

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Orchard Street Medical Cnt.,
IPSWICH, Suffolk, IP4 2PU

Pharmacy reference: 1037174

Type of pharmacy: Community

Date of inspection: 21/11/2019

Pharmacy context

The pharmacy is in the same building as a medical practice a short walk from the town centre of Ipswich. The pharmacy dispenses NHS prescriptions. And it provides Medicines Use Reviews (MURs) and occasional New Medicine Service (NMS) consultations. It offers a range of sexual health services including contraception under the C-Card scheme and emergency hormonal contraception. A small number of people use the substance misuse service including needle exchange. The pharmacy offers a range of Health-checks including blood pressure, glucose and cholesterol as well as a smoking cessation service. It delivers medication to people in their own homes on five days a week. The pharmacy administers flu vaccinations during the winter season.

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

The pharmacy identifies and manages the risks associated with its services to help provide them safely. It records and regularly reviews its mistakes and can show how the team learns and improves from these events. Team members have clear roles and responsibilities. The pharmacy asks the people who use the pharmacy for feedback. Team members know how to protect vulnerable people. And they keep people's personal information safe. The pharmacy mostly keeps the records it needs to by law. But it could do more to ensure these records are kept up to date.

Inspector's evidence

The pharmacy kept near miss and error logs and these were reviewed monthly to identify any trends or patterns. Following dispensing incidents, the mistake was discussed with the individual concerned on a one-to-one basis, with any learnings shared with the dispensary team. The pharmacist had identified a trend with confusing tablets and capsules and the whole team had been briefed to reduce the likelihood of this occurring. Team members were encouraged to identify their own errors and were comfortable about feeding back to the pharmacist.

The pharmacy was in the process of trying to source some new chairs in response to feedback from people. Team members encouraged people to take part in an annual satisfaction survey and the complaints process was published in the pharmacy. The pharmacy had current professional indemnity insurance.

The pharmacy had the right responsible pharmacist (RP) notice on display and RP records were completed correctly. Roles and responsibilities were identified in the standard operating procedures (SOPs). When asked, members of the pharmacy team clearly understood what they could and couldn't do when the pharmacist was not present.

The pharmacy had a comprehensive range of SOPs which covered, for example, dispensing processes, information governance, controlled drugs (CDs), RP activities, sale of medicines, high-risk medicines, dispensing incidents and services the pharmacy provided. There was evidence that members of staff had read and signed SOPs relevant to their roles.

The records examined were generally maintained in accordance with legal and professional requirements. But the pharmacy was around three weeks behind with entering private prescriptions in the private prescription register. Team members said that they would stay behind in the pharmacy after it had closed to get these entered. Records included: the private prescription register (for private prescriptions and emergency supplies), and records for the supplies of unlicensed medicines. The CD registers were appropriately maintained. CD balance checks were done regularly. There was also a book where patient returned CDs were recorded.

The pharmacy had a cordless phone to facilitate private conversations and the correct NHS smartcards were in use. The patient medication record (PMR) was password protected and sensitive waste was securely disposed of. Prescriptions were stored securely in the dispensary. The pharmacy team had undertaken training about the General Data Protection Regulation and had signed confidentiality agreements.

There were safeguarding procedures in place and staff described the actions that would be taken in the event of a safeguarding concern. There were contact details for the local safeguarding team.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload safely. They are appropriately trained and have a good understanding about their roles and responsibilities. They make suggestions to improve safety and workflows where appropriate. They are provided with feedback and have regular appraisals to identify any opportunities for development or learning.

Inspector's evidence

The pharmacy had recently experienced staffing difficulties which had resulted in it being around a week behind with prescriptions and routine tasks not being completed. A new team member had recently started, and the team members were managing to bring the pharmacy back up-to-date. The pharmacy was around 3 weeks behind with entering private prescriptions in the private prescription register. There was one regular, full-time pharmacist, two full-time trained dispensers and two part-time trainee dispensers.

Pharmacy team members undertook regular ongoing learning to keep their knowledge and skills up-to date. There was monthly, mandatory learning using an online learning platform. This was completed during working hours. One of the dispensers described how she undertook additional self-directed learning at home and some of the subjects she had studied included smoking cessation, substance misuse and talking about cancer. The pharmacist was aware of the requirements for professional revalidation.

All the staff had annual appraisals with a review every six months, which looked at areas where the staff were performing well and areas for improvement or opportunities to develop. Team members said they felt empowered to make suggestions to improve safety and workflows in the pharmacy. They had recently re-organised several of the stock shelves to make the frequently selected items more accessible. They had also identified a fault with the previous fridge and arranged for this to be replaced. Targets and incentives were in place, but the pharmacist said that these did not impact on patient safety or professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy team keeps the pharmacy secure, tidy and generally clean. There is some scope for routine maintenance. The pharmacist has an area to check prescriptions and this is kept clear to help reduce the risk of mistakes. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy had vinyl floors throughout, laminated worktops and a dedicated sink for the preparation of medicines. These were tired and stained in places and the sink was very heavily scaled and in a poor state of repair. The pharmacy had reported the sink and the associated odour from it on the day of the inspection and had been assured that it would be addressed within a few days.

There were clear workflows in place and a designated checking area which was kept tidy to reduce the risk of mistakes. The pharmacy was tidy with good levels of lighting throughout. Pharmacy team members said that the pharmacy sometimes became uncomfortably hot in the summer and there were two portable air coolers to reduce the room temperature. They said that they would source a maximum and minimum thermometer to be able to assure that medicines were stored at the right temperature and when remedial action was required.

There was a clean, bright and well-maintained consultation room with a reasonable level of soundproofing where people could consult pharmacy team members in private. The pharmacy premises were kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and effectively. It gets its medicines from reputable suppliers and largely stores them properly. It makes sure that multi-compartment compliance packs for people who need help managing their medicines are dispensed safely. Its team members identify and give advice to people taking high-risk medicines to make sure that they are taken safely. And team members take the right action if any medicines or devices need to be returned to the suppliers. This means that people get medicines and devices that are safe to use.

Inspector's evidence

The pharmacy was accessed via a wide door at path level with an automatic opener. There appeared to be a hearing loop fitted under the pharmacy counter but the microphone for this was not evident and the team did not know if this worked. Team members had trained as Dementia Friends and could generate larger print labels on request to help people with visual impairment.

The pharmacy obtained dispensing stock from a range of licenced wholesalers and it was stored in a neat and tidy manner in the dispensary. The team members said that stock was date checked quarterly but the record sheets were not always completed at the time. The last recorded checks were around July 2019 but no expired products were found in the stock locations. The pharmacy had a system to decommission medicines in accordance with the Falsified Medicines Directive. This had developed a fault and was not working at the time of the inspection but had been reported.

The pharmacy counselled people on high-risk medicines such as lithium, warfarin and methotrexate and the pharmacists routinely enquired about whether they were having blood tests related to these medicines. They also provided additional advice to people about how to take these medicines safely. Results from people's blood tests were sometimes recorded on the patient's medication record (PMR). The pharmacy team members were aware of the risks associated with dispensing valproate containing products, and the Pregnancy Prevention Programme. The pharmacy had conducted an audit of all the people they had dispensed valproate containing medication for and issued the published support materials.

The pharmacy kept medicines requiring cold storage in two pharmaceutical fridges. The maximum and minimum temperatures were continually monitored and recorded daily. The records confirmed that stock was consistently stored between 2 and 8 degrees Celsius. The pharmacy stored CDs securely. The pharmacy used a label on each CD prescription to help ensure that medicines were not issued after the prescription was no longer valid.

The driver had 'missed delivery' cards and coloured stickers for controlled drugs and refrigerated items to ensure appropriate storage if the medicines were returned to the pharmacy. There was a record book with an audit trail to show the medicines had been safely delivered.

The pharmacists had undertaken anaphylaxis training. Pharmacy staff described a safe procedure for receiving needles into the pharmacy and had received training in needlestick injury avoidance. Medicines which people had returned were clearly separated into designated bins and disposed of appropriately. Drug alerts were received electronically and recorded in the pharmacy. There was

evidence that the pharmacy team members had appropriately actioned recent alerts.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for its services and it largely maintains it appropriately. It uses its equipment to help protect people's personal information.

Inspector's evidence

The pharmacy had up-to-date reference sources, and testing equipment from reputable suppliers. It used stamped glass measures (with designated labelled measures for liquid methadone), and labelled equipment for dispensing cytotoxic medication such as methotrexate. This helped to avoid any cross-contamination. The glass measures had a build-up of limescale and the team members said that they would clean these.

There was a blood pressure monitor which was replaced every two years and a glucose meter with control solutions to calibrate it. The pharmacy had a range of appropriate infection control materials including single use finger prickers, alcohol gel and surface wipes. Fire extinguishers were serviced under an annual contract. All electrical equipment appeared to be in good working order and had been safety tested.

There was a locked cabinet to store sensitive records and the patient medication record was password protected. Confidential waste was disposed of using sealed bags for secure disposal offsite.

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.