

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 7 Church Street, ATTLEBOROUGH,
Norfolk, NR17 2AH

Pharmacy reference: 1035219

Type of pharmacy: Community

Date of inspection: 29/10/2020

Pharmacy context

The pharmacy is in the market town of Attleborough in Norfolk. The pharmacy dispenses NHS prescriptions. It assembles medication into multi-compartment compliance packs for numerous people who need help managing their medicines. It delivers medicines to people in their homes on five days a week. The pharmacy offers a range of health checks including blood pressure, glucose and cholesterol. The pharmacy administers flu vaccinations during the winter season. The inspection was carried out during the Covid-19 Pandemic.

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 generally identifies and manages the risks associated with its services to help provide them safely. It records and regularly reviews its mistakes and can show how the team learns and improves from these events. It keeps the records it needs to by law and its team members have clear roles and responsibilities. It gets feedback from people who use the pharmacy. Team members know how to protect vulnerable people. And they keep people's personal information safe.

Inspector's evidence

The pharmacy kept records about dispensing mistakes that were identified before they were handed out to a person (near misses) and those where dispensing mistakes had reached a person (error logs). These records were reviewed weekly to identify any trends or patterns. Following dispensing incidents, the mistake was discussed with the individual concerned on a one-to-one basis, with any learnings shared with the dispensary team. The pharmacy had separated medicines with similar packaging such as amlodipine and amitriptyline to reduce selection errors. The pharmacy team members routinely used a stamp on prescriptions to highlight medicines that looked or sounded alike.

To reduce the risks associated with Covid-19, the pharmacy team had taped off areas of the shop and implemented a one-way system using separate doors to enter and exit. They had also introduced a hands-free shopping facility where a team member collected items from the shop floor for people to reduce the need for additional cleaning. Team members wore personal protective equipment.

Carrying out the annual patient survey had been complicated by the Covid-19 pandemic and infection control. So, NHS staff had recently visiting to complete survey by asking people questions instead of using paper forms for the feedback. The pharmacy had previously opened an additional till on the shop floor in response to people's feedback, to reduce queues at the pharmacy counter. However, as a result of Covid-19 only one till was currently used. There was a published complaints procedure. The pharmacy had current professional indemnity insurance.

The pharmacy had the correct responsible pharmacist (RP) notice on display and RP records were completed correctly. Team member's roles and responsibilities were identified in the SOPs. When asked, members of the pharmacy team clearly understood what they could and couldn't do when the pharmacist was not present. The pharmacy had a comprehensive range of Standard Operating Procedures (SOPs) in place which covered dispensing processes, Information Governance (IG), Controlled Drugs (CDs), Responsible Pharmacist activities, Sale of medicines, High Risk medicines, Dispensing Incidents, Services and so on. There was evidence that members of staff had read and signed SOPs relevant to their roles. This included additional SOPs in relation to Covid-19 and infection control. The pharmacy had carried out Covid-19 risk assessments for all team members.

The records examined were maintained in accordance with legal and professional requirements. These included the private prescription register (for private prescriptions and emergency supplies) and records for the supplies of unlicensed medicines. The controlled drug (CD) registers were appropriately maintained. CD balance checks were done regularly. There was also a book where patient-returned CDs were recorded.

The pharmacy had a cordless phone to facilitate private conversations and the correct NHS smartcards were in use. The patient medication record (PMR) was password protected and sensitive waste was securely disposed of. Prescriptions were stored securely in the dispensary. The pharmacy team had undertaken training about the General Data Protection Regulation and had signed confidentiality agreements. The pharmacy had safeguarding procedures and team members described the actions that would be taken in the event of a safeguarding concern. There were contact details available for the local safeguarding team.

Principle 2 - Staffing ✓ Standards met

Summary findings

Team members are appropriately trained or undergoing training. They make suggestions to improve workflow where appropriate and are provided with feedback through appraisals. The pharmacy team members are largely keeping up to date with the increasing workload and reduced staffing hours.

Inspector's evidence

There was a regular, provisionally-registered, full-time pharmacist who worked on four days a week and a second pharmacist who worked on the other two days. There was a part-time registered pharmacy technician (who mainly handled the checking of compliance packs and residential homes) but who had recently resigned. There was one full-time and two part-time dispensers. And there were two part-time and one full-time trainee dispensers. The pharmacy had seen a significant reduction in staffing hours since August 2020. The pharmacy team members were starting to get behind with dispensing prescriptions (around three days) and were also struggling to complete all the routine housekeeping and administrative tasks such as date checking. The pharmacy team members said that they were only just managing to cope with the reduced staffing hours before the additional residential homes were allocated to the pharmacy. Team members were working additional unpaid hours to try to keep on top of the workload. There had been a large number of centrally booked flu vaccinations initially, and permission had had to be obtained to block out some vaccination slots to allow for other tasks and rest breaks. Following the inspection, the inspector contacted the pharmacy's superintendent office who arranged a management visit to the pharmacy to review the current situation. Following this visit, the inspector was told that an advertisement had been placed to recruit a pharmacy technician, additional staffing hours for the pharmacy had been requested and additional support cover was arranged with another nearby pharmacy.

The provisionally registered pharmacist had been allocated a senior pharmacist for support but had struggled to make contact or liaise with them. And whilst managing to cope with the large workload was not able to allocate any time to learning or studying for her exam. The regional manager said that this would be actively looked into.

Team members were trained using accredited courses and said that they undertook some regular ongoing learning to keep their knowledge and skills up to date. The team used an online learning platform to undertake their additional training. They had recently completed a training package on suicide prevention. All the staff had annual appraisals but the quarterly reviews for these had been put on hold during the pandemic. The team members made suggestions to improve workflows in the pharmacy. Recent examples included taping off areas of the shop and starting a personal shopper service to reduce the number of people handling stock in the pharmacy as well as introducing a one-way system in the shop.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy team keeps the pharmacy secure, clean and tidy. The pharmacist has an area to check prescriptions and this is kept clear to help reduce the risk of mistakes. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy had vinyl floors throughout, laminated worktops and a dedicated sink for the preparation of medicines. These were clean. There was a dedicated room for the assembly of compliance packs and for preparation of medicines for the residential home. There were clear workflows in place and a designated checking area which was kept tidy to reduce the risk of mistakes. The pharmacy was tidy with good levels of lighting throughout and used air-conditioning to keep medicines at the right temperature. Room temperatures were monitored in the rooms where there was no air conditioning to make sure that medicines were kept at the right temperature. The pharmacy was cleaned regularly, and plastic screens had been fitted on the pharmacy counter.

There was a clean, bright and well-maintained consultation room with hand washing facilities and a good level of soundproofing where people could consult pharmacy team members in private. The room did not have a lock, but any sharps and sensitive materials were stored securely. The pharmacist used a specialist spray to clean the surfaces in the room between consultations. The pharmacy premises were kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and effectively. It gets its medicines from reputable suppliers and stores them properly. It makes sure that multi-compartment compliance packs for people who need help managing their medicines are dispensed safely. Its team members identify and give advice to people taking high-risk medicines to make sure that they are taken safely. And team members take the right action if any medicines or devices need to be returned to the suppliers. This means that people get medicines and devices that are safe to use.

Inspector's evidence

The pharmacy was accessed via a wide automatic opening door at path level and there was an open layout to assist wheelchair users. There was a one-way system where people entered through one door and exited through another. The pharmacy team had trained as Dementia Friends.

The pharmacy obtained dispensing stock from a range of licenced wholesalers and it was stored in a neat and tidy manner in the dispensary. Stock was date checked quarterly and there were records to support this, but the team members were now starting to struggle to do this on time. The pharmacy counselled people on higher-risk medicines such as lithium, warfarin and methotrexate and the pharmacists routinely enquired about whether they were having blood tests related to these medicines. Staff also provided additional advice to people about how to take these medicines safely. Results from people's blood tests were routinely recorded on the patient's medication record (PMR). The pharmacy team members were aware of the risks associated with dispensing valproate containing products, and the Pregnancy Prevention Programme. The pharmacy had conducted an audit of the people they had dispensed valproate containing medication for and issued the published support materials.

The pharmacy kept medicines requiring cold storage in two pharmaceutical fridges. The maximum and minimum temperatures were continually monitored and recorded daily. The records confirmed that stock was consistently stored between 2 and 8 degrees Celsius. The pharmacy stored CDs securely. The pharmacy used a label on each CD prescription to help ensure that medicines were not issued after the prescription was no longer valid.

The pharmacy team dispensed medication into multi-compartment compliance packs for a significant number of people who had difficulty managing their medicines. Medicines were dispensed into disposable, tamper-evident packs, and had descriptions of the medication included in the pack labelling. The descriptions helped the person or their carer to identify the medicines. The pharmacy routinely supplied patient information leaflets with packs to people. Team members described the process they followed to ensure that any mid-cycle changes to the packs were re-checked to make sure that these were supplied safely. The pharmacy had record sheets to record any changes to medication in the packs and to help with effective team communication. The person's GP requested when people should receive their medication in compliance packs. The pharmacy conducted a needs assessment through the medicines support service before starting new people on the packs. The delivery driver had 'missed delivery' cards and coloured stickers for CDs and refrigerated items to ensure appropriate storage if the medicines were returned to the pharmacy. There was an electronic record as an audit trail to show the medicines had been safely delivered.

The pharmacists had undertaken anaphylaxis training. Flu vaccinations were booked through a central

online booking system and the pharmacy had managed to source enough stock for these. Appointments were at 15-minute intervals which included the consultation, vaccination, cleaning and record keeping. Pharmacy staff described a safe procedure for receiving needles into the pharmacy and had received training in needlestick injury avoidance. Medicines which people had returned were clearly separated into designated bins and disposed of appropriately. Drug alerts were received electronically and recorded in the pharmacy. There was evidence that the pharmacy team members had appropriately actioned recent alerts.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for its services and it maintains it well. The pharmacy uses its equipment to help protect people's personal information.

Inspector's evidence

The pharmacy had up-to-date reference sources, and testing equipment from reputable suppliers. It used stamped glass measures (with designated labelled measures for certain liquids), and labelled equipment for dispensing cytotoxic medication. This helped to avoid any cross-contamination. There was a locked cabinet to store sensitive records and the patient medication record was password protected. Confidential waste was disposed of using bags for secure disposal offsite.

There were meters to check glucose and cholesterol and these were calibrated using control solutions every three to six months. There was a blood pressure meter which was replaced every two years. The cuff was cleaned between uses. All electrical equipment appeared to be in good working order and had been safety tested. Fire extinguishers were serviced under an annual contract. The pharmacy had a supply of personal protective equipment including masks, gloves, hand gel and visors and these were being routinely used.

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.