

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 228- 230 Wychall Road,
Northfield, BIRMINGHAM, West Midlands, B31 3AU

Pharmacy reference: 1038186

Type of pharmacy: Community

Date of inspection: 10/11/2022

Pharmacy context

This is a community pharmacy situated in a residential area of Northfield, Birmingham. The pharmacy dispenses prescriptions, sells medicines over the counter, supplies medicines in multi-compartment compliance packs and offers a prescription delivery service. And it also provides seasonal flu vaccinations, substance misuse treatment to a handful of people, and it offers a needle exchange scheme.

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 adequately 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 private 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. The correct responsible pharmacist (RP) notice was on display and members of the pharmacy team 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 made intermittently. Members of the pharmacy team discussed the mistakes they made during the dispensing process. But there was little evidence of a periodic review to identify any emerging trends in the pharmacy. The pharmacy manager said that since she had started her post in July, considerable time and effort had been spent in trying to restore the pharmacy's professional image and reputation which had been adversely affected due to lack of regular pharmacist cover.

Members of the pharmacy team had taken some actions in trying to mitigate chances of picking errors such as separating medicines with similar packaging, strengths, or names including amlodipine, amitriptyline, quinine, quetiapine, Symbicort turbohaler and Salamol easi-breath. 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 procedures about protecting vulnerable people. A safeguarding SOPs 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.

Principle 2 - Staffing ✓ Standards met

Summary findings

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

Inspector's evidence

On the day of the visit, the pharmacy manager, a qualified dispenser who had worked for the branch for 17 years and a trainee dispenser were on duty. The trainee dispenser was enrolled on an accredited training program. Team members were managing their workload adequately and worked well together. Team members were supported with regular updates and on-going training to help keep their skills and knowledge up to date. The pharmacy manager said that the team members were up to date with their monthly training. And they had recently completed training on domestic abuse, cancer awareness and pharmacovigilance. Members of the pharmacy team were aware of the whistleblowing policy and said that they felt comfortable to raise any concerns they had with their pharmacy manager or their area manager. A team member said that things had significantly improved in the pharmacy since the appointment of the pharmacy manager, and they were very well supported by her. There were targets in place, but the team members did not appear to be under any undue pressure to deliver these targets. The pharmacy manager said that she was focussing on getting back the footfall into the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are safe and adequately maintained. And people visiting the pharmacy can have a conversation with a team member in private.

Inspector's evidence

The pharmacy's front fascia and its public facing areas were generally clean and they were 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. Members of the pharmacy team had access to adequate 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. Members of the pharmacy team 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 had automated doors and its entrance was step-free. Its opening hours and the services it offered were advertised at the entrance. There was seating available for people waiting for services. Members of the pharmacy team used their local knowledge to signpost people to nearby pharmacies when a service required was not offered at their pharmacy. The pharmacy offered a prescription delivery service and people signed to acknowledge receipt of their medicines.

The workflow in the dispensary was organised. Members of the pharmacy team 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.

Members of the pharmacy team were aware of the valproate pregnancy prevention programme and additional counselling to be given to people in the at-risk group. The valproate information pack and patient cards were available to ensure any new at-risk people prescribed valproate-containing medicines were given the appropriate information. The pharmacy had one person in the at-risk group and a record had been made about the counselling and information provided to them. The pharmacy manager said that relevant parameters such as INR were often checked when supplying higher-risk medicines such as warfarin, but these were not always 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 had begun delivering its seasonal flu vaccination service in September and approximately 140 vaccinations had been administered to date. An anaphylaxis kits and all the ancillary items such as gloves and hand-sanitisers were available in the pharmacy.

The pharmacy ordered its stock medicines from licensed wholesalers and no extemporaneous dispensing was undertaken. Pharmacy-only medicines were generally stored behind locked glass cabinets and the pharmacy had displayed a notice for people to ask for assistance when wanting to buy such medicines. But there were several cabinets that could not be locked. And this could increase the chances of people self-selecting 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 said that they used stickers to highlight CD prescriptions including those that didn't require secure storage to ensure they were not inadvertently hand-out after their 28-day validity period. But a prescription for pregabalin found in the retrieval system had not been marked. The pharmacy had denaturing kits available to dispose of waste CDs safely. The pharmacy had a process to deal with safety alerts and medicines recalls to make 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. Hand sanitising gels were available in various locations in the pharmacy.

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.