

# Registered pharmacy inspection report

**Pharmacy Name:** Lloyds pharmacy, 46 High Street, Dawley, TELFORD, Shropshire, TF4 2EX

**Pharmacy reference:** 1036062

**Type of pharmacy:** Community

**Date of inspection:** 04/09/2023

## Pharmacy context

This community pharmacy is located on the main High Street in Dawley, Telford. It dispenses prescriptions and sells medicines over the counter. The pharmacy provides additional services including a substance misuse service and needle exchange programme. It supplies some medicines in multi-compartment compliance aid packs to help make sure people take their medicines at the right time.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<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

The pharmacy identifies and manages risks adequately. Its team members understand their roles and responsibilities and they keep people's private information safe. The pharmacy keeps the records it needs to by law. But some records have information missing, so team members may not always be able to show what happened in the event of a query. And team members do not always record their mistakes, so they may miss some opportunities to learn and improve.

### Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) covering operational tasks and activities. The procedures defined the responsibilities of pharmacy team members and were periodically updated to help ensure that they reflected current practices. All regular team members had read the procedures and signed them as acknowledgement of their understanding. Pharmacy team members had also ensured that locum dispensers, who had been providing relief cover in the pharmacy in recent weeks had also read and agreed to follow the procedures. Through discussion and observation, team members demonstrated an understanding of their roles, and a dispenser clearly explained the activities which could and could not take place in the absence of a responsible pharmacist (RP). The pharmacy had professional indemnity insurance and a certificate displayed was valid until the end of September 2023.

The pharmacy had a near miss log but only two entries had been recorded since February 2023, which suggested that they were not always recorded. A dispenser confirmed that she would record any near misses that were brought to her attention, and that issues were usually discussed amongst pharmacy team members. The pharmacy had posters displayed in the dispensary identifying high risk 'look alike, sound alike' medicines to help reduce the risk of picking errors. Dispensing incidents were reported directly to the company head office. Pharmacy team members were not aware of any recent incidents.

The pharmacy had feedback leaflets displayed on the medicine counter. Complaints and general feedback could also be raised directly with team members, who escalated any issues to a customer care team, if they could not be resolved in branch.

Upon arrival, the incorrect RP notice was displayed, but this was swiftly rectified by the pharmacist. The RP log contained a few missing entries and so it was not technically fully compliant. Private prescription records and records for the procurement of unlicensed specials were in order. Controlled drug (CD) registers kept a running balance which was regularly audited.

The pharmacy had an information governance procedure and team members had completed previous training. Confidential waste was segregated and removed for appropriate disposal and team members held their own NHS Smartcards.

The pharmacist had completed safeguarding training and a pharmacy team member discussed a previous concern which had been raised with local safeguarding agencies. The contact details for these agencies were displayed in the dispensary. The pharmacy had a chaperone policy and the details of this were displayed at the entrance to the consultation room.



## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members are suitably trained for the jobs that they do, and they are comfortable to raise concerns and provide feedback. The pharmacy offers some ongoing learning and development for its team members. But changes in staffing have meant they are not always able to complete this regularly, so some opportunities for further development may be missed.

### Inspector's evidence

The pharmacy team comprised of a locum pharmacist and two dispensers. The team were up to date with the dispensing and the workload was suitably managed on the day. There had been various staffing changes in the pharmacy in the months preceding the inspection. The pharmacy had been without a manager and other permanent team members for several months, which had caused some additional workplace pressure. Locum pharmacists had been providing cover and on occasion, additional support had also been provided by locum dispensers.

Pharmacy team members were trained for their roles, and they completed additional training through an e-Learning platform. Modules were released intermittently, and team members said that they had not completed any training in recent weeks. An appraisal system was in place which involved informal reviews throughout the year and a formal review each year. Team members confirmed that this had not taken place since the previous manager left their post earlier in the year.

A dispenser discussed the sale of medication in the pharmacy. She explained the questions that she would ask to help make sure sales were safe and appropriate and concerns were referred to the pharmacist. Sales for frequent requests of medicines such as co-codamol had previously been refused.

Pharmacy team members were happy to contact the area manager for support and the pharmacist was also happy to contact members of company management if there were any concerns. There was an open dialogue amongst the pharmacy team members present.

## Principle 3 - Premises ✓ Standards met

### Summary findings

Overall, the pharmacy is suitably maintained and it provides an adequate space for pharmacy services. But some of the internal fixtures and fitting are dated, which detracts from the overall professional appearance. The pharmacy has a consultation room, so people can speak to pharmacy team members in private.

### Inspector's evidence

The pharmacy was in a suitable state of repair. But some of the internal fixtures and fittings were dated which detracted from the overall professional appearance of the premises. There was adequate lighting throughout the premises and the ambient temperature was suitably maintained. It was a warm day and the pharmacy had fans available to help regulate the airflow when the temperature began to increase.

There was a large retail area which stocked a range of goods which were suitable for a healthcare-based business and pharmacy medicines were secured behind the medicine counter. The dispensary had adequate space for dispensing and there was a defined workflow.

There was a consultation room which was signposted from the retail area. The room was tidy and equipped with a desk and seating to facilitate private and confidential discussions.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy suitably manages its services so that people receive appropriate care. It gets its medicines from reputable sources. Team members complete some checks to make sure that medicines are appropriately stored and managed and that they are fit for supply.

### Inspector's evidence

The pharmacy was accessed via a small single step from the main street. The entrance was visible from the medicine counter, so people who needed assistance could be identified. There was a range of health promotion materials displayed throughout the retail area.

Prescriptions were dispensed using baskets to keep them separate and help prevent medicines from being mixed up. Pharmacy team members signed 'dispensed by' and 'checked by' boxes on dispensing labels as an audit trail. The pharmacy used stickers to identify prescriptions for high-risk medicines. Team members also highlighted resources including alert cards and patient guides, used for the supply of valproate-based medicines. Prescriptions for CDs were also identified to help make sure that supplies were made within the valid expiry date.

The pharmacy ordered repeat prescriptions for people who received their medicines in multi-compartment compliance aid packs. They kept a record to help ensure that all prescription requests were returned, and each patient had a master record of their medication. Compliance packs had a dispensing audit trail and patient leaflets were supplied, but descriptions of individual medicines were not always included on dispensing labels. So, people may not always be able to easily identify their medicines. A paper record sheet was used to record the details of prescriptions being delivered to people's homes.

The pharmacy sourced its medicines from reputable wholesalers and medications were stored in an organised manner in the dispensary. Pharmacy team members had recently completed some date checking, but a record of this had not been kept. Short-dated medicines were highlighted with stickers. Returned and obsolete medicines were placed in a medicines waste bin. Alerts for the recall of faulty medicines and medical devices were received via email. Alerts were actioned and a record of the action taken was sent to head office.

The pharmacy had two refrigerators which were equipped with maximum and minimum thermometers. Both were within the recommended temperature range and temperature record logs were maintained. CDs were stored appropriately, and two random balance checks were found to be correct. The pharmacy stocked pre-packed needle exchange kits. Personal protective equipment including gloves and a sharps bin were available.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. Team members use the equipment in a way that protects people's privacy.

### Inspector's evidence

The pharmacy had a range of approved glass liquid measures, which were clearly marked for use with different liquids. Counting triangles for tablets were also available and the equipment seen was clean and suitably maintained. Reference materials including a British National Formulary were available, as was internet access to facilitate further research.

Electrical equipment was in working order. Computer screens were positioned out of view and systems were password protected. The pharmacy was experiencing some issues with the phonenumber during the inspection. This had been reported to the service provider, who advised that it was a nationwide problem and work was being completed to resolve the issue.

### 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.