

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, 335 Chester Road, Castle Bromwich, BIRMINGHAM, West Midlands, B36 0JG

**Pharmacy reference:** 1038080

**Type of pharmacy:** Community

**Date of inspection:** 17/04/2023

## Pharmacy context

This community pharmacy is currently undergoing a change of ownership. It is situated in a parade of shops in a suburb of Birmingham. It sells a range of over-the-counter medicines and dispenses prescriptions. It offers a prescription delivery service, New Medicine Service (NMS) checks, substance misuse treatment, seasonal flu vaccinations, emergency hormonal contraception, the Community Pharmacist Consultation Service, and the Hypertension Case finding service. It also supplies medicines in multi-compartment compliance packs to some people in the community who need assistance in managing their medicines at home.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

Overall, the pharmacy has safe and effective working practices. It has written procedures to help deliver its services safely. And it keeps the records it needs to show that medicines are supplied safely and legally to people. Members of the pharmacy team record and review their mistakes so that they can learn and improve from these events. The pharmacy keeps people's confidential information securely and its team members know how to 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 team members. The correct responsible pharmacist (RP) notice was on display and team members could explain the tasks they could not undertake in the absence of a pharmacist. The pharmacy manager explained the process team members would follow to record and report dispensing mistakes. Dispensing mistakes which were identified before the medicine was handed out to a person (near misses) were routinely recorded and reviewed. A report about near misses was generated and discussed with team members to share any learnings. Dispensing mistakes that had reached people (dispensing errors) were recorded, reviewed, and submitted to the superintendent pharmacist (SI). Higher-risk medicines including valproate, and medicines with similar names, such as atenolol, amitriptyline, omeprazole and olanzapine had been highlighted and separated to minimise picking errors. The pharmacy had current indemnity insurance. Records about controlled drugs (CDs), RP, unlicensed medicines and private prescriptions were kept in line with requirements. A random balance check of a CD was correct. Running balances of CDs were kept and audited at regular intervals. A separate register was used to record patient-returned CDs.

The pharmacy had a complaints procedure. The pharmacy manager said that there hadn't been any recent customer complaints. But she would always endeavour to resolve complaints in the pharmacy. And where appropriate she would escalate complaints to the pharmacy's head office. Confidential information was kept securely and prescriptions awaiting collection were stored safely. People's personal details were not visible to the public. Confidential waste separated and placed in designated bags which were collected by a waste contractor. Members of the pharmacy team used their own NHS smartcards to access electronic prescriptions. 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 available in the pharmacy.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its current 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.

### Inspector's evidence

At the time of the inspection, the pharmacy team consisted of a pharmacy manager, a qualified dispenser, and a trainee pharmacist. Members of the pharmacy team worked well together, and they were managing their workload efficiently. Most of the team members had worked at the pharmacy for a considerable length of time. A team member said they felt comfortable making suggestions or raising concerns with the pharmacy manager. Members of the pharmacy team had all signed the pharmacy's current whistle blowing policy.

Under the existing ownership, members of the pharmacy were supported with some updates and on-going training to help keep their skills and knowledge up to date. The trainee pharmacist said that she was very well supported by her tutor and she was given study time.

There were targets in place, but members of the pharmacy team 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 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 pharmacy's entrance had a ramp with outside pavement entrance to help assist people with mobility difficulties. 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 sufficiently 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 routinely 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 such as methotrexate, lithium, and valproate so that additional was provided to people where appropriate. The pharmacy had recently completed its national clinical audit on valproate. The pharmacy manager said that the pharmacy did not have any person in the at-risk group being supplied with valproate.

The pharmacy ordered its stock medicines from licensed wholesalers and no extemporaneous dispensing was undertaken. Pharmacy-only medicines 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.