

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 8 Sea Road, Fulwell,
SUNDERLAND, Tyne and Wear, SR6 9BX

Pharmacy reference: 1037709

Type of pharmacy: Community

Date of inspection: 21/01/2020

Pharmacy context

The pharmacy is on a main road on the outskirts of the town centre. It dispenses NHS and private prescriptions and sells over-the-counter medicines. It provides advice on the management of minor illnesses and long-term conditions. And offers services such as flu vaccinations, blood pressure monitoring and cholesterol checks. It delivers medicines to people's homes. And supplies some medicines in multi-compartment compliance packs. These help people remember to take their medicines.

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 has processes and written procedures that the team members follow. The team members have a clear understanding of their roles and tasks. The pharmacy team members look after people's private information. And they know how to protect the safety of vulnerable people. The pharmacy provides people using the pharmacy with the opportunity to feedback on its services. It keeps all the records as required by law, in compliance with standards and procedures. The pharmacy's team members record, report and learn from errors and mistakes during the dispensing procedure. But on occasions the information recorded lacks detail and the team don't always complete the causes of mistakes to help inform the changes they make. So, they may be missing out on learning opportunities.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) which the pharmacy team members have read. These provided the team with information to perform tasks supporting delivery of services. They covered areas such as dispensing of prescriptions and controlled drug (CD) management. These were subject to regular review. The SOPs had record of competence signature sheets and the team had signed these following reading the SOPs. The team kept a tracker for SOPs read and training undertaken on these. The team could advise of their roles and what tasks they could do. There was a regular locum present during the inspection. She advised she received all the SOPs electronically prior to commencing work at the pharmacy and also received amendments. There were also several other corporate checks undertaken weekly to manage the running of the pharmacy.

The pharmacy workflow provided different sections for dispensing activities with dedicated benches for assembly and checking, with a separate room for compliance pack preparation. The team advised that there were some people off that day who normally worked but they were managing the workload well. And the team members were undertaking this an organised way. They explained that they downloaded prescriptions one day. And sorted these alphabetically. They then labelled the items and ordered the stock. They placed the prescriptions and labels in individual baskets and left these for the next day for when the stock came in. They then assembled the items. They labelled the baskets in batches and the pharmacy received the stock in separate tote boxes marked with the batch number. One day they named the batches numerically, the following alphabetically. This clearly identified which stock was for which set of prescriptions. There were about seven prescription items, depending on size of the prescriptions in each tote box. They generally were working on the previous day's prescriptions. The pharmacy team members used red baskets for people waiting in the pharmacy and dispensed these at a separate terminal. And then the pharmacist checked these. The team members used blue and grey baskets for the electronic prescriptions for collection and yellow for delivery. This helped distinguish people's prescriptions by degree of urgency.

The pharmacy recorded near miss errors found and corrected during the dispensing process. The team members recorded their own on the template. Examples included maxitrol with wrong labelling instructions, codeine with wrong quantity but the quantity not specified and co-codamol/co-dydramol with LASA written beside it. LASA stood for Look-Alike Sound-Alike drug. The team members mostly completed the columns for contributing factors and learning but on some occasions these were blank. They advised that they were focusing on the LASA drugs and had reviewed the stock. They had highlighted the front of drawers in the storage system which contained LASA dugs. And added plastic

covered cards with the words LASA in the drawer beside the LASA drug. This highlighted this to the team at the picking stage. The team members had discussed this at their monthly patient safety care review. They had also discussed a case study provided by the company at the monthly review. And noted to take more care with labelling errors and check these carefully. They had separated prednisolone and placed it on the shelf in a basket due to an error the company had informed them about.

The pharmacy displayed a leaflet 'always with you in mind' which detailed the company's customer charter. This provided information on customer commitments and how people could make a complaint. It also explained how the pharmacy handled confidential information. The team members advised how they dealt with complaints. And there was a reminder of the process in the dispensary. The team advised they logged on to One Portal, their internal system. And noted the complaint. They also informed the area manager. Any complaints which the pharmacy had, the team discussed at the monthly patient safety review. This provided the team with the opportunity to discuss and learn for the future. The pharmacy had current indemnity insurance in place.

The pharmacy displayed the correct responsible pharmacist (RP) notice. And the pharmacist completed the responsible pharmacist records electronically. A sample of controlled drugs (CD) registers looked at found that they met legal requirements. The pharmacy usually checked CD stock against the balance in the register at each time of dispensing. This helped to spot errors such as missed entries. The register indicated weekly stock audits had been undertaken. Physical stock of an item selected at random agreed with the recorded balance. The pharmacy kept a record of CDs which people had returned for disposal and it had a process in place to ensure the team destroyed these promptly. And did not allow a build-up in the CD cabinet. The pharmacy kept special records for unlicensed products with the certificates of conformity completed. It maintained a register for private prescriptions, and these were suitably recorded. There were few supplies.

The pharmacy displayed a privacy notice with information on the confidential data kept and how it complied with legislation. The team had completed training on General Data Protection Regulation (GDPR). The IT system was password protected. The computer stored patient medication records (PMRs) electronically. And the team stored completed prescriptions safely. The pharmacy team stored confidential waste in separate bags for offsite shredding. The pharmacy had a safeguarding policy and procedure for the protection of vulnerable adults and children. It had additional guidance in a folder labelled as such. And displayed contact numbers for local safeguarding agencies on a notice board in the dispensary. The pharmacist had undertaken level 2 CPPE training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough qualified staff to provide safe and effective services. The pharmacy team members are competent and have the skills and qualifications they need for their role. The team members understand their roles and responsibilities in providing services. The pharmacy encourages and supports the pharmacy team to learn and develop. And it provides access to ongoing training. The pharmacy team members support each other in their day-to-day work. And they feel comfortable raising any concerns they have.

Inspector's evidence

There were two pharmacists, one accuracy checking technician (ACT), one technician and six dispensers who worked in the pharmacy. The two pharmacists job shared. And worked two and three days respectively. A regular relief worked on Saturdays. But at the present time one of the pharmacists was absent and there was a regular relief who was covering three days a week. The pharmacy manager was a technician and not present at the time of the inspection. She worked four days a week. Two of the dispensers were undertaking the technicians training course. And were almost half way through. They received four hours a week study time in the pharmacy to do the course. They took their study time on the day when the pharmacy was fully staffed. One of the dispensers advised the pharmacists offered and provided support and advice on the course when required. Two of the other dispensers tended to work more on the counter and worked in the dispensary generally on Saturday or when it was quieter to build up their experience. The counter was generally busy during the week, so they covered the counter which minimise interruptions for the other dispensers.

Certificates and qualifications were available for the team. The team members had training records. And they undertook regular training on the company system, MyKnowledge. This included products and seasonal topics. Recent training included CBD oil and Ella One. They also undertook training on MyLearning. This included safeguarding, sepsis and LASA drugs. The team advised they received about half an hour for this training which included reading and completing a knowledge check. The team were all on track with training within the set timeframes. And had passed the relevant modules. The team received performance reviews which gave the chance to receive feedback and discuss development needs. They completed these on MyPad every three months. One of the dispensers advised that she had discussed going on to the technicians training course at her reviews. And now she was undertaking the course.

The dispensers followed the sales of medicines protocol when making over-the-counter (OTC) recommendations. They referred to the pharmacist when necessary. The team carried out tasks and managed their workload in a competent manner. They discussed any issues which arose and dealt with any telephone queries. They worked well together. The team advised they could discuss any concerns with the pharmacists, pharmacy manager or area manager. There was a whistleblowing policy. And telephone numbers were available so the team members could easily and confidentially raise any concerns outside the pharmacy if needed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is safe and clean, and suitable for the pharmacy services it provides. People can have private conversations with a pharmacist or team member in the consultation room.

Inspector's evidence

The pharmacy was clean, tidy and hygienic. And fitted out to an acceptable standard with suitable space for dispensing, storing stock and medicines and devices waiting for collection. The sink in the dispensary for preparation of medicines was clean. Separate hand washing facilities were in place for the team. The benches, shelves and flooring were all clean. The pharmacy team followed a cleaning rota to ensure they maintained tasks. The pharmacy team generally kept the floor spaces clear to reduce the risk of trip hazards. The main dispensary downstairs was well organised. The room temperature was comfortable, and the pharmacy was well lit.

The pharmacy had a good sized, signposted, sound proofed consultation room which the team used. There was a notice about the chaperone policy, at the counter. This asked people if they would like a family member or chaperone present for consultations. The pharmacy team kept the consultation room locked when not in use. The pharmacy always had one person looking after the counter. So, the team were aware of customers in the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people. And it displays information about health-related topics. The pharmacy provides its services using a range of safe working practices. The pharmacy team members take steps to identify people taking some high-risk medicines. And they provide these people with extra advice. The pharmacy team members dispense some medicines into multi-compartment compliance packs to help people remember to take them correctly. The pharmacy gets its medicines from reputable suppliers. And it mostly stores and manages its medicines appropriately. It takes the right action if it receives any alerts that a medicine is no longer safe to use.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was a touch pad at the entrance for easy access. There was some customer seating. The team wore name badges with their role. The pharmacy displayed its services in the window and within the pharmacy. The hours of opening were on the door. The pharmacy had a range of leaflets displayed at the medicines counter. People asked for these if required as they were on the wall behind the medicines counter. The display included the practice leaflet which advised of the services in the pharmacy. The team had more leaflets displayed in the consultation room. The pharmacy had a defined professional area. And items for sale were mostly healthcare related. Various sections of shelving in the pharmacy related to various health conditions. People could not reach the pharmacy medicines and the team helped people wishing to purchase these items.

The pharmacy undertook Medicines Use Reviews (MURs) and the New Medicine service (NMS). It had carried out several flu vaccinations. The team members booked appointments for people as not all locums provided the service. So, they advised people when they could obtain the service. All the team had been trained and provided the needle exchange service. And the pharmacy provided blood pressure checks and cholesterol checks. The blood pressure and cholesterol checks were also part of a vitality health check which the pharmacy provided. The ACT provided the smoking cessation service which had recently commenced. And had a couple of people on the service. The pharmacy provided Emergency Hormonal Contraception (EHC). One pharmacist provided the service free under the Patient Group Direction (PGD). And the regular locum was trying to complete the requirements for the PGD. The team signposted to other pharmacies if people wanted the service through the PGD. The pharmacy provided the Community Pharmacist Consultation Service (CPCS). The CPCS connected patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy as their first port of call. The referrals came from NHS 111. The team advised the pharmacy had several requests, mostly on Saturday mornings. There had been a mixture of referrals for advice and people who had run out of their regular medicine.

The pharmacy supplied medicines to around 160 people in multi-compartment compliance packs to help them take their medicines. The ACT checked most of the compliance pack except ones with changes. The pharmacist clinically checked the prescriptions as required. Two dispensers generally managed the process for the compliance packs. They rotated this role, and both worked one month at a time doing the packs. Then spent a month in the main dispensary. They kept profile sheets for all people. Some sheets had several crossings outs and the team required to ensure they remained clear. The pharmacy kept profile sheets kept in plastic wallets and contained additional notes such as

discharge letters. The pharmacy provided people with patient information leaflets (PILs) with the first pack of each cycle.

There was a clear audit trail of the dispensing process. The team completed the 'dispensed by' and 'checked by' boxes which showed who had performed these roles. And a sample of completed prescriptions looked at found compliance with this process. The team used a stamp on the prescription to show that the pharmacist had completed a clinical check. This allowed the accuracy checking technician to do their accuracy check. The pharmacists used this if the ACT was going to be checking prescriptions in the main dispensary. The team used appropriate containers to supply medicines. And used clear bags for dispensed CDs and fridge lines so they could check the contents could again, at the point of hand-out.

There were some alerts stickers used to apply to prescriptions to raise awareness at the point of supply. These included pharmacist stickers, warfarin, methotrexate and lithium which ensured patients received additional counselling. The pharmacy had steroid cards accessible which it provided to people when required. The pharmacy team placed prescriptions with antibiotics into red bags which had information on them about antibiotics. And completing the course. This allowed the team to reinforce the additional counselling. The pharmacy team members were aware of the valproate Pregnancy Prevention Programme. And had completed an audit in November 2019. The pharmacy had no people in the at-risk group. It had leaflets and packs accessible if required. And the team explained the information it provided.

The team members used CD and fridge stickers on bags and prescriptions to prompt the person handing the medication over that the bag required some additional medication to complete the supply. The CD stickers recorded the last date for supply, to make sure it was within the 28-day legal limit. This prevented supplies when the prescription was no longer valid. When the pharmacy could not provide the product or quantity prescribed in full, patients received an owing slip. And the pharmacy kept a copy with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy contacted prescribers if items were unobtainable to ask for an alternative. The team checked any prescriptions that required an item to complete it, after each order. The pharmacy kept a delivery sheet as an audit trail for the delivery of medicines from the pharmacy to patients. This included a signature of receipt of the delivery. The driver used a separate delivery sheet for controlled drugs.

The pharmacy generally stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature. It had a few white boxes which were inadequately labelled as the team had not labelled with details such as batch number and expiry date. The pharmacy had a refrigerator from a recognised supplier. This was appropriate for the volume of medicines requiring storage at such temperatures. The team members recorded temperature readings daily. And checked these to ensure the refrigerator remained within the required temperature range. The pharmacy team checked expiry dates on products and had a rota in place to ensure all sections were regularly checked. The team members marked short-dated items and they took these off the shelf before the expiry date. The team members marked liquid medication with the date of opening which allowed them to check to ensure the liquid was still suitable for use.

The pharmacy obtained medicines from reputable sources. The team members had undertaken some training on the Falsified Medicines Directive (FMD) in February 2019. They were not sure when the company would be implementing the system in the pharmacy. The team used appropriate medicinal waste bins for patient returned medication. The contents of the bins were securely disposed of via the waste management contractor. The pharmacy had appropriate denaturing kits for the destruction of CDs. The pharmacy had a process to receive drug safety alerts and recalls. The team actioned these and

kept records of the action taken. The pharmacy included these on the monthly patient safety report to highlight to the team.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the pharmacy services it provides. There are provisions in place to maintain people's privacy.

Inspector's evidence

The pharmacy team members had access to a range of up-to-date reference sources, including the British National Formulary (BNF). They used the internet as an additional resource for information such as the Electronic Medicines Compendium (EMC) for patient information leaflets (PILs). The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. It also had a range of equipment for counting loose tablets and capsules. The team members cleaned triangles after use. The team members had access to disposable gloves and alcohol hand washing gel.

The equipment such as the carbon monoxide monitor, and blood pressure machine appeared in good working order. Someone came from the smoking organisation and checked the monitor. The team checked the blood pressure machine. And the pharmacy replaced it when required.

The pharmacy stored medication waiting collection on shelves in boxes in the dispensary. The pharmacy had adopted the new company process for retrieval. The team members advised how they stored them under days and alphabetically. They advised it assisted in monitoring uncollected prescriptions more easily. And they contacted people to remind them to collect their items. The team filed prescriptions in boxes in a retrieval system out of view, keeping details private. The computer in the consultation room was screen locked when not in use. The computer screens were in the dispensary, out of view. The team used the NHS smart card system to access to people's records. The team used cordless phones for private conversations.

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.