

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 51 Crown Way, Lillington,
LEAMINGTON SPA, Warwickshire, CV32 7SH

Pharmacy reference: 1037770

Type of pharmacy: Community

Date of inspection: 28/03/2023

Pharmacy context

This community pharmacy is currently undergoing a change of ownership. It is situated in a parade of shops in a suburb of Leamington Spa. It sells a range of over-the-counter medicines and dispenses prescriptions. It offers New Medicine Service (NMS) checks, a needle exchange scheme and a prescription delivery service. It also supplies emergency hormonal contraception (EHC) and administers flu vaccinations in the winter season. It supplies medicines in multi-compartment compliance packs to some people who need help in managing their medicines. And the pharmacy has a small number of people receiving instalment medicines 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

Overall, the pharmacy identifies and manages the risks associated with its services. It has written procedures to help deliver its services safely. And it keeps the records it needs to by law, to show that medicines are supplied safely and legally. Members of the pharmacy team protect people's confidential information appropriately. And they understand how they can help protect vulnerable people.

Inspector's evidence

The pharmacy had a range of in-date standard operating procedures (SOPs), and these had been read and signed by its team members. At the time of the visit, an incorrect responsible pharmacist (RP) notice was on display. This was corrected when pointed out to the pharmacist. Team members could describe the tasks they could or could not undertake in the absence of a pharmacist.

The pharmacy has systems to record dispensing incidents. Records of mistakes that were identified before the medicine was handed out to a person (near misses) were last made in January 2023. The pharmacy manager said all near misses were discussed with team members and learnings were identified. But due to time constraints actions taken to prevent similar events were not always recorded. Team members had taken some actions to mitigate the chances of picking errors during the dispensing process. Medicines with similar packaging, strengths, or names including (naproxen and simvastatin) had been separated. The pharmacy manager said that there hadn't been many mistakes that had reached people (dispensing errors). But she was aware of the company's process for recording and reporting such mistakes.

The pharmacy had current indemnity insurance. Records about the RP, controlled drugs (CDs), private prescriptions and unlicensed medicines were kept in line with requirements. Running balances of CDs were kept and audited at regular intervals. A separate register was used to record patient-returned CDs. A random check of a CD showed that the quantity of stock matched the recorded balance.

Confidential information was kept securely and prescriptions awaiting collection were stored appropriately. People's personal details were not visible to the public. Confidential waste was separated and placed in designated bags which were collected by a waste disposal company. Members of the pharmacy team used their own NHS smartcards to access electronic prescriptions. The pharmacy had a complaints procedure. The pharmacy manager said that she would always endeavour to resolve complaints in the pharmacy and where appropriate she would escalate complaints to the superintendent's office. The pharmacy had displayed its privacy policy to inform people how their personal information was managed.

The pharmacy had procedures about protecting vulnerable people. A safeguarding SOP and contact details for local agencies to escalate any safeguarding concerns were available in the pharmacy. The pharmacy manager had completed level 2 safeguarding training. Members of the pharmacy team knew what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person. Information about "Ask for Ani" was displayed in the retail area of the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload adequately. Members of the pharmacy team are supported by their pharmacy manager, and they have the appropriate skills and qualifications for their roles and responsibilities. The company provides training resources to help its team members keep their skills and knowledge up to date.

Inspector's evidence

At the time of the inspection a locum pharmacist, a trainee technician and two qualified dispensers were on duty. Halfway through the inspection, the pharmacy manager came in to support the team. Team members were working well together, and they were managing their workload comfortably. One of the team members commented that the transition of ownership has been somewhat unsettling but they were very well supported by their pharmacy manager who had held the team together.

The team appeared positive under the current circumstances and they were trying their best to cope with the transition of ownership change. They appeared to share a good rapport with their customers. People visiting the pharmacy were served promptly and politely. And team members were doing their best to provide assurances to their customers about the new owners.

Under the existing ownership, team members were supported with regular updates and on-going training to help keep their skills and knowledge up to date. The trainee technician was given study time each week to help her complete her training course and said that she was very well supported by her pharmacy manager.

Team members were aware of the current whistleblowing policy and said that they felt comfortable to raise any concerns they had with their pharmacy manager. There were targets in place, but the team members did not appear to be under any undue pressure to deliver these targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are safe, secure, and suitable for the services it offers. People can have a conversation with a team member in a private area

Inspector's evidence

The pharmacy's front fascia and its public facing areas were generally clean and adequately maintained. The retail area of the pharmacy was sufficiently spacious, and it was kept clear of slip or trip hazards. There was enough storage and work bench space in the dispensary to allow safe working. The sink in the dispensary for preparing medicines was clean and it had a supply of hot and cold running water. There was adequate heating and lighting throughout the premises. The dispensary was separated from the retail area, and it afforded privacy for dispensing, and any associated conversations and telephone calls. A private signposted consultation room was available to enable people to have private conversations with team members. The room was kept clean and tidy. Team members had access to hygiene facilities. The premises were lockable and could be secured against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy manages its services well to ensure people get appropriate care and the support they need to use their medicines safely. People with different needs can access the pharmacy's services. The pharmacy gets its medicines from reputable sources, and it generally stores them appropriately. Team members take the right action in response to safety alerts so that people get medicines and medical devices that are safe to use.

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. There was seating available for customers. The pharmacy's opening hours and a list of the services available were advertised in-store. Team members used local knowledge to signpost people to other providers when a service required was not offered at the pharmacy.

The workflow in the dispensary was organised. Team members used baskets during the dispensing process to prioritise workload and minimise the risk of medicines getting mixed up. 'Owing notes' were issued to people to keep an audit trail when prescriptions could not be supplied in full when first dispensed. Dispensed multi-compartment compliance packs checked during the inspection were labelled appropriately and included descriptions of the medication and patient information leaflets were supplied. The pharmacy had a tracking system to prompt staff when people's prescriptions were to be ordered so that the packs were prepared in a timely manner. The pharmacy manager said that team members contacted people to check what medication was required before ordering their repeat prescriptions.

The pharmacy manager said that relevant parameters such as INR were often checked when supplying higher-risk medicines such as warfarin, and these were recorded on the person's medication records. Stickers were used on assembled prescription bags to highlight when a fridge line or a CD needed to be added during hand-out. A 'pharmacist' sticker was used to highlight any higher-risk medicines or when counselling was required. The pharmacy manager said that she had identified the risks of generically written prescriptions for insulin and had taken the initiative of contacting the GPs to get the prescriptions changed to specific brands. This helped minimise the chances of supplying an incorrect insulin.

The pharmacy had recently completed its national clinical audit on valproate. The pharmacy manager said that most of her patients were aware of the safety considerations associated with the use of valproate. She further commented that the pharmacy provided safety advice about valproate to both women of child-bearing age and to men who could also be affected.

The pharmacy ordered its stock medicines from licensed wholesalers and no extemporaneous dispensing was undertaken. The pharmacy had a very small range of Pharmacy-only medicines which were stored behind glass cabinets and a notice was displayed for people to ask for assistance when wanting to buy these medicines. The pharmacy did not sell codeine linctus over the counter. Stock medicines were date checked at regular intervals and short-dated medicines were marked for removal at an appropriate time. Stock medicines were randomly checked during the inspection and no date-

expired medicines were found in amongst stock.

Temperature-sensitive medicines were stored appropriately, and the maximum and minimum medicine fridge temperatures were recorded daily. The records showed that the temperatures had been maintained within the required range of 2 and 8 degrees Celsius. All CDs were kept in line with requirements. Access to CD keys was managed appropriately. Members of the pharmacy team used stickers to highlight CD prescriptions including those that didn't require secure storage to ensure they were not inadvertently handed-out after their 28-day validity period. Denaturing kits were available to dispose of waste CDs safely. The pharmacy had a process to deal with safety alerts and medicines recalls making sure the medicines it supplied were fit for purpose. Records about these and the action taken by team members were kept, providing an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And it maintains its facilities and equipment adequately.

Inspector's evidence

The pharmacy's computers were password protected and computer terminals were not visible to people visiting the pharmacy. Members of the pharmacy team had access to current reference sources. All electrical equipment appeared to be in good working order. There was a range of clean crown-stamped measures available for measuring liquid medicines. And the equipment for counting loose tablets and capsules was clean. Medicine containers were capped to prevent cross-contamination.

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.