

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 7 The Westbury Centre, Westbury Road, Clayton, NEWCASTLE, Staffordshire, ST5 4LY

Pharmacy reference: 1036955

Type of pharmacy: Community

Date of inspection: 21/05/2019

Pharmacy context

The pharmacy is located on a small parade of shops in the suburbs of Newcastle-Under-Lyme. The pharmacy provides a range of services including the provision of substance misuse treatment services, a repeat prescription collection and delivery service for patients, medicines are dispensed in multi-compartment compliance aids for community patients, medicines use check-ups, new medicine service, minor ailments service, a local emergency supply service, medicines supplied against a patient group direction for the treatment of urinary tract infections, impetigo and free emergency hormonal contraception. Some medicines supplied from the pharmacy were assembled off site at a dispensing hub.

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	1.7	Good practice	Pharmacy team members receive training, so that they make sure they handle patient information safely and securely.
2. Staff	Standards met	2.2	Good practice	Members of the pharmacy team are supported with ongoing training.
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

Members of the pharmacy team follow written instructions to help make sure they work safely and effectively. They record their mistakes so that they can learn from them. Then act to help avoid the same things going wrong in the future. Members of the pharmacy team are trained so that they know how to keep people's private information safe.

Inspector's evidence

The pharmacy had a full range of written SOPs in place which were reviewed regularly. Training records in the SOP folder had been signed by all staff to show they had read and understood the SOPs relevant to their roles.

The pharmacist described how she or the pharmacy manager would report a dispensing error by submitting a Lloyd's in-house incident report form (IRS) to the superintendent pharmacist via the intranet. A recent dispensing error that had been reported was where a medication bag had been handed out to the wrong person as it had become stuck between two stapled bags. To avoid this happening again all medication bags were now supplied as single medication bags and if there was another bag for that patient, it was annotated on the prescription. A near miss record was available. The pharmacist confirmed that individuals involved were always made aware. A common near miss that had occurred was ramipril capsules and tablets being mixed up. Stock had been separated in the medicines drawers and shelves to help avoid this from happening.

Records of errors and near misses were reviewed monthly to identify any learning points, and these were discussed with staff during 'Safer Care' meetings. One of the regular pharmacists had been appointed as a Safer Care champion and was responsible for making sure that learning points were recorded and implemented. A Safer Care notice board was completed with actions to be taken. A recent example was to take care dispensing similar sounding medicines. Some similar sounding medicines, such as atenolol and allopurinol, were seen to have been separated on different stock shelves.

A responsible pharmacist (RP) notice was prominently displayed in the retail area. Roles and responsibilities of staff were described in the SOPs. When questioned, the trainee dispenser was aware she could not sell P medicines in the absence of the RP or hand out any dispensed medication.

The pharmacist was able to describe the complaints procedure and how she would handle a complaint in accordance with company policy. She said that complaints could be made directly to Head Office. The pharmacy team would then be informed of the complaint to reflect on what had happened.

A current professional indemnity insurance certificate was on display. Responsible pharmacist records were properly maintained electronically and they were up to date. Records of controlled drugs were maintained in accordance with requirements. Running balances were recorded and checked weekly. The patient returned CDs register, records of private prescriptions and unlicensed specials were all in order. Emergency supplies were made under a local emergency supply system. Separate records were made in accordance with the requirements of the Human Medicines Regulations.

Confidential waste was collected regularly (approximately every three months) by a waste contractor. Staff received annual information governance training. Prescriptions awaiting collection were not visible from the medicines counter. Computer terminals were not visible to the public and the pharmacy computers were password protected. Staff were in possession of NHS smart cards and when not in use, these were stored securely overnight.

The two regular pharmacists had completed CPPE level 2 safeguarding training. Other staff had completed basic safeguarding training. Staff had read the Lloyd's safeguarding policy. The pharmacist said she would report any concerns to the superintendent and the local safeguarding team using the contact details that were available in the dispensary.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to provide services safely and effectively. Pharmacy team members have the training they need for the work they do. And they participate in ongoing training to help keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy employed a dispenser as the pharmacy manager, two trainee dispensers, a medicines counter assistant and a delivery driver, as well as a pharmacist which was a job share position for two regular pharmacists. Pharmacist cover was provided by two relief or locum pharmacists who worked on alternate Saturdays. Staff worked on a rota basis on Saturdays. The staff appeared to be able to comfortably manage their workload during the inspection and the staffing levels appeared adequate to handle the level of business.

A trainee dispenser was able to describe appropriate questions she would ask when selling medicines and she was clear about the circumstances under which she would seek advice from the pharmacist. She said anyone requesting medication over the counter would always be asked WWHAM questions to check whether it was suitable for them. She was aware that codeine and pseudoephedrine products might be abused and said they would always ask the pharmacist to approve the sale, if they were unsure.

Ongoing training was provided in house via the intranet. Training was recorded online and monitored by Head Office. The pharmacy manager said that all team members were up to date with their learning. Staff had recently completed a training module on Clarinaze. The pharmacist said that case studies were discussed with the team to highlight professional standards matters such as the recent changes to legislation for gabapentin and pregabalin.

The dispensary team appeared to work closely together and all staff said they would feel very comfortable talking to the pharmacists or pharmacy manager about any concerns they might have. Staff said they got on well together and were able to informally make suggestions or criticisms. Staff had direct access to the cluster manager, the area manager or head office should they need to raise any concerns. They were aware of the whistleblowing policy in place where concerns could be reported and escalated, in addition to store management or to the area manager. Appraisals were carried out every six months.

Targets such as prescription items, over the counter sales, NMS and MURs were set but the pharmacy team said they did not feel under pressure to meet them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy environment is safe and appropriate for the services provided.

Inspector's evidence

The pharmacy was clean and tidy. It had an adequately sized retail area and dispensary area in proportion to the items dispensed. There was a separate area only accessible for staff members where they could take their rest breaks. Staff shared the responsibility for cleaning and regularly cleaned floors, workbenches and shelves.

There was enough dispensary space and medicine stock was stored in drawers and on shelves. There was a dispensary sink for medicines preparation and a separate sink in the toilet for hand washing, both had hot and cold running water.

A consultation room was available for private consultations and counselling. There was adequate lighting in the dispensary. There was a seating area in the retail area for patients to be seated whilst waiting for their prescriptions.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of services and takes steps to make them easy to access. And it generally manages its services well, to help make sure they are provided safely. The pharmacy sources and stores its medicines appropriately, and team members carry out regular checks to make sure the medicines are suitable for supply.

Inspector's evidence

Entrance to the pharmacy was via a flat surface and a single door. There was a hearing loop advertised and it was available in the consultation room. Healthcare posters were clearly displayed in the pharmacy window and in the retail area. Various healthcare leaflets were on display in the retail area and in the consultation room.

The opening hours for the pharmacy were clearly displayed in the window and the pharmacy services were advertised in the retail area. Staff were aware of the need to signpost patients requiring services not available at the pharmacy. An example was given that patients who needed to dispose of used sharps were signposted to their GP or local health centre.

Patient group directions for impetigo and urinary tract infections were signed by both regular pharmacists. Only one of the regular pharmacists had signed the patient group direction for emergency hormonal contraception. So, it was not clear that the other pharmacist was qualified and appropriately trained to supply it.

Signatures were obtained electronically from the recipient to provide an audit trail for deliveries and separate signatures were obtained when CDs were delivered. If there was a fridge item or a CD item to be delivered this was indicated by a sticker affixed to the delivery sheet. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

Prescription forms were retained with dispensed medicines awaiting collection, filed separately in alphabetical order. Stickers were put on bags or prescriptions to indicate when a fridge line or CD needed to be added. CD stickers were also used to identify when schedule 3 or 4 CDs were present so that staff could check the prescription was still in date when the medicines were handed out.

High risk medicines such as lithium, methotrexate or warfarin were highlighted but staff did not routinely ask for blood test results. The pharmacy manager said prescriptions were not issued by the doctors unless patients had had recent monitoring, so staff were under the assumption that the necessary checks had been carried out prior to medication being issued to patients. This means the pharmacist may not be aware of any clinical concerns if the surgery had failed to check the INR, or if there had been a blood test conducted after the prescription was issued.

The pharmacist confirmed that any people who may become pregnant prescribed sodium valproate would be counselled about the pregnancy prevention programme. There was educational material available to provide to patients and the pharmacist was aware that patients should be counselled and

educational material should be provided every time the medicines were dispensed.

Dispensing labels were initialled by the dispenser and checker to provide an audit trail. Baskets were used to separate different prescriptions to avoid them being mixed up during dispensing. During the inspection there were baskets that were either awaiting stock or that they were awaiting a check by the pharmacist. Staff worked methodically to assemble the medicines in each basket which were then checked in turn by the pharmacist.

Some repeat prescriptions were assembled off-site at a hub pharmacy. The manager said patients gave consent for their medicines to be supplied in this way. The pharmacy team entered the data from the prescriptions on a computer linked to the hub, after the pharmacist had completed a clinical check. This data was then used to assemble the medicines and they were returned to the pharmacy around 48 hours later to be supplied to the patients. Any medicines which were still owed were highlighted on the PMR.

Multi-compartment compliance packs were used to dispense medicines for some patients who had compliance difficulties, and these were organised into a four week system. The packs were labelled with descriptions to enable identification of the individual medicines. The dispenser and checker signed checking boxes on the packs to provide a clear audit trail. Staff confirmed patient information leaflets were always supplied with packs at the beginning of the month.

Stock medicines were stored in the dispensary. Medicines were obtained from licensed wholesalers and specials were obtained from a specials manufacturer. Expiry date checks of medicines in stock were carried out regularly and documented. Stickers were in use for near dated medication that needed to be used first. Open dates were indicated on part opened bottles. Waste medication was disposed of in designated bins for storing waste medicines which were collected quarterly.

Scanners and software were in place to meet the safety requirements of the Falsified Medicines Directive, but they were not yet operational, so the pharmacy was not able to comply with legal requirements. Pharmacy team members had read some training material relevant to this topic.

The two medicines fridges were equipped with thermometers and temperatures were checked daily and recorded. The records showed the temperatures had remained within the required range. The fridge stock items were stored tidily in baskets on the shelves. Dispensed medicines were stored in clear plastic bags, so they could be double checked by the person handing it out to the patient.

There was one CD cupboard in use. Obsolete CD stock that required destruction was separated from other CD stock items. Pharmacy medicines were stored behind perspex screens so that sales could be controlled. They clearly stated, 'please ask for assistance'. Drug alerts were received from Head Office. They were printed off, signed by staff when they had been actioned and then filed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy team has the equipment they need for the services they provide.

Inspector's evidence

A range of crown stamped conical measures were available including some that were used only for the measurement of CDs. There was a counting triangle available only for counting methotrexate tablets which was cleaned after each use.

There were current reference resources in use such as a BNF, a Children's BNF and a Drug Tariff. The pharmacist used online resources to access electronic medicines compendium to reproduce patient information leaflets.

All electrical equipment appeared to be in good working order. Patient medication records were stored on the pharmacy computer, which was password protected. The dispensary was clearly separated from the retail area and afforded good privacy for the dispensing operation and any associated conversations or telephone calls. The consultation room was used to enable discussion and consultation. Private telephone calls were conducted and the pharmacy used cordless telephones.

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.