

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 35 Worcester Street,
STOURBRIDGE, West Midlands, DY8 1AT

Pharmacy reference: 1038426

Type of pharmacy: Community

Date of inspection: 18/11/2019

Pharmacy context

This community pharmacy is located on a busy road, just off the main ring road surrounding the town centre. The pharmacy dispenses prescriptions and sells a limited range of over-the-counter (OTC) medicines. It provides some medicines in multi-compartment compliance aid packs to help make sure that people take them correctly, and it also provides a home delivery service for people who are unable to collect their medicines. The pharmacy does not have a consultation room, so it does not provide any other services except a limited number of Medicines Use Reviews (MURs) using alternative arrangements.

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 suitably identifies and manages the risks associated with its services. It keeps the records it needs to by law and makes sure that it protects people's private information. Team members follow written procedures to help make sure they complete tasks safely. They are clear on their roles and responsibilities and understand how to raise concerns to help protect the wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) covering operational tasks and activities. Some of the procedures had been recently updated and others had been due for an update in August 2019. The procedures defined the responsibilities of pharmacy team members who were in the process of completing records of competence confirming their understanding and acknowledgment. The locum pharmacist confirmed that she had completed the most up-to-date procedures through the locum booking system and said that any issues would be escalated to the pharmacy manager. Pharmacy team members were aware of their roles and worked within their competence. And through discussion, they demonstrated a clear understanding of the activities which could and could not take place in the absence of a responsible pharmacist (RP). Professional indemnity insurance arrangements covered pharmacy services.

A current near miss log was in use and entries were made by pharmacy team members. A record was kept indicating when no near misses had been identified, to help confirm that entries were accurate. There was a limited number of records on the current log, and previous records were not available. The team reported that the pharmacy manager reviewed near misses and they showed the inspector examples of where cautionary stickers had been used to highlight issues, such as the different formulations of tamsulosin and the different strengths of diazepam tablets. The team were not aware of any recent dispensing incidents. Dispensing errors were usually reported through an electronic system and records were filed for reference.

The team discussed a safer care auditing process which was operated in the pharmacy. The pharmacy manager completed weekly audits, but records could not be located on the day. Any issues were discussed at a monthly team briefing. The last meeting was said to have taken place approximately two-weeks ago and a dispenser highlighted some of the topics which had been discussed.

The pharmacy had a complaint procedure. This was detailed in a customer charter leaflet, which was available from the retail area. Most people who used the pharmacy were from the local area and the team appeared to have a positive rapport with their regular patients. A dispenser said that people were advised that they could provide feedback on pharmacy services to the company's head office. The pharmacy also participated in an annual Community Pharmacy Patient Questionnaire (CPPQ). The results of a recent survey were displayed and were generally positive. An area identified for improvement was for patients to have access to an area for private and confidential discussions. The pharmacy did not have a consultation room. The team discussed how confidential conversations were managed as best as possible. The issue had previously been raised with the pharmacy management, but options for a consultation room were limited by the layout of the premises.

The correct RP notice was clearly displayed by the medicine counter and the RP log was compliant with requirements. Private prescriptions and emergency supply records were both in order and records for the procurement of specials provided an audit trail from source to supply. The pharmacy's CD registers kept a running balance and regular balance checks were carried out. It had a patient returns CD register and previous entries for destruction had been signed and witnessed.

The pharmacy team completed information governance training and the company's privacy policy was displayed near to the medicine counter. Team members discussed some of the ways in which they would keep people's private information safe. They segregated confidential waste, which was removed and taken for suitable disposal. Completed prescriptions were stored out of public view. The appropriate use of NHS smartcards was seen on the day.

The pharmacy had a safeguarding procedure and team members had completed some training. Including the locum pharmacist, who had completed training through the Centre for Pharmacy Postgraduate Education (CPPE). They discussed some of the types of concerns that they might identify and explained how these would be managed. No concerns had been escalated from the pharmacy to date, but the locum pharmacist said that she would consult company procedures if the need occurred.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members hold the appropriate qualifications for their roles. They complete regular ongoing training and get feedback on their development, so that they can learn and improve. And they can raise concerns and provide feedback. But they do not always receive regular or timely responses to issues that are raised and contingency arrangements for some unplanned absences are lacking, which may impact on service provision.

Inspector's evidence

On the day of the inspection, a locum pharmacist was working alongside three qualified dispensers. The pharmacy employed two additional dispensers who were not present, and the regular pharmacy manager was on annual leave. The staffing level on the day was appropriate for the workload. There was no backlog of dispensing and the locum pharmacist described the team as being efficient at prioritising the workload. The pharmacy had experienced some staffing difficulties in the months prior to the inspection, where there had been a three-month period of locum pharmacist cover. During this time, there had been some impact on organisation, but the team reported that this had improved in recent weeks.

Leave in the pharmacy was usually planned and a calendar was used to help make sure that a suitable level of staff was maintained. Cover for 50% of staffing hours was permitted during periods of planned leave but cover for unplanned absences such as sickness was not authorised. The week prior to the inspection the regular delivery driver had been off sick, and a lack of contingency planning meant that cover for this service was unorganised and limited. At times, a replacement driver had been provided, but they had arrived late and informed team members that they only had a 45-minutes to complete deliveries. The delivery driver was now on a two-week planned period of leave. At the beginning of the inspection the team were unclear on what arrangements were in place for this, but some information was obtained during the inspection and a relief driver arrived midway through.

Pharmacy team members were trained for the roles in which they were working. They completed ongoing training through an e-Learning system, which included a monthly knowledge check and other mandatory modules such as information governance and pharmacovigilance. Records were kept ensuring that team members had completed training and time was provided in branch for this to be done. Team development was reviewed via appraisals which took place every six months with the pharmacy manager.

Sales of medicines were discussed with a dispenser who clearly explained the questions that she would ask to help make sure that sales were safe and appropriate. She was aware that medications such as Viagra and the emergency hormonal contraceptive required a consultation with the pharmacist. Other high-risk medicines were identified, including co-codamol and the dispenser provided an appropriate response to a question regarding the sale of pseudoephedrine-based medicines. Concerns were referred to the pharmacist, who had previously refused inappropriate requests and made a referral to the GP.

The pharmacy team had an open dialogue. They were happy to approach the locum pharmacist and the pharmacy manager and were familiar with the channels of escalation within the company, via the

cluster manager and area manager. The team were comfortable to provide feedback on pharmacy services but at times, feedback in response to the concerns that were raised was limited. A staff survey was not always completed due to concerns around anonymity. Staff were able to raise concerns using a confidential helpline, which was advertised in the staff tearoom. The locum pharmacist confirmed that she had not been made aware of any targets for professional services for the day.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a secure environment for the provision of healthcare services. But some of the interior fixtures and fittings are worn and dated, which detracts from the overall appearance. And it does not have a consultation room, so people may not always be able to access an area for private and confidential discussions.

Inspector's evidence

The pharmacy was based inside an old building. Although in a reasonable state of structural repair, some of the interior fixtures and fittings were dated and parts of the premises were worn, with plaster peeling from some parts of the walls. This detracted from the overall professional appearance. Maintenance issues were escalated to the company's head office, but repairs and feedback from staff was not always acted upon in a swift manner. An issue with a door to the premises had first been raised in March 2019 and had not yet been resolved. Pharmacy team members completed general housekeeping tasks and the premises were reasonably clean on the day, although some shelves appeared dusty. There was adequate lighting throughout the premises and the temperature was suitable for the storage of medicines.

The pharmacy had a small retail area. Near to the entrance door were several health promotion and service leaflets and there were two chairs available for use by people waiting for their medicines. A few shelves stocked a small number of goods which were suitable for a healthcare-based business and pharmacy restricted medicines were secured from self-selection behind the medicine counter.

There were two main areas for dispensing, the lower level of the dispensary had a large work bench that surrounded most of the room. A labelling terminal was situated on one work bench and dispensing and checking took place in two separate areas. Large shelving units were used to provide space for medicines and a drawer retrieval system was used to store completed prescriptions. The work benches were generally free of unnecessary clutter, but there were times when some tote boxes had to be temporarily stored on the floor, which may cause a trip hazard for team members. A second dispensing area was located up a small number of steps. This area provided further work bench space for the assembly of multi-compartment compliance aid packs. Further storage areas and staffing areas including WC facilities were adequately maintained.

The pharmacy did not have a consultation room, so people may not always have access to a dedicated area for private and confidential discussions. The team were aware of the limitations and managed private discussions as best as possible. The retail area was rarely crowded during the inspection, but due to the compact nature of the space there was a risk that conversations may be overheard.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy sources, stores and manages medicines appropriately. Its services are available to people with different needs and they are suitably managed to help make sure that people receive appropriate care.

Inspector's evidence

The pharmacy was accessed by a step up from the main road. A grab rail was fitted to help people with mobility issues and a portable ramp was also available, but this was not clearly advertised. The pharmacy also had a hearing loop on the medicine counter.

The pharmacy's services were advertised in a practice leaflet, which was available near to the medicine counter. It had a service board displayed in the window which promoted the general services available from the company. Most of which were not available at the pharmacy. A note underneath the list made this clear. People who required other services were signposted to other healthcare providers and the team knew the locations of several other pharmacies in the area.

Prescriptions were dispensed using colour coded baskets to keep them separate and reduce the likelihood of medications being mixed up. And team members kept an audit trail for dispensing by signing 'dispensed' and 'checked' boxes on dispensing labels. The locum pharmacist discussed how prescriptions for high-risk medicines were identified and believed that where possible monitoring parameters such as INR readings were recorded. The team were aware of the risks of the use of valproate-based medicines in people who may become pregnant. They did not currently have any patients who fell within the at-risk criteria. The locum pharmacist discussed the questions that she would ask when making a supply and access was available to the necessary safety literature.

Team members used stickers to highlight prescriptions for CDs to help make sure that supplies were made within a valid 28-day expiry date. Supplies of CDs and fridge medications were made using clear bags so that additional checks could take place at the time of prescription handout.

The pharmacy provided a repeat prescription collection service. People contacted the pharmacy to request the medications which were required, and a record was kept identifying any unreturned requests. The pharmacy also managed repeat prescriptions for a number of people. People identified the medications which were required each month, to help prevent over ordering and the pharmacy calculated the next prescription reorder and due dates. Audit trails were kept electronically to identify unreturned requests and prescription discrepancies. Signatures were obtained for deliveries which were made to patients. A card was left for any patient who was not in and medications were returned to the pharmacy.

Medications for multi-compartment compliance aid packs were ordered each week and the pharmacy kept the necessary audit trails. Master records of medication were held for each patient. They were updated with the details of any changes and the pharmacy kept copies of additional correspondence such as discharge summaries. Complete trays were labelled with patient details and they recorded descriptions of individual medicines. Patient leaflets were provided, and trays were also supplied with a pill remover device. The device broke the seal of an individual section of the pack and then assisted

patients with removing medications, without having to touch them by hand. One completed pack was noted to have been signed for dispensing and checking by the regular pharmacist. A team member confirmed that this was usual practice for packs which contained a small number of medicines. This may increase the likelihood that mistakes are not detected, and the risks around self-checking were discussed on the day.

Stock medications were stored in the original packaging provided by the manufacturer. They were reasonably organised but limited space meant that there were not always clear gaps between different medicines, which may increase the risk of picking errors. Pharmacy team members carried out date checking according to a planned schedule. Checks were approximately two-weeks behind, but no out of date medicines were identified from random samples. Short dated medicines were highlighted, and obsolete medicines were placed into suitable waste bins. A cytotoxic waste bin was available for the segregation of hazardous materials. The pharmacy was not yet compliant with the requirements of the European Falsified Medicines Directive (FMD). A scanner had been installed at the pharmacy, but the team were unaware of when it would be fully implemented. Alerts for the recall of fault medicines and medical devices were received via email. The system was checked daily and appeared to be up to date. An audit trail was kept demonstrating that appropriate action had been taken in response to some alerts received, but this was not always consistent. A dispenser agreed to review this moving forward.

CDs were stored securely, and expired CDs were clearly segregated from stock medicines. Random balance checks were found to be correct and CD denaturing kits were available. The pharmacy refrigerators were fitted with maximum and minimum thermometers. The temperature was checked and recorded each day and no recent discrepancies were recorded.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services and team members use equipment in a way that protects privacy.

Inspector's evidence

The pharmacy had access to paper-based reference materials including the British National Formulary (BNF). There was also restricted internet access allowing access to reference materials including the Electronic Medicines Compendium (EMC).

There was a single crown stamped glass measure for measuring liquids and quantities of less than 10mL were measured using approved oral syringes. An electronic tablet counter was clean, and it was calibrated with five tablets prior to each use. The pharmacy also had counting triangles for loose tablets and a separate triangle was marked for use with cytotoxic medicines.

Electrical equipment was in safe working order and had been recently PAT tested. Systems were sometimes slow and problems such as this were escalated to head office. Computer systems were password protected and screens were positioned out of public view to help protect privacy. The pharmacy also had cordless phones to enable conversations to take place in private, if required.

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.