

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 31 Station Road, SHERINGHAM, Norfolk, NR26 8RF

Pharmacy reference: 1035377

Type of pharmacy: Community

Date of inspection: 27/11/2019

Pharmacy context

The pharmacy is on the main street in the seaside town of Sheringham in Norfolk. The pharmacy dispenses NHS prescriptions. And it provides Medicines Use Reviews (MURs) and occasional New Medicine Service (NMS) consultations. The pharmacy administers flu vaccinations during the winter season. The pharmacy offers a range of Health Checks including blood pressure, glucose and cholesterol. The pharmacy assembles medication into multi-compartment compliance packs for some people who need help managing their medicines. It delivers medicines to people in their own homes on five days a week. The pharmacist specialises in truss fitting. It offers a range of sexual health services including contraception under the C-Card scheme, chlamydia treatment and emergency hormonal contraception. The pharmacy provides Naloxone rescue kits to substance misuse clients. The pharmacy uses an offsite dispensing service to help manage workload.

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 team members are good at recording and reviewing any dispensing mistakes. And can talk about changes to improve safety and efficiency.
2. Staff	Standards met	2.5	Good practice	Pharmacy team members routinely make suggestions to improve systems and can demonstrate how these have improved safety and workflows
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 identifies and manages the risks associated with its services to help provide them safely. It looks for potential risks and regularly reviews its mistakes. It 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 regularly receives 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 near miss and error logs and these were reviewed monthly 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 most recent trends included medicines which were contained in similar packaging. The pharmacist and technician completed specific training on this and introduced labels to the drawers and separated similar products. The pharmacist talked about a technique that the team were using to help distinguish between the similar packaging. Team members were encouraged to identify their own errors and were comfortable about feeding back to the pharmacist. They talked about the no-blame culture in the pharmacy where mistakes were discussed to reduce future risk.

The pharmacy received regular 'thank you' cards to recognise positive feedback from people. Some of those viewed included comments about the high level of service provided and friendly team. There were positive reviews on Trustpilot and the NHS website. The team had introduced a bell for the team to summon assistance if the queue built up. The complaints procedure was published in the practice leaflet. The pharmacy had current professional indemnity insurance.

The pharmacy had the right responsible pharmacist (RP) notice on display and RP records were completed correctly. Roles and responsibilities were identified in the standard operating procedures (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 SOPs which covered, for example, dispensing processes, information governance, controlled drugs (CDs), RP activities, sale of medicines, high-risk medicines, dispensing incidents and services the pharmacy provided. There was evidence that members of staff had read and signed SOPs relevant to their roles. These were also reviewed as part of the safer care process where a mistake had occurred. A recent example included the SOP for prescription transfer.

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 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. They could give an example of a recent intervention by the pharmacist in safeguarding the welfare of a vulnerable person. There were contact details available for the local safeguarding team. The pharmacist and technician had completed additional training on safeguarding.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload safely. They are appropriately trained and have a good understanding about their roles and responsibilities. They make suggestions to improve systems and can demonstrate how these have improved safety and workflows. They are provided with feedback and have regular appraisals to identify any opportunities for development or learning.

Inspector's evidence

There was one regular full-time pharmacist, with additional locum cover to cover his day off. There was one full-time accuracy checking technician. There were three trained dispensers (one full-time and two part-time) as well as one full-time Medicines Counter Assistant who had completed a dispensing module. There were also three part-time trainee Medicines Counter Assistants. The pharmacy generally up-to-date with dispensing prescriptions and routine tasks. The team were slightly behind with some prescriptions but had a clear plan to dispense these. The team were in the process of developing a business plan to request a further 20 hours of dispensary cover.

Pharmacy team members undertook regular on-going learning to keep their knowledge and skills up-to-date. They used an online learning platform which included mandatory ongoing learning and reviews of SOPs. Recent mandatory topics included oral health and there was a monthly knowledge check about new products. A dispenser described how she had completed additional self-directed learning using the platform and had studied topics including respiratory medicines, diabetes, emergency contraception, pregnancy testing and ovulation. The pharmacist and technician were aware of the requirements for professional revalidation.

All the staff had annual appraisals with six-monthly reviews which looked at areas where the staff were performing well and areas for improvement or opportunities to develop.

Team members said that they were empowered to make suggestions and changes to improve workflows, safety and efficiency. Recent examples included re-organising the CD cabinets to improve workflows, introducing a calendar and whiteboard for compliance packs and medicines to be delivered. They also introduced a process to record when people had received a text message reminder about their prescription and this had helped to improve workflows and reduce duplication. Targets and incentives were in place, but the pharmacist said that these did not impact on patient safety or professional judgement.

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 were pressure relieving mats at the work stations in the dispensary to reduce fatigue when standing. There was a rear stockroom and a designated area for assembling the multi-compartment compliance packs. 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.

There were two clean, bright and well-maintained consultation rooms with hand washing facilities and a good level of soundproofing where people could consult pharmacy team members in private. The rooms did not have a lock and one contained a sharps bin in an unlocked cupboard. The pharmacist said that they would explore solutions to minimise this risk. 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 were wide aisles and a lowered table to assist wheelchair users. There were hearing induction loops on the pharmacy counter and in the main consultation room to assist people with compatible hearing aids. The pharmacy team had access to a telephone translation service and had used this. They had trained as Dementia Friends and supported a local Dementia Walk.

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. The pharmacy staff were aware of the Falsified Medicines Directive, had the equipment in place and were compliant with the requirements to de-commission medicines.

The pharmacy counselled people on high-risk medicines such as lithium, warfarin and methotrexate and the pharmacists routinely enquired about whether they were having blood test related to these medicines. They also provided additional advice to people about how to take these medicines safely. The pharmacy used stickers to remind team members to ask people and referred people who had not had a recent test to the pharmacist. 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 all 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 some people who had difficulty managing their medicines. These were disposable, tamper-evident, 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 before starting people on the packs to identify the most appropriate level of medicines support.

The driver had 'missed delivery' cards and coloured stickers for controlled drugs and refrigerated items to ensure appropriate storage if medicines were returned to the pharmacy. There was an electronic device with an audit trail to show the medicines had been safely delivered.

The pharmacists had undertaken anaphylaxis training and had used this in practice. Pharmacy staff described a safe procedure for handling needles in 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 largely maintains it well. It 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 liquid methadone), and labelled equipment for dispensing cytotoxic medication such as methotrexate. This helped to avoid any cross-contamination. The pharmacy had a range of appropriate infection control materials including single-use finger prickers, surface wipes, gloves and sanitising gel.

There was a blood pressure meter which was replaced every two years. The cholesterol and glucose meters were subject to regular calibration checks. All electrical equipment appeared to be in good working order and had been safety tested. Fire extinguishers were serviced under an annual contract.

There was a locked box to store sensitive records and the patient medication record was password protected. Confidential waste was disposed of using sealed bags for offsite disposal.

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.