

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 173 High Street, Lye,
STOURBRIDGE, West Midlands, DY9 8LN

Pharmacy reference: 1038411

Type of pharmacy: Community

Date of inspection: 20/02/2023

Pharmacy context

This community pharmacy is situated on the main high street of Lye in Stourbridge. It dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of other services including seasonal flu vaccinations and the community pharmacy consultation service (CPCS). The pharmacy offers a home delivery service, and it supplies medicines in multi-compartment compliance aids for some people to help them take their medicines at the right time.

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 appropriately manages risks to make sure its services are safe. Pharmacy team members are clear about their roles and responsibilities, and they act to improve patient safety. Team members receive training to help make sure people's private information is kept safe and they understand how to protect the welfare of vulnerable patients.

Inspector's evidence

The pharmacy had systems in place to help identify and manage risks. For example, a set of standard operating procedures (SOPs) were available. The procedures covered the processes within the pharmacy and each team member had signed a training log to confirm that they had read and agreed to follow them. Records of near misses were kept using a paper log, and the pharmacy also documented days when no near misses had occurred, to help ensure the integrity of the record. The log was reviewed at the end of each month and feedback was provided to the team. Where relevant, changes had been made within the dispensary to help prevent mistakes from being repeated. For example, the team had used stickers to highlight 'look alike' and 'sound alike' medicines and they had moved medications with different pack sizes away from one another, to help prevent picking mistakes. The responsible pharmacist (RP) also discussed how he would manage any dispensing incidents in the pharmacy, including reporting any errors on the relevant reporting system. Pharmacy team members also completed regular audits of processes and procedures in the pharmacy, they acted appropriately on any findings and discussed any learning points at monthly team briefings.

Pharmacy team members were confident and clear when discussing their roles and responsibilities, which were also described within individual SOPs. The team obtained feedback on services they provided through a Community Pharmacy Patient Questionnaire (CPPQ) and the complaints process was stated within the pharmacy's practice leaflet. Several people who used the pharmacy's services had also submitted additional positive comments through the pharmacy's website and the team had displayed these within the dispensary. The pharmacy had insurance provisions in place and a certificate displayed was valid until June 2023.

Upon arrival, an incorrect RP notice was displayed, but this was swiftly rectified when pointed out. The RP log appeared in order, as did records for unlicensed specials. The pharmacy maintained a private prescription register, but three prescriptions received the week prior to the inspection when the RP had been on leave, had not been entered in line with requirements. The pharmacist rectified this on the day. Controlled drugs (CD) registers kept running balances which were frequently audited. Two random balances were checked, and both were found to be accurate.

The pharmacy team members had completed information governance (IG) training and they explained how confidential information was protected in the pharmacy. This included keeping personal information out of view and disposing of confidential waste in the correct bins, which were then collected by an external contractor and taken for destruction. A notice near to the medicine counter explained how people's personal information was managed in the pharmacy. And team members held

their own personal NHS Smartcards.

The pharmacy had a safeguarding procedure and pharmacy team members had completed safeguarding training. One team member discussed the 'Ask for Ani' scheme which the pharmacy participated in, and the contact details of local safeguarding agencies were listed in the dispensary. Any immediate concerns were referred to the pharmacist. The pharmacy chaperone policy was also displayed near to the consultation room.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members are suitably trained for the jobs that they do. They complete additional training to keep their knowledge up to date and they get regular feedback to help them learn and improve. Team members work in an open environment, and they feel comfortable raising concerns and providing feedback within the pharmacy.

Inspector's evidence

The pharmacy team included the RP, who was the regular pharmacist and six NVQ2 dispensing assistants, one of whom was currently completing an NVQ3 with aim of becoming a registered pharmacy technician. The pharmacy had also recently employed a trainee dispenser, who was due to be enrolled on a training course. Most of the pharmacy support team worked part-time, with working hours planned to maintain a usual staffing level of two dispensers working alongside the pharmacist and a third team member covering the medicines counter. The pharmacy employed a second pharmacist who covered the RP's days off. The workload within the pharmacy was usually manageable and planned leave was staggered to help ensure appropriate staffing levels were maintained. In recent weeks there had been some staffing shortages due to unplanned sickness, and this had created slightly more workload pressure within the pharmacy. At the time of the inspection the dispensing workload was being suitably managed, but the team were not fully up to date on some less urgent house-keeping activities. Some allowance was provided for additional cover, to help minimise some of the impact of absences within the pharmacy.

Pharmacy team members completed regular training through an online learning platform and training records were kept, to show when modules had been completed. The team members also received feedback on how well they were doing from the regular RP, who completed appraisals. A team member discussed the types of questions that she would ask to help make sure that sales of over-the-counter medicines were safe. The team member highlighted medicines which were liable to abuse and misuse and said that concerns were referred to the pharmacist in charge.

The team worked well together, and the environment appeared open and honest. Team members were happy to approach the regular RP with any concerns and were clear on how to escalate any issues. A confidential helpline was advertised in the tearoom area of the pharmacy, but some team members who were not always sure about how anonymous concerns could be raised. This was discussed with the RP, who agreed to highlight the relevant contact details to the team. The company had set the pharmacy a target for the seasonal flu vaccination service. The pharmacist explained that running each of the pharmacy's services safely was his priority. The uptake in flu vaccinations had not been as large as anticipated and the pharmacist had planned his workload according to staffing levels. Double pharmacist cover had been requested for particularly busy days, but the pharmacist felt the workload had generally been manageable.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. The pharmacy has a private consultation room which enables it to provide members of the public with the opportunity to have a confidential conversation.

Inspector's evidence

The pharmacy was suitably maintained, but some of the interior fittings looked a little dated which detracted from the overall appearance. It was clean and suitably sized for the workload, with a clearly defined workflow and an upstairs area utilised for additional dispensing activities. There was adequate temperature control, and the lighting was appropriate. Pharmacy team members had access to a tearoom and a WC with handwashing facilities.

A consultation room was available and it was clearly signposted. The room was clean, bright and tidy. It contained a desk and seating to allow for private and confidential discussions.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy suitably manages its services so that people receive appropriate care. The pharmacy gets its medicines from licensed suppliers and pharmacy team members carry out some checks to make sure that medicines are in a suitable condition for supply.

Inspector's evidence

The pharmacy had step-free access from the street. It had a manual door, but this was visible from the counter, so people who needed assistance could be identified. There was a range of promotional material advertising the services provided by the pharmacy, as well as additional health promotion literature. And the pharmacy opening hours were clearly displayed.

Prescriptions were separated into baskets, to help prevent them from being mixed up. The baskets were colour coded to help prioritise dispensing. And team members signed dispensed by and checked by boxes on dispensing labels to provide an audit trail. Dispensed medicines were kept in a retrieval system and team members were seen to complete checks of names and addresses when prescriptions were handed out. The pharmacy used stickers to identify people on high-risk medications who may require additional counselling, but records of this were not routinely kept, so the pharmacy may not always be able to demonstrate the checks that are being completed. The pharmacist discussed the risks associated with the use of valproate-based medicines in people who may become pregnant, and the pharmacy had the necessary education and warning materials. Stickers were also used to identify prescriptions for controlled drugs, to help ensure that they were supplied within the valid timeframe. However, there were two prescriptions for gabapentin which had not been highlighted, which may increase the risk of a supply being made after the prescription has expired.

The pharmacy offered prescription reordering services. In some cases, patients contacted the pharmacy to request repeat prescription items, and in other instances the pharmacy provided managed repeats. Where repeats were managed, patients were contacted to identify which medications were required, reducing the risk of over ordering. Audit trails were kept as a record to identify prescriptions unreturned from the GP surgery. Some repeat medications were dispensed at an off-site location. Prescription details were transferred electronically, after a clinical and accuracy check of the data had been completed by the pharmacist. The delivery driver discussed the audit trail which was maintained as part of the service and explained that any unsuccessful deliveries were returned to the pharmacy.

Some medications were supplied using multi-compartment compliance aids. Reordering of prescriptions was completed in the same way as standard repeat prescriptions. Each patient had a record chart listing their current medications as well as any previous changes to their medicines. The pharmacist identified medications which were unsuitable for compliance aids and explained the checks that were completed prior to a compliance aid being initiated. Completed packs were seen to contain signatures for dispensing and checking, and descriptions of individual tablets to aid identification.

The RP described the training that had had completed for the provision of the seasonal flu vaccination

service. Consent was recorded electronically, and the pharmacy had equipment to aid the administration of vaccinations, including adrenaline and a sharp bin, all of which were suitably stored and secured.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. A date checking matrix was displayed in the dispensary, but some checks had fallen behind schedule. Medicines due to expire within the next six months were marked with a sticker and liquid preparations recorded a date of first opening. A random check of the dispensary shelves identified one expired medicine, which had been marked with a sticker, but it had not yet been removed. This was placed in a medicines waste bin once identified. Medicines waste bins were also used to store any patient returned medicines. The pharmacy received alerts for the recall of medicines electronically. The system was checked daily, and an audit trail was kept recording the action that had been taken.

CDs were stored appropriately and in an organised manner. The pharmacy had medical grade refrigerators which were fitted with maximum and minimum thermometers. The temperature was checked and recorded each day, and both were found to be within the recommended temperature range.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Pharmacy team members have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

Pharmacy team members had access to the British National Formulary (BNF) and Drug Tariff. Internet access was also available for general information. There was a selection of liquid measures with British Standard and Crown marks, and a range of counting triangles for tablets. The equipment was clean and suitably maintained.

Electrical equipment appeared in order. Computer screens were all positioned out of view and were password protected and the phone was positioned away from the medicine counter to enable conversations to take place in private.

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.