

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 1 Jubilee Court, Tamworth Road, Kingsbury, TAMWORTH, Staffordshire, B78 2LL

Pharmacy reference: 1037110

Type of pharmacy: Community

Date of inspection: 14/08/2019

Pharmacy context

This pharmacy is in a residential area of Kingsbury Village. It dispenses prescriptions and supplies medicines in multi-compartment compliance packs to people who need help in managing their medicines. It also supplies emergency hormonal contraception, participates in a needle exchange scheme, provides influenza vaccinations seasonally and offers a prescription delivery service. The pharmacy has a small number of people who receive instalment supplies for substance misuse treatment.

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	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
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 generally follow written instructions to provide services safely and effectively. The pharmacy keeps people's private information safe. And it asks people for their views and uses their feedback to improve its services where possible. It keeps the records required by law to ensure that medicines are supplied safely and legally. The pharmacy has safeguarding procedures and its team members understand how they can help to protect vulnerable people. It manages risks in the dispensing process by recording and reviewing mistakes. But it could improve the detail in the records about these events to make the most of the learning opportunities.

Inspector's evidence

The pharmacy had a range of up-to-date standard operating procedures (SOPs) in place for the services provided. The pharmacy team members had read and signed the SOPs relevant to their roles and responsibilities. The head office had recently issued some updated SOPs covering the supply of transdermal fentanyl patches, the Falsified Medicines Directive (FMD), and the supply of valproate in accordance with the requirements of the Pregnancy Prevention Programme (PPP). Members of the pharmacy team were still in the process of reading and signing these SOPs. A responsible pharmacist (RP) sign was prominently displayed. The roles and responsibilities of team members were set out in the SOPs and they were aware of the tasks they could or could not undertake in the absence of a RP.

Members of the pharmacy team managed risks in the dispensing process by identifying and monitoring near misses and dispensing errors. Near misses were documented, reviewed and discussed with the team members to identify learning points. A supervisor who was also a 'safer care champion' completed monthly patient safety reviews and described some of the actions taken to prevent risks in the dispensing process, such as separating 'look-alike, sound-alike' (LASA) medicines. Members of the pharmacy team also mitigated dispensing errors by ensuring medicines awaiting final check were stored on a separate shelf. This helped to keep the limited bench space available clutter free and avoided prescriptions getting mixed up. The pharmacist discussed an incident involving a supply of an incorrect strength of Seroxat. The incident had been recorded and submitted to the head office. But the information written down was too brief to allow any meaningful analysis or identify any emerging trends. And the two strengths of Seroxat had not been separated on the shelves.

The pharmacy had a complaints procedure and information about this was included in the pharmacy's practice leaflet. Results of the most recent survey were generally positive and they were advertised in the pharmacy. There was some feedback about having somewhere private to talk without being overheard and the general cleanliness of the pharmacy. As a result, members of the pharmacy team decided to keep the consultation room wide open so that it would be noticed by members of the public visiting the pharmacy. The equipment in the consultation room was stored securely and there was no private information on display.

There were appropriate indemnity insurance arrangements in place for the services provided and a certificate was on display in the pharmacy. The pharmacy's RP records were complete and up to date. Records about controlled drugs (CDs) were kept in accordance with requirements. Running balances were recorded and checked weekly. CDs returned by people were recorded in a separate register. Records about private prescriptions, emergency supplies and unlicensed specials were in order.

The pharmacy had an information governance (IG) policy and members of the pharmacy team had all signed confidentiality agreements. They had completed annual IG and General Data Protection Regulation training. A privacy policy was advertised in the retail area of the pharmacy. Confidential waste was segregated into designated bins and collected by a waste contractor.

Access to the pharmacy's computer was password protected and restricted to authorised team members. And computer terminals were positioned away from the public view. Team members used their own NHS smart cards to access electronic prescriptions. Completed prescriptions were stored appropriately and people's personal details were not visible to the people visiting the pharmacy. A safeguarding policy and a list of key contacts for escalating safeguarding concerns were available in the pharmacy. The pharmacy had completed level 2 safeguarding training. Members of the pharmacy team had all completed safeguarding training relevant to their job roles.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members work well together and are supportive of each other to deliver services safely and effectively. The pharmacy supports its team members with ongoing training to help keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy manager, a supervisor who was also a qualified dispenser and a pharmacy student were working at the time of the inspection. A part-time healthcare advisor was due to commence her afternoon shift. One member of staff was on long-term absence. Members of the pharmacy team appeared to work well together and were managing their workload adequately. People who visited the pharmacy were acknowledged promptly. And prescriptions were processed in a timely manner.

Members of the pharmacy team had annual performance appraisals. And they received regular updates from the company about professional matters and to share learning from dispensing errors that had occurred in other branches. They were supported to complete ongoing learning via a web-based portal and training records were maintained. But the pharmacy manager said it was sometimes a struggle to find training time at work due to some staff changes. Members of the pharmacy team had recently completed training on ellaOne®.

A whistle blowing policy was in place and it had been signed by all staff members. Meetings were held routinely to update staff, share learning and to encourage team members to raise any concerns they may have about the way the pharmacy operated. There were company targets and incentives for the services provided. But the members of the pharmacy team did not feel their professional judgement or patient safety was compromised by these in any way.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are safe, secure and adequate for the pharmacy services provided.

Inspector's evidence

The retail area of the pharmacy was clean and tidy. And there was some seating available for people waiting for services. But the dispensary was very small and dated. And it had not been refitted for some time. This was reflected in the appearance of its fixtures and fittings. There was just about adequate storage and bench space to allow safe working.

The sinks in the dispensary and in the washroom were clean and had a supply hot and cold water. Hand sanitisers and antibacterial hand wash were available. Members of the pharmacy team had access to adequate hygiene facilities.

A consultation room was available for private consultations and its availability was clearly advertised. All information and equipment were stored securely. A chaperone policy was advertised in the room. And the premises were secured against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services effectively. People generally receive the advice and support they need to help them use their medicines appropriately. The pharmacy obtains its medicines from reputable sources. And it takes the right actions if any medicines are not safe to use to protect people's health and wellbeing.

Inspector's evidence

The entrance to the pharmacy was at street level and was step free. The retail area of the pharmacy was clear of slip or trip hazards and could accommodate wheelchairs and prams. The pharmacy's opening hours and a list of the services available were published within the pharmacy's practice leaflet and advertised in the store. Members of the pharmacy team used local knowledge to signpost people to other providers when a service required was not offered at the pharmacy. A range of healthcare leaflets and posters were available and on display in the pharmacy. The pharmacy offered a delivery service mainly to housebound and vulnerable people. And signatures were obtained from recipients to ensure a safe service. A note was left if nobody was available to receive the delivery and medicines were returned to the pharmacy.

The workflow in the dispensary was generally organised. Different coloured baskets were used during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. Owing slips were issued to provide an audit trail when the prescription could not be fully supplied. Dispensed by and checked by boxes were initialled on the dispensing labels to provide an audit trail of which members of staff had been involved in these stages. The pharmacy supplied medicines in multi-compartment compliance packs to people who had difficulties in managing their medicines. Assembled compliance packs included a dispensing audit trail and descriptions of individual medicines. The dispenser confirmed that patient information leaflets were routinely supplied with the compliance packs.

The pharmacy manager said that the uptake of the needle exchange service was very low. The service was discreetly advertised by the entrance of the pharmacy. A protocol for the needle stick injury was available and the SOPs for the service had been signed by members of the pharmacy team. Members of the pharmacy team were aware of providing additional advice to people on higher-risk medicines. And said that people on warfarin were generally asked about their therapeutic monitoring (INR) levels but these were not recorded on the person's medication records. The pharmacy had stickers to highlight CD prescriptions to ensure these were supplied within their 28-day validity period. There were no CD items awaiting collection on the shelf. Clear bags were used for assembled CDs and refrigerated medicines such as insulin to allow an additional check at hand out. Members of the pharmacy team were aware of the recent guidelines about valproate containing medicines and the pregnancy prevention program. They knew which people needed to be provided with additional advice about its contraindications and precautions. Patient guides and cards were available in the pharmacy.

Medicines were obtained from licensed wholesalers and specials were obtained from specials manufacturers. No extemporaneous dispensing was carried out. Medicines were generally stored in an orderly fashion and pharmacy-only medicines were stored in glass cabinets. People were required to ask for assistance when buying these medicines. The pharmacy had not yet fully implemented

procedures to comply with the Falsified Medicines Directive. The pharmacy manager said that some branches were currently being trialled and he was awaiting further guidance from the head office.

Stock medicines in the dispensary were date checked at regular intervals and records of checks were kept. Short-dated medicines were marked so that they could be identified and removed at an appropriate time. Liquid medicines with limited stability were marked with opening dates. Stock medicines requiring refrigeration were stored between 2 and 8 degrees Celsius. Temperatures were checked and recorded daily.

All CDs were stored in accordance with requirements and date-expired CDs had been destroyed. Designated bins were used to store waste medicines and denaturing kits were available to denature waste CDs safely. The pharmacy had a process to deal with safety alerts and drug recalls. Records of these and the actions taken by the pharmacy team members were kept by the pharmacy to provide an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the equipment and facilities it needs for the services it provides.

Inspector's evidence

Members of the pharmacy team had access to the internet and a range of up-to-date reference sources. The pharmacy's computers were password protected and computer terminals were not visible to customers visiting the pharmacy. Confidential waste was appropriately managed, and a consultation room was available for private conversations and counselling. The dispensary was clearly separated from the retail area and afforded good privacy for the dispensing operation and any associated conversations or telephone calls.

Equipment for counting loose tablets and capsules was clean. And a range of clean crown-stamped glass measures were available at the pharmacy with some reserved only for dispensing CDs, to avoid cross contamination. All electrical equipment appeared to be in good working order.

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.