

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 4 Sherwood Parade, Kirklington Road, Rainworth, MANSFIELD, Nottinghamshire, NG21 0JP

Pharmacy reference: 1035561

Type of pharmacy: Community

Date of inspection: 25/06/2019

Pharmacy context

This village pharmacy is next to a GP practice. The pharmacy sells over-the-counter medicines and it dispenses NHS and private prescriptions. It offers advice on the management of minor illnesses and long-term conditions. It supplies medicines in multi-compartmental compliance packs, designed to help people remember to take their medicines. And it delivers medicines to people's homes.

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	1.2	Good practice	Pharmacy team members work continually to share learning and to identify and reduce risks during the dispensing process.
		1.4	Good practice	The pharmacy regularly monitors how its team engage with people. And pharmacy team members demonstrate how they use the feedback they receive from people to inform the way in which they provide services.
2. Staff	Good practice	2.2	Good practice	The pharmacy has good systems in place for addressing the learning needs of its team members through continual learning and structured appraisals.
		2.4	Good practice	Pharmacy team members demonstrate enthusiasm for their roles. And they are open to learning following their own mistakes.
		2.5	Good practice	The pharmacy encourages its team members to seek support and to provide feedback. And it uses this feedback to inform the safe management of its services.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	It engages well with people to promote health and wellbeing. And it works effectively to promote self-care and access to community pharmacy services.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective. The pharmacy regularly monitors how its team engage with people. And pharmacy team members demonstrate how they use the feedback they receive to inform the way in which they provide services. The pharmacy generally keeps the records it must by law up to date. And it manages people's private information securely. Pharmacy team members are clear about their roles and responsibilities. They work continually to share learning and to identify and reduce risks during the dispensing process. Pharmacy team members identify, and report concerns to protect the welfare of vulnerable people.

Inspector's evidence

The pharmacy had a set of up to date standard operating procedures (SOPs) in place which were accessible to its team. The next review date for SOPs was documented as August 2019. Training records held with the SOPs confirmed pharmacy team members had read and understood the SOPs in place. SOPs highlighted the roles and responsibilities of pharmacy team members. Pharmacy team members were seen working in accordance with dispensing SOPs throughout the inspection. And they were confident at explaining and demonstrating their roles.

The dispensary was small. But workflow was organised. The pharmacy team used separate areas of the dispensary for managing acute and repeat prescription workload. This helped the team prioritise their work. The pharmacist had protected space for carrying out accuracy checks of medicines.

The pharmacy team engaged in the company's 'Safer Care' programme. A pharmacy team member explained how weekly rotating checks of the pharmacy environment, people and processes were used to support a safe environment for delivering services. Checks were supported with detailed notes and improvement actions were documented when identified. For example, keeping work benches clear of clutter. Every fourth week the pharmacy team met to hold a Safer Care briefing to review findings and to discuss any concerns pharmacy team members wanted to address. The briefings highlighted actions required to reduce risk. For example, highlighting controlled drug (CD) prescriptions to ensure appropriate checks of all CD prescriptions were carried out at the point of hand-out to a person. The team had also addressed an issue with misfiling of repeat prescription slips. The pharmacy also completed a 'Professional Standards Audit' and a dispensing accuracy exercise every 13 weeks. A member of the team discussed recent changes to the audit which had been introduced to help test staff understanding of key safety requirements.

Pharmacy team members recorded details of near-misses made during the dispensing process following feedback from the responsible pharmacist (RP). Entries in the near-miss record generally contained details of contributory factors. And the team were good at identifying learning and risk reduction actions following mistakes. Pharmacy team members demonstrated how they used high-risk warning labels on shelf edges and separated similar sounding medicines, or different formulations of the same medicine to reduce the risk of a picking error occurring. The RP led a near-miss review each month which formed part of the pharmacy's Safer Care programme.

The pharmacy had an incident reporting procedure in place. And the RP explained how he would manage and investigate a dispensing incident. The pharmacy submitted incident reports electronically

through the company's 'Pharmacy Incident Management System'. Pharmacy team members completed a root cause analysis and reflective exercise following a dispensing incident. And details of incidents were discussed with the whole team to help share learning and reduce the risk of a similar mistake occurring.

The pharmacy had a complaints procedure in place. And it provided details of how people could leave feedback or raise a concern about the pharmacy through a customer charter leaflet available in the public area. The pharmacy used a 'Customer Care' checklist and reviewed the outcome of these checks to ensure all team members provided a friendly and focussed service. The team identified how the business had grown and believed this was down to the high level of customer service they prided themselves in. Pharmacy team members explained how they responded to feedback and acted to establish and meet people's expectations. For example, working with prescribers to ensure an appropriate alternative was prescribed when a medicine was unavailable. The pharmacy also engaged people in feedback through an annual 'Community Pharmacy Patient Questionnaire' and it published the results of this survey for people using the pharmacy to see.

The pharmacy had up to date indemnity insurance arrangements in place.

The RP notice contained the correct details of the RP on duty. Entries in the responsible pharmacist record complied with legal requirements.

A sample of the CD register found that it generally met legal requirements. Some wholesaler addresses were missing on occasion, when a CD was entered into the register. The pharmacy maintained running balances in the register and checked these weekly against physical stock. A physical balance check of Medikinet 5mg tablets complied with the balance in the register. The pharmacy maintained a CD destruction register for patient returned medicines. And the team entered returns in the register on the date of receipt.

Records for private prescriptions were generally accurate. But some entries did not include the full details of the prescriber. The pharmacy recorded details of emergency supplies in the Prescription Only Medicine register. Emergency supplies made at the request of a patient included the nature of the emergency.

The pharmacy completed full audit trails on certificates of conformity for unlicensed medicines as per Medicines and Healthcare Regulatory agency (MHRA) requirements.

The pharmacy held records containing personal identifiable information in staff only areas of the pharmacy. The pharmacy team completed annual information governance training. And it had completed additional learning following the introduction of the General Data Protection Regulation (GDPR). The pharmacy had submitted its annual NHS information governance toolkit. Pharmacy team members disposed of confidential waste in designated bins. The RP explained how confidential waste was securely disposed of through a licensed waste contractor.

The pharmacy had procedures and information relating to safeguarding vulnerable people in place. Pharmacy team members had completed training on the subject and were knowledgeable about how to recognise and report concerns. The RP had completed level two training through the Centre for Pharmacy Postgraduate Education. The team members had access to contact details for local safeguarding teams. And they provided several examples of how they worked to identify, and report concerns when needed.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy has enough skilled and knowledgeable people to provide its services. It has good systems in place for addressing the learning needs of its team members through continual learning and structured appraisals. The pharmacy encourages its team members to seek support and to provide feedback. And it uses this feedback to inform the safe management of its services. Pharmacy team members demonstrate enthusiasm for their roles. And they are open to learning following their own mistakes.

Inspector's evidence

On duty at the time of the inspection was the RP (pharmacy manager) and two qualified dispensing assistants, one of which was the pharmacy's supervisor. Another qualified dispenser and a trainee dispenser also worked at the pharmacy. An employed driver provided the pharmacy's prescription delivery service. The RP was satisfied with staffing levels and discussed arrangements in place to cover leave and days off. Locum and relief pharmacists worked most Saturdays in the pharmacy and covered the manager's leave.

The pharmacy maintained training records for its team. And team members completed regular e-learning. A pharmacy team member demonstrated her e-learning record. This contained details of mandatory courses and further voluntary courses the team had access to. All pharmacy team members received a small amount of training time each week to assist their learning. They also received a performance review with their manager every three to six months. A dispenser explained how her performance review was used to identify beneficial learning. She had been enrolled on an over the counter medicine learning programme to improve her knowledge and confidence when managing requests for pharmacy (P) medicines. A display to the side of the dispensary documented ways in which the pharmacy could meet some of the GPhC standards for registered pharmacies. A dispenser explained she was in the process of finishing the display. And the team discussed how it helped them focus on meeting the standards every day.

The pharmacy did have some targets in place for providing its services. It measured these through the company's 'Inspire' programme. The targets included retail, services, prescriptions and customer service. All areas of the Inspire board were green at the time of inspection, indicating the pharmacy was meeting targets. The RP felt targets were realistic and provided the team with opportunities to promote the pharmacy's services.

Pharmacy team members demonstrated enthusiasm when talking about the services they provided. Pharmacy team members contributed to continual discussions and Safer Care reviews. And they could discuss risk reduction actions identified through these reviews. The RP worked with the team to quiz them on aspects of the procedures and knowledge of over the counter medicines to help keep learning varied.

The pharmacy had a whistleblowing policy in place. Pharmacy team member were aware of how to raise concerns and escalate these if needed. They provided multiple examples of how their feedback was listened to and acted on to inform the safety of pharmacy services provided. For example, pharmacy team members had restructured the storage area for multi-compartmental compliance packs

to help create extra space on the work bench in the kitchen. The RP had escalated feedback about the pharmacy's hub and spoke model 'Prescription Assembly Solution' (PAS) when it had first launched. Because of this the pharmacy had put the service on hold and had recently restarted following reassurance relating to some changes to the service. Pharmacy team members were monitoring the service closely and confirmed it was running well to date.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and secure. It provides a professional environment for the delivery of its services. The pharmacy's consultation room is accessible to people wanting a private conversation with a member of the team.

Inspector's evidence

The pharmacy was clean and secure, and it was adequately maintained. Pharmacy team members reported maintenance concerns through a designated service desk. The pharmacy was relatively tidy with no slip or trip hazards evident. Fan heaters heated the premises. A security gate across the back door of the pharmacy allowed staff to keep the door open to aid ventilation during summer months. Lighting throughout the premises was bright. Antibacterial soap and towels were available close to designated hand washing sinks.

The public area was small and open plan. It provided access to a private consultation room. The room was professional in appearance and could accommodate a wheelchair or pushchair if another chair was removed.

The dispensary was small, but the pharmacy team used the space available well. Work benches were clear of unnecessary clutter. Pharmacy team members used a work bench in the staff kitchen area to assemble multi-compartmental compliance packs. They cleaned the work bench before assembly of packs began, meaning it was a suitable environment for the dispensing of the packs. It provided team members with a distraction free area to work. Off the kitchen there was a staff toilet.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy promotes its services and makes them fully accessible to people. It engages well with people to promote health and wellbeing. And it works effectively to promote self-care and access to community pharmacy services. The pharmacy has some records and systems in place to make sure people get the right medicines at the right time. But it doesn't regularly reassess the way it manages dispensing associated with the multi-compartmental compliance service. This means that the pharmacy may not identify people with changing needs. The pharmacy gets its medicines from reputable sources. And it generally stores and manages them appropriately to help make sure they are safe to use. It has some systems in place to provide assurance that medicines are fit for purpose.

Inspector's evidence

People accessed the pharmacy through a push/pull door from street level. The pharmacy clearly displayed details of its opening times and services. It had a range of service and health information leaflets available to people. The pharmacy had a prominent healthy living display, this was close to the seating provided for people waiting for a prescription or service. Pharmacy team members clearly enjoyed engaging people in discussions relating to healthy living. They documented how each health campaign had been received. The team had attracted strong engagement by wearing t-shirts to promote the importance of organ donation. Pharmacy team members were aware of how to signpost people to another pharmacy or healthcare provider if the pharmacy was unable to provide a service.

The pharmacy team worked well with the neighbouring surgery. The pharmacy shared details of its services, such as the minor ailments scheme with GPs. And GPs would refer people to the pharmacy to access the scheme or to purchase self-care medicines after a consultation with the pharmacist. This effectively promoted access to community pharmacy services and reduced the impact on GP workload. The RP explained that he had attended some surgery meetings to share details of services. An up to date and legally valid Patient Group Direction (PGD) was in place for the supply of emergency hormonal contraception. And the pharmacy had the latest version of the minor ailments protocol available to refer to. The RP reflected on the benefits to people accessing the services provided. He explained how MUR and NMS consultations resulted in people returning to the pharmacy for advice about other matters when required. The pharmacy made interventions with prescribers when needed. And the team identified how the health check services were particularly helpful in engaging people in healthy lifestyle advice.

The pharmacy used coloured baskets throughout the dispensing process. This kept medicines with the correct prescription form and helped inform workload priority. Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on medicine labels to form a dispensing audit trail. The pharmacy team kept original prescriptions for medicines owing to people. The team used the prescription throughout the dispensing process when the medicine was later supplied. It maintained delivery audit trails for the prescription delivery service. People signed an electronic point of delivery device to confirm they had received their medicine. The pharmacy maintained an audit trail of prescriptions it ordered on behalf of people. This allowed the team to manage queries and chase missing prescriptions. The team asked people what medicines they required prior to ordering repeat prescriptions.

The team had completed training and competency tests prior to the roll out of sending prescriptions to

the company's hub for dispensing. Pharmacy team members explained consent for the service was combined with the consent for the Electronic Prescription Service (EPS). They explained how a person could withdraw consent at any time. Prescription details were entered by members of the dispensary team onto the PAS system. The RP then logged in to the system and completed an accuracy check of the information entered and a clinical check of the prescription and sent the order to the off-site hub. The pharmacy kept prescriptions for PAS separate to others. This allowed the team to check assembled bags of medicines against prescriptions upon receipt and assemble any exceptions such as non-original containers, cold chain medicines and controlled drugs. Bags of assembled medicines received through PAS were clear on one-side. This meant the pharmacy team did not physically open bags. Pharmacy team members were aware that if bags were opened before hand-out to a person, the RP on duty would assume responsibility for the accuracy check of the dispensed medicines.

The pharmacy team highlighted bags of assembled items containing high-risk medicines with 'pharmacist' stickers to prompt counselling. The RP explained how he would manage monitoring checks of medicines such as methotrexate, lithium and warfarin through verbal counselling, including discussing adverse side effects. But details of these interventions were not regularly recorded on people's medication records. Pharmacy team members were aware of the requirements of the 'Valproate Pregnancy Prevention Programme' (VPPP). Valproate warning cards were readily available to issue to people in the target group.

The pharmacy had a monthly schedule to support workload associated with the multi-compartmental compliance pack service. Individual profile sheets were in place for each person on the service. A dispenser explained how changes to medicine regimens were checked with the surgery. But details of these checks were not regularly recorded when changes to a profile sheet were made. Hospital discharge information was kept with individual profile sheets. A discussion took place about the benefits of tracking all changes to inform safety checks during the dispensing process. A sample of assembled packs contained full dispensing audit trails. The pharmacy provided descriptions of the medicines inside the packs, to help people identify them. But it did not always provide patient information leaflets when supplying the packs. The dispenser explained that some people had provided feedback about them not wanting leaflets. When this occurred, the team entered a note onto the person's medication record. The inspection revealed a risk associated in the way the pharmacy supplied medicines with limited stability in multi-compartmental compliance packs. A discussion took place about risks associated with supplying medicines in this way and the inspector shared information relating to how some pharmacies managed these risks.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. Pharmacy team members were aware of the Falsified Medicines Directive (FMD). And they had access to some information and training on the subject. A scanner was in place. But the RP explained the pharmacy he had not received any information about a 'go live' date.

The pharmacy stored P medicines behind the medicine counter and in cabinets to the side of the counter. Clear signage indicated that the medicines were not for self-selection. The pharmacy stored medicines in their original packaging. Storage of medicines on shelves throughout the dispensary was orderly. But some attention was required to the organisation of medicines in the dispensary's drawers. A date checking rota was in place with regular date checks recorded. The pharmacy identified short dated medicines with stickers. The team annotated details of opening dates on bottles of liquid medicines. No out of date medicines were found during random checks of dispensary stock.

The pharmacy held CDs in secure cabinets. Storage for medicines held inside the cabinets was at capacity. But medicines were held in an orderly manner inside. There was designated space for storing patient returns, and out-of-date CDs in one cabinet. Assembled CDs were held in clear bags with details

of the prescription's expiry date. Pharmacy team members highlighted these prescriptions and explained the validity requirements of a CD prescription. The pharmacy's fridge was clean. But the pharmacy's storage capacity for cold chain medicines required monitoring, particularly as the pharmacy provided travel and flu vaccination services which would add to the amount of stock held. Temperature records confirmed that the fridge was operating between two and eight degrees. The pharmacy stored assembled cold chain medicines in clear bags, this prompted additional safety checks of the dispensed medicine upon hand-out.

The pharmacy had medical waste bins, sharps bins and CD denaturing kits available to support the team in managing pharmaceutical waste.

The pharmacy received drug alerts relevant to the medicines it stocked through email. They checked alerts and kept them for reference purposes.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And its team members regularly check equipment to ensure it remains safe to use and fit for purpose. Pharmacy team members protect people's privacy when using the pharmacy's equipment and facilities.

Inspector's evidence

The pharmacy had up to date written reference resources. These included the British National Formulary (BNF) and BNF for Children. Internet and intranet access provided further reference resources.

Computers were password protected and faced into the dispensary. The computer in the consultation room was locked between use. This prevented unauthorised access to the contents on screen. Pharmacy team members on duty had working NHS smart cards. The pharmacy team stored assembled bags of medicines in drawers to the side of the medicine counter. Pharmacy team members used cordless telephone handsets when speaking to people over the phone. And they explained how they could move to the kitchen area or consultation room when speaking to people about their medicines over the phone.

Clean, crown stamped measuring cylinders were in place. The pharmacy team used separate cylinders for measuring methadone. Counting equipment for tablets and capsules was available. This included a separate triangle for use with cytotoxic medicines and a set of scales in the dispensary. Equipment used for dispensing medicines into multi-compartmental compliance packs was single use. Gloves were available to team members assembling trays. The pharmacy had a blood pressure machine, the machine was marked with details of it being put into use in February 2018. The pharmacy's glucometer was calibrated quarterly to ensure it remained it working order. Pre-filled adrenaline autopens were available to support the pharmacy's vaccination service. Portable appliance testing checks were next due in October 2019.

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.