

Registered pharmacy inspection report

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

Pharmacy reference: 1035561

Type of pharmacy: Community

Date of inspection: 02/03/2023

Pharmacy context

The pharmacy is next to a GP practice in the village of Rainworth, Nottinghamshire. Its main services include dispensing NHS prescriptions and selling over-the-counter medicines. The pharmacy supplies some medicines in multi-compartment compliance packs, designed to help people remember to take their medicines. It also offers some private health services including, flu and hepatitis B vaccinations and a weight management service.

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	Good practice	1.1	Good practice	The pharmacy team engage in continual processes designed to identify and manage risk. They act with care when a risk is identified to ensure pharmacy services remain safe and accessible to people.
		1.2	Good practice	The pharmacy has good review processes which include regular monitoring of safety incidents. It responds to incidents effectively and puts controls in place to mitigate risk. These controls are kept under review to ensure they remain effective.
2. Staff	Good practice	2.2	Good practice	Pharmacy team members are encouraged to develop their skills and engage in regular learning associated with their roles. They receive protected training time and appraisals to support their learning and development needs.
		2.4	Good practice	Pharmacy team members work effectively towards common goals designed with patient safety in mind. They demonstrate enthusiasm for their roles and recognise the importance of working in an open and honest environment.
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 ✓ Good practice

Summary findings

The pharmacy effectively identifies and manages the risks associated with its services. It has some good processes for managing safety. And its team members are committed to reviewing risk and sharing learning to help continuously drive improvement. The pharmacy keeps people's confidential information secure. And it generally keeps all records it must by law in good order. The pharmacy advertises how people can feedback about its services. And its team members use the feedback they receive to inform how they work. Pharmacy team members know how to identify, and report concerns to help protect the health and wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) to support the safe running of the pharmacy. These covered responsible pharmacist (RP) requirements, controlled drug (CD) management, dispensary processes and services. They were reviewed periodically across a two-year rolling rota. Pharmacy team members received time in work to complete learning associated with the SOPs and the pharmacy kept a record of this training. Team members on duty were knowledgeable about the pharmacy's processes and demonstrated competence when completing tasks. The pharmacy had a business continuity plan and its team members demonstrated how they used procedures referred to within this plan when experiencing internet or computer issues.

Team members worked together well to ensure they took effective measures to manage any identified risks. For example, the pharmacy's patient medication record (PMR) system had not been working as intended for several days as it was experiencing a communication issue with the pharmacy's offsite dispensing hub. The team was able to send information to the hub, but it was not receiving the necessary information back from the hub to allow team members to physically hand out the bags of assembled medicines arriving back from the hub. The team had reported and escalated the issue and had immediately taken the necessary steps to put in place a temporary process which allowed the team to complete and record the handout of assembled medicines. It had factored in the additional time this would take and had ensured all members of the team were confident in completing the temporary process. It had kept its area manager informed of the situation, the steps it had taken to manage the situation, and had sought support to escalate the issue.

Pharmacy team members engaged in continual processes related to the company's 'Safer Care' programme. For example, team members acted with care to report the mistakes they made and corrected during the dispensing process, known as near misses. They used near miss records to record contributory factors, reflections and actions taken to reduce risk. And they provided examples of recent actions taken to reduce risk following near misses. The pharmacy team followed the pharmacy's reporting procedure to record mistakes identified after a person had received a medicine, known as dispensing incidents. This process included reflecting on the mistake and the completion of a root cause analysis. And the team took swift action to reduce the risk of similar mistakes occurring. It reviewed these actions to ensure they remained effective. For example, a mistake involving the incorrect strength of a medicine had led the team to clearly highlight and use physical dividers between different strengths of the medicine.

Pharmacy team members engaged in regular activities designed to identify risk and share learning. This included monthly safety reviews to discuss and reflect on mistakes with actions taken to reduce risk clearly recorded. The pharmacy manager led quarterly professional standards audits. This involved completing a range of checks associated with the safe and legal running of the pharmacy. Any areas identified for improvement were seen to be acted on swiftly with details of the action taken clearly recorded. A dispenser led the Safer Care process and completed rotational weekly checks of the pharmacy environment, pharmacy team, and pharmacy processes. Records associated with these checks were detailed and were signed off with the pharmacy manager, who was the regular pharmacist. On the fourth week of the Safer Care cycle the team held a Safer Care review meeting to support it in sharing learning from the current cycle of checks. The pharmacy was in a period of change due to an upcoming transfer of ownership. The team were preparing well for this change by reflecting on current processes and identifying what it did well. For example, it had created a monthly checklist of tasks that contributed to the pharmacy operating safely and effectively that it wanted to take forward when the pharmacy transferred to the new owners.

The pharmacy had a complaints policy. This was clearly advertised in a leaflet available within its public area. Team members knew how to manage and escalate a person's concern if required. And the pharmacy's supervisor discussed how feedback about the way the team managed its text messaging service had recently informed the way it managed this service. The pharmacy had procedures and supportive information to assist its team members in reporting safeguarding concerns relating to vulnerable adults and children. It clearly advertised details of the 'Ask for ANI' safety initiative, designed to protect people experiencing domestic abuse. And its team members were aware of what action to take should somebody seek their support. Pharmacy team members had completed safeguarding learning. And they provided examples of how they liaised with surgery teams when they had concerns about a person's safety and wellbeing. This had included alerting the surgery to an acute incident where team members had become worried about a person's wellbeing.

The pharmacy stored personal identifiable information in staff-only areas of the premises. It held confidential waste in designated bags. And the team sealed these bags and held them securely prior to collection for safe disposal. Pharmacy team members had completed mandatory learning associated with data security and confidentiality. The pharmacy had up-to-date indemnity insurance arrangements. The RP notice displayed the correct details of the RP on duty. A sample of pharmacy records examined confirmed the pharmacy generally kept the records required by law in good order. The pharmacy's electronic RP record was not working as expected and this issue had been reported. The pharmacy had implemented a paper-based record as soon as the issue was identified to avoid the risk of any gaps in the record. The pharmacy maintained running balances in the CD register. And it completed weekly full balance checks of CD stock against the register, in accordance with SOPs. A random physical balance check of a CD conducted during the inspection complied with the running balance in the register. Team members recorded the invoice number but not the address of a wholesaler when entering receipt of a CD in the register. A discussion highlighted the legal requirements when entering a CD into the register.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy has enough skilled and knowledgeable people working to provide its services safely. Its learning and development strategies encourage its team members to expand their knowledge and skills. Pharmacy team members engage in regular team discussions that reflect on current practice and help plan for future change. And team members work enthusiastically in their roles. They understand the importance of sharing learning to improve safety across the pharmacy. And they know how to raise a concern at work.

Inspector's evidence

The RP on duty was the pharmacy manager, they were working alongside three qualified dispensers and a delivery driver. One of the dispensers held the role of supervisor. Another qualified dispenser also worked at the pharmacy and a regular relief pharmacist provided cover one day a week. Team members worked together to plan and manage workload, this included planning workload ahead of annual leave. Locum and relief pharmacists covered the regular pharmacist's leave.

Pharmacy team members received protected learning time at work. The amount of time received fluctuated dependent on current learning objectives. For example, additional time had been set aside to complete learning associated with the NHS Pharmacy Quality Scheme. The pharmacy kept records associated with this learning. And it displayed its team members qualification certificates within the consultation room. Pharmacy team members benefitted from a structured appraisal process. They felt able to feedback through this process and worked together with the manager to identify learning development opportunities. For example, one team member was currently completing a maths course ahead of enrolment on a pharmacy technician training programme. The pharmacy had some targets associated with its services. These targets included the need to complete flu vaccinations and NHS New Medicine Service (NMS) consultations and gaining feedback from members of the public about the way the team delivered these services. The RP discussed these targets and expressed how they applied their professional judgement when undertaking these services.

In addition to personal learning the team regularly shared learning through both informal conversations and structured Safer Care reviews. Team members engaged in monthly team learning directed by its superintendent pharmacist's team. This often involved discussing and reflecting on a case study based on a real-life scenario. And the team acted to review its own practice and reduce risk following the completion of this learning. For example, learning about a dispensing incident involving propranolol and prednisone had led the team to review its stock locations of these medicines and implement dividers between different strengths of the medicines. The manager identified how a secure messaging group between pharmacy managers in the area helped to share learning and problem solve with peers. The pharmacy had a whistleblowing policy. It advertised details of its employee assistance programme clearly. And team members were aware of how they could access the employee assistance programme in confidence. Team members knew how to raise and escalate a concern at work if needed. The pharmacy promoted a culture of honesty and openness through regular discussions, and these had led to improvements when delivering services. For example, the team had introduced a process of annotating CD prescriptions to confirm they had been entered in the CD register. This allowed a team member to identify potential missed entries when completing the end of day prescription count.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is appropriately clean and secure. It offers a professional environment for delivering healthcare services. People using the pharmacy can speak with a member of the pharmacy team in a private consultation room.

Inspector's evidence

The pharmacy was secure, and it was adequately maintained. Pharmacy team members reported maintenance concerns through a designated service desk. And there were no outstanding maintenance concerns. The pharmacy was tidy with no slip or trip hazards evident. Fan heaters heated the premises and lighting was bright. A security gate across the back door of the pharmacy allowed staff to keep the door open to aid ventilation during summer months. The pharmacy was generally clean. There was minor dust build-up seen around computer equipment in the consultation room. 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. The dispensary was small, bench space was adequate for the level of activity observed. The pharmacy team managed space effectively with a clear workflow that provided protected areas for the completion of higher-risk tasks such as those associated with the assembly of multi-compartment compliance packs. The pharmacy also had staff kitchen and toilet facilities and a considerable size stock room.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy services are readily accessible to people. It obtains its medicines from reputable sources, and it stores them safely and securely. Pharmacy team members are committed to engaging with people about their health and wellbeing. They show how they reach out to people through the pharmacy's health campaigns. The pharmacy team identifies higher-risk medicines to help make sure people taking these medicines have the support they need. It works effectively with other healthcare providers involved in a person's care. And it provides relevant information when supplying medicines to help people take them safely.

Inspector's evidence

The pharmacy was accessed from street level through a push/pull door. Team members made themselves available to assist with access when needed. The pharmacy advertised details of its opening times and services clearly. The pharmacy had a range of information leaflets available to people, including further information about its services. It had a prominent and up-to-date health information zone set out in its public area. This zone provided factual information and advice about streptococcal A infection. The team was committed to making services accessible to people. And provided examples of how it did this, such as taking contact details for people who wanted a flu vaccination during a period of time when vaccinations were out of stock. The team contacted other local pharmacies within the company and arranged for flu vaccine stock to be transferred in a way that maintained the cold chain of the vaccines. They then contacted people to invite them in for their vaccine. Other examples included the team contacting other pharmacies before signposting people to them for a medicine or service that it couldn't provide.

Pharmacists had access to up-to-date and legally valid patient group directions to support them in providing some services. Risks associated with the supply of Saxenda through a weight loss service were identified and managed. The service involved face-to-face consultations with a pharmacist prior to people beginning treatment and at regular intervals prior to a new supply being made. Telephone consultations took place between the face-to-face appointments to check people's progress and to answer any queries they may have. The dates of these follow-up calls were recorded but specific information about what was discussed was not recorded unless significant. There was a process in place to stop treatment following the product license if a person had not lost 5% of their body weight within 12 weeks. A conversation highlighted how keeping comprehensive consultation notes could support person centred care. The service was reported to be popular when it first launched but there was no current uptake, this was thought to be related to the current cost of living crisis.

The pharmacy protected P medicines from self-selection as it displayed them behind the medicine counter. And the RP was able to supervise activity at the medicine counter from the dispensary. Pharmacy team members were aware of over-the-counter medicines liable to abuse, misuse and overuse. And they referred repeat or unusual requests directly to the RP. The pharmacy identified higher-risk medicines during the dispensing process through the use of bright stickers. These were attached to assembled bags of medicines to prompt referral to a pharmacist for counselling. Pharmacists generally completed these checks verbally. The team had a range of tools to support people taking higher-risk medicines safely, including patient cards and monitoring record books. All

pharmacy team members contributed to recording interventions. These ranged from advice provided to people, queries with surgery teams and requests for changes to prescriptions when required. The team sent intervention records to people's own GPs when there was an identified need to. This supported their ongoing care needs. The team engaged in medicine audits periodically. It had completed a recent valproate audit to ensure all team members were aware and were complying with the requirements of the valproate Pregnancy Prevention Programme. A discussion during the inspection highlighted the effective use of valproate packaging to assist the team in ensuring the patient card was supplied to people in the at-risk group at each dispensing of their prescription.

Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on medicine labels to provide an audit trail of their role within the dispensing process. They used baskets when dispensing medicines to separate individual people's prescriptions to avoid items being mixed up. The pharmacy team reported a higher number of issues relating to out-of-stock medicines in recent months. This had led to an increase in owings. The team kept the original prescription for use throughout the dispensing process when supplying an owed medicine. It completed regular checks of the prescriptions in its owing box and contacted people and prescribers about supply issues to reduce the risk of people running out of their medicine. The pharmacy kept records of the medicines it delivered to people. This supported the team in answering queries relating to the service.

The pharmacy kept clear records to support it in managing the supply of medicines in multi-compartment compliance packs. These records included a schedule to manage workload and individual patient profile sheets containing up-to-date details of people's medication regimens. Team members clearly recorded changes in medicine regimens to assist the pharmacist's clinical check and support them in answering queries. A sample of assembled compliance packs contained full dispensing audit trails and clear descriptions of each medicine inside the packs. The pharmacy supplied patient information leaflets at the beginning of each four-week cycle of packs.

The pharmacy sent some of its workload to the company's offsite hub pharmacy. Team members discussed and demonstrated effective processes for managing this service. The pharmacy kept audit trails for the transfer of prescription data to the hub. This included ensuring prescriptions were clinically checked by a pharmacist. The pharmacy monitored the accuracy of the data sent to the hub and its team members completed quarterly competence assessments to support this process. Team members used barcode technology to track prescriptions. And they matched together bags of 'locally dispensed' items with bags of items from the hub. This mitigated the risk of people only being supplied with part of their prescription.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. It stored medicines in an orderly manner, within their original packaging. The pharmacy stored CDs appropriately within secure cabinets. These were kept in an orderly state with separate spaces within the cabinets dedicated to holding medicines awaiting collection, waiting to be checked, out-of-date medicines and patient-returned medicines. The pharmacy's fridge was a suitable size for stock held. And fridge temperature records confirmed it was operating within the correct temperature range of two and eight degrees Celsius. Team members recorded the date checking tasks they completed. And they identified short-dated medicines by using stickers to identify them. A random check of dispensary stock found no out-of-date medicines. The team annotated liquid medicines with details of their opening date and use by date once opened. The pharmacy had appropriate medicine waste receptacles, sharps bins and CD denaturing kits available. It received and actioned medicine alerts electronically and kept an audit trail of this activity.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment for providing its services. It maintains its equipment to ensure it remains fit for purpose and safe to use. And its team members use the equipment in a way which protects people's privacy.

Inspector's evidence

The pharmacy had reference resources available. These included access to the electronic version of the British National Formulary (BNF). Pharmacy team members had access to the internet and intranet. The pharmacy protected its computers from unauthorised access using passwords and NHS smart cards. It stored most bags of assembled medicines in drawers to the side of the medicine counter. It stored larger bags and boxes in an area which suitably protected personal information on bag labels from public view. Pharmacy team members used a cordless telephone handset when speaking to people over the telephone. This meant they could move out of earshot of the public area if the phone call required privacy.

The pharmacy team had access to appropriate CE marked equipment for measuring liquid medicines. Suitable equipment for counting capsules and tablets was also available. This included separate equipment for use when counting and measuring higher-risk medicines. The pharmacy team had access to a range of equipment to support it in providing consultation services. This included weighing scales, a height measure, a glucometer, and blood pressure machine. Equipment to support vaccination services included access to adrenaline to treat an anaphylactic reaction. Equipment was replaced at scheduled intervals and was subject to ongoing monitoring checks. The time between calibration checks of the pharmacy's glucometer had exceeded that stated in the SOP for the type two diabetes testing service. This was due to control solution being unavailable. The team confirmed it had not booked or completed a diabetes test since the date of the last calibration check. Electrical equipment was subject to regular portable appliance testing.

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.