

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 81 Thornbridge Avenue, Great Barr, BIRMINGHAM, West Midlands, B42 2PW

Pharmacy reference: 1038154

Type of pharmacy: Community

Date of inspection: 06/12/2022

Pharmacy context

This pharmacy is situated on a row of shops, near other local services and residential properties in the Great Barr area of Birmingham. People who use the pharmacy are from the local community and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it provides some other NHS funded services.

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 effectively manages the risks associated with its services to make sure people receive appropriate care. Members of the pharmacy team follow written procedures to make sure they work safely. They record their mistakes so that they can learn from them, and they make changes to stop the same sort of mistakes from happening again. The pharmacy team keeps people's information safe and team members understand their role in supporting vulnerable people.

Inspector's evidence

A range of up-to-date standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. The latest set of SOPs was available on the company intranet and had been reviewed by head office. These were not available to view during the inspection due to a temporary technical problem that was being investigated. Paper SOPs had been archived and were ready to send to a central facility for storage. The signature sheets were seen which demonstrated that the pharmacy team had read and signed the SOPs relevant to their job role. Roles and responsibilities of staff were highlighted within the SOPs.

'Safer Care' checks were completed weekly. A dispensing assistant completed the checks, and the outcome of the Safer Care checks was shared with the rest of the pharmacy team. The checks cycled through different topics including the environment, people, processes and Safer Care briefings. A Safer Care briefing was held monthly and recorded in the Safer Care folder. Various topics such as dispensing incidents and near misses were discussed and documented. Head office provided the pharmacy team with case studies and patient safety information to help reduce the risk of errors occurring in branch.

Lloyds Pharmacy near miss logs were in place with the dispenser involved being responsible for correcting their own error to ensure they learn from the mistake. The near miss logs were reviewed by the pharmacist manager at the end of the month. Action points based on patterns and trends were recorded and included in the monthly Safer Care huddle. There were examples of stock being separated to reduce the risk of medicines being selected incorrectly.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A dispensing assistant correctly answered hypothetical questions related to high-risk medicine sales. The pharmacy's complaints process was explained in the SOPs. People could give feedback to the pharmacy team in several different ways; verbal, written and online. The pharmacy team tried to resolve issues that were within their control and would involve head office if they could not reach a solution. There was an online feedback survey and one of the pharmacy's dispensing assistants had received an award in recognition of her receiving the highest number of positive comments in the region.

The pharmacy had up-to-date professional indemnity insurance in place. The responsible pharmacist (RP) notice showed the correct details and was clearly displayed. The RP log was maintained electronically, and it contained the correct information. Controlled drug (CD) registers also complied

with requirements. A CD balance check was completed regularly, and a random balance check matched the balance recorded in the register. A patient returned CD register was used.

Confidential waste was stored separately to general waste and transferred to confidential waste bags for destruction offsite. The pharmacist had completed level two training on safeguarding. Other members of the pharmacy team completed an e-learning module on safeguarding every year as part of their annual training. The safeguarding procedure and local contact details were available in the dispensary.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. The team members plan absences in advance, so the pharmacy has enough cover to provide the services. They work well together in a supportive environment, and they can raise concerns and make suggestions.

Inspector's evidence

The pharmacy team comprised of the pharmacist manager, a supervisor (dispensing assistant), two dispensing assistants, a medicines counter assistant and a delivery driver. There was an additional staff member employed on a zero-hour contract that could support when required and another member of the team was on maternity leave. Holidays were requested by submitting the request using a Smartphone app and the team covered each other as required.

On-going staff training was provided by head office on the Lloyds Pharmacy elearning system (MyLearn) and covered a number of topics. Compliance with the training modules was monitored by the pharmacist manager and the team were due to complete modules during December linked to the NHS Pharmacy Quality Scheme, such as safeguarding.

The pharmacy team appeared to work well together during the inspection and were observed helping each other throughout. As the pharmacy team worked closely together, any near misses and pharmacy issues were discussed on a daily basis within the dispensary. The pharmacy staff said that they could raise any concerns or suggestions with the pharmacist manager or head office and were encouraged to share ideas. There was a whistleblowing policy and contacts were available for pharmacy staff to raise concerns to. The pharmacist manager was observed making himself available to discuss queries with patients and giving advice to patients when he handed out prescriptions. The pharmacist manager did not have to meet any formal targets relating to pharmacy services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare services. The pharmacy team uses a consultation room for services and if people want to have a conversation in private.

Inspector's evidence

The premises were smart in appearance and appeared to be well maintained. Any maintenance issues were reported to head office. The dispensary was an ample size for the services provided and an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops. There was a private soundproof consultation room which was signposted. The consultation room was professional in appearance. Prepared medicines were held securely within the pharmacy and pharmacy medicines were integrated into normal stock and stored in plastic storage cabinets with an 'ask for assistance' message to customers

The dispensary was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned by the pharmacy team. The sinks in the dispensary and staff areas had hot and cold running water. Hand towels and hand soap were available. The pharmacy had plinth heaters and the temperature felt comfortable during the inspection. The lighting was adequate for the services provided.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are easy for people to access. It manages its services and supplies medicines safely. The pharmacy obtains its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use. People receive appropriate advice about their medicines when collecting their prescriptions.

Inspector's evidence

The pharmacy had step free access from the pavement and a home delivery service was available for people that could not access the pharmacy. The pharmacy staff referred people to local services when necessary. They used local knowledge and the internet to support signposting and a list with other local services was displayed.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Different coloured baskets were used to prioritise certain prescriptions. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. Notes and stickers were attached to medication when additional counselling was required or if extra items needed to be added to the bag. The team were aware of the risks associated with the use of valproate during pregnancy, and the need for additional counselling.

A repeat prescription service was in operation. The pharmacy offered different services dependent on what the person preferred and what the surgery allowed. The pharmacy had audit trails in place for the prescription collection service. Prescriptions collected were routinely checked against requests and discrepancies followed up. Patient medication records were kept for the multi-compartment compliance packs so that the dispensers knew where to put the medicines in the packs.

Date checking took place regularly and medicines that were due to expire within three months were removed. Medicines were stored in an organised manner on the dispensary shelves. All medicines were observed being stored in their original packaging. Split liquid medicines with limited stability once they were opened were marked with a date of opening. Patient returned medicines were stored separately from stock medicines in a designated area. Medicines were obtained from a range of licenced wholesalers and the pharmacy was alerted to drug recalls via head office. The controlled drug cabinets were secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Fridge temperature records were maintained, and records showed that the pharmacy fridges were working within the required temperature range of 2°C and 8°Celsius.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. The team uses equipment in a way that keeps people's information safe.

Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the BNF and the children's BNF. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean, crown stamped measures were available. Separate measures were used for the preparation of methadone. Counting triangles were available. Computer screens were not visible to the public as members of the public could not access the dispensary. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

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.