new requests for the MDS service would be discussed with the surgery to agree whether it would be suitable for the patient. Stock medicines were obtained from licensed wholesalers and any unlicensed medicines were obtained from a specials manufacturer. The scanners and software needed to comply with the Falsified Medicines Directive had been fitted, but staff had not yet been trained to use them. So the pharmacy was not yet complying with the legislation. Stock medicines were stored tidily on the dispensary shelves and in a bay of storage drawers.

Expiry date checks were carried out on a three-month cycle and records were kept which showed the checks were up to date. A random sample of stock was checked and no expired medicines were found. CDs were stored appropriately in three cupboards, with date expired medicines, patient returns and dispensed medicines awaiting collection clearly segregated. The dispensary fridge was equipped with a maximum/minimum thermometer and temperatures were checked and recorded daily. The records showed that the temperatures had remained within the required range. Pharmacy medicines were stored behind the medicines counter so that sales could be controlled. DOOP bins in the staff room and toilet area were used for the disposal of waste medicines. Resin kits were used to denature unwanted CDs. Drug alerts and recalls were received by e-mail then printed and filed to confirm they had been actioned. The pharmacist gave a recent example of ranitidine being recalled.

## 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. And the equipment is appropriately maintained so that it is safe to use.

### Inspector's evidence

Various reference sources were available including a current BNF and the pharmacy team had access to the internet. Crown stamped conical measures were used to measure liquids with separate ones marked for use with methadone to avoid contamination. The blood pressure machine was dated to show when it was first used and would be replaced after two years. A blood sugar testing service was offered but rarely used and the pharmacist said no tests had been done for a long time. He said the blood test meter was calibrated every three months in case it was needed. All Electrical equipment appeared to be in good working order and stickers showed PAT tests had been carried out in December 2019. Patient Medication Records were stored on the pharmacy computer, which was password protected. The consultation room was used to enable confidential discussion and consultation.

### 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.