

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, 416 Birmingham Road, Wylde Green, SUTTON COLDFIELD, West Midlands, B72 1YJ

**Pharmacy reference:** 1038432

**Type of pharmacy:** Community

**Date of inspection:** 20/08/2019

## Pharmacy context

This is a community pharmacy located on a parade of local shops in Wylde Green area of Sutton Coldfield. The pharmacy dispenses NHS prescriptions and provides some other NHS funded services. The pharmacy team dispenses medicines into weekly packs for people that can sometimes forget to take their medicines and provides medicines to care homes.

## 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>	Good practice	2.2	Good practice	Planned learning and development is actively supported and encouraged. Most members of the team are fully trained, and trainees are fully supported during their training period.
		2.4	Good practice	Pharmacy staff demonstrate enthusiasm for their role and understand the importance of what they do. Staff have regular feedback about their personal and team performance and share feedback with each other.
<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

The pharmacy's working practices are safe and effective. It protects people's private information and keeps the records it needs to by law. People can give feedback and make a complaint about the services. The team follows written instructions to make sure it works safely. The team members record their mistakes so that they can learn from them. And they make changes to stop the same sort of mistakes from happening again.

### Inspector's evidence

A range of up-to-date standard operating procedures (SOPs) covered the operational activities of the pharmacy and the services provided. A new set of SOPs had been implemented in July 2019 after a review by head office. All pharmacy staff had read and signed the SOPs relevant to their job role and these had been countersigned by the branch manager. Roles and responsibilities were highlighted within the SOPs. Supplementary training logs were used to record training on related topics, such as the counselling required when dispensing sodium valproate.

The team completed 'Safer Care' checks to make sure procedures were being followed. Safer Care checks were completed weekly and stored in a folder. The pharmacy had two dispensaries; a traditional dispensary in the shop and a 'hub' dispensary. The pharmacy team working in the hub dispensed multi-compartment compliance packs and prescriptions for care homes. The branch manager completed the Safer Care checks for the dispensary and the accuracy checking technicians (ACTs) completed the checks for the hub. The outcome was shared with the pharmacy team members. The checks cycled through different topics: the environment, people and process.

A Safer Care briefing was held monthly and a summary was recorded. 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 share which may reduce the risk of errors occurring in branch. Various stickers were displayed by LASA (look alike, sound alike) medicines to reduce the risk of selecting the wrong medicine during the dispensing process.

Lloyds Pharmacy near miss logs were used and the dispenser involved was responsible for correcting their own error to ensure they learnt from the mistake. The near miss logs in the dispensary were reviewed by the branch manager and the near miss logs for the hub were reviewed by the ACT's. Dispensing incidents were recorded electronically on the company 'Pharmacy Incident Management System' (PIMS). A copy of the completed PIMS form was printed out and stored in the pharmacy for reference. The dispensing incident was reviewed using a root cause analysis form and reflection log, and examples of the actions taken to reduce the risk of reoccurrence were seen.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A member of staff answered questions related to medicine sales and responsible pharmacist absence correctly. Pharmacy staff were wearing uniforms and name badges which stated their job role.

A complaints procedure was in place. An ACT explained the process for handling a complaint or concern from a care home. She identified that she would speak to the person first and would try to resolve the issue but would refer to the branch manager/responsible pharmacist or provide contact details for head office if the complaint was unresolved. The pharmacy team had meetings with care homes to ensure that their service was meeting the needs of the care home and changes were made when requested.

The ACT explained that she contacted the home before dispensing the next monthly cycle when changes had been made to ensure the home was satisfied with the changes. A Customer Charter leaflet was available which explained the complaints process. The pharmacy gathered customer feedback by completing an annual customer survey and the results of the previous survey were on display to customers.

The pharmacy had up to date professional insurance arrangements in place. The Responsible Pharmacist (RP) notice was clearly displayed and the RP log complied with requirements. Controlled drug (CD) registers also complied with requirements. A CD balance check was completed weekly and a random balance check matched the balance recorded in the register. A patient returned CD register was used. Private prescription and emergency supplies were recorded in a record book and records were in generally in order. Some emergency supply records were missing the reason for the supply. MUR forms consent forms were signed by the patient. Delivery records were maintained and a separate sheet for fridge and CDs was used and retained in branch.

The branch had an Information Governance (IG) policy and various training and policy documents had been read and signed by pharmacy staff. Confidential waste was stored separately from general waste and destroyed offsite. Pharmacy staff had individual user names and passwords for the computers and NHS Smartcards were not shared. The pharmacy had a safeguarding policy and a list of local safeguarding contacts was available in the dispensary. A flowchart was available showing the reporting process within Lloydspharmacy. Pharmacy professionals had completed a Centre for Pharmacy Postgraduate Education (CPPE) training package on safeguarding children and vulnerable adults.

## Principle 2 - Staffing ✓ Good practice

### Summary findings

The pharmacy has enough team members to manage the current workload and the services that it provides. The team members plan absences, so they always have enough cover to provide the services. They work well together in a supportive environment and can raise concerns and make suggestions. People who work in the pharmacy completed ongoing training to help keep their skills and knowledge up-to-date.

### Inspector's evidence

The pharmacy team comprised of the branch manager (pharmacist), two accuracy checking technicians, two dispensing assistants, two healthcare partners (HCP) and a trainee healthcare partner. Healthcare partners had either completed dispensing assistant and medicines counter assistant training or were enrolled on an accredited training course. There had been some recent changes to staffing levels as the supervisor had left. Other staff had increased their hours and there was a 20-hour a week vacancy. Staff rotas were designed to match the needs of the business and staffing levels had increased since the hub had opened in early 2018. Holidays were planned in advance and cover provided by other staff members as required. Rotas and advance planning were completed by the branch manager in accordance with a salary budget decided by head office based on the business performance of the branch.

On-going staff training was provided by head office on the Lloyds Pharmacy e-Learning system and covered a number of topics. Compliance with the training modules was tracked by the branch manager and annual compliance training was tracked by head office to ensure members of staff have completed health and safety training. Pharmacy staff had regular performance conversations with the branch manager.

The pharmacy team worked well together during the inspection and were observed helping each other and moving onto the healthcare counter when there was a queue. The RP had not worked at the branch before and commented that the team had been welcoming and helpful, and the set-up of the branch had made it easy for her to work. As the pharmacy team worked closely together they discussed any near misses and pharmacy issues on a daily basis within the dispensaries and had a team huddle on a Monday. Safer care briefings occurred once a month. The pharmacy staff said that they could raise any concerns or suggestions with the branch manager, or cluster manager and were encouraged to share ideas. There was a whistleblowing policy and contacts were displayed for pharmacy staff to refer to.

The RP was observed making herself available to discuss queries with people and giving advice when she handed out prescriptions. Targets were in place for services; the RP explained that she would use her professional judgement to offer services. For example, provide MURs when she felt that they were appropriate for the person.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. It has a consultation room to enable it to provide members of the public with access to an area for private and confidential discussions.

### Inspector's evidence

The pharmacy was smart in appearance and appeared to be well maintained. Any maintenance issues were reported to head office. The dispensaries were of an adequate size for the services provided; an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops. A separate dispensary was used for dispensing care home prescriptions and multi-compartment compliance packs.

A large stock room was used to store fixtures and fittings, excess stock and pharmacy consumables. There was a private soundproof consultation room which was used by the pharmacy team several times during the inspection. The consultation room was professional in appearance. Prepared medicines were held securely within the dispensary and pharmacy medicines were stored behind the medicines counter.

The pharmacy was clean and tidy with no major slip or trip hazards evident. The pharmacy was cleaned by pharmacy staff and the floor was cleaned by a contract cleaner. The sinks in the dispensary and staff areas had hot and cold running water, hand towels and hand soap available. The temperature was comfortable during the inspection and the lighting was adequate for the services provided.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are well managed. It sources and supplies medicines safely. The team members are helpful and make sure people have all the information they need so that they can use their medicines safely. Pharmacy staff check their stock regularly to make sure medicines are fit for purpose.

### 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 had hearing loops at the medicines counter and in the consultation room. A range of health promotion leaflets were available for customers. The pharmacy had a practice leaflet containing information such as the complaints procedure, how the pharmacy stored patient information and the services available, which may be useful for customers. The pharmacy staff used a local signposting guide and local knowledge to refer people to other providers for services the pharmacy did not offer.

Prescriptions were dispensed in baskets with different colours used for different prescription types. For example, red baskets for waiting prescriptions. Dispensing baskets were also used to keep medication separate. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. Any prescriptions that were for the ACTs to check were clinically checked by a pharmacist and the pharmacist signed the special stamp at the bottom of the prescription once the clinical check had been completed. The ACTs reported that they could not perform an accuracy check of the prescription if they had been involved in the dispensing process or if the prescription had not been clinically checked by a pharmacist. Stickers were attached to completed prescriptions to highlight people suitable for certain services or that needed fridge or CD items adding. The team were aware of additional counselling for people prescribed valproate and there were leaflets and stickers available to support the counselling.

The hub dispensary provided multi-compartment compliance packs for a large number of people. The packs were either supplied to people directly by the branch or were delivered to other branches of Lloydspharmacy for onward supply. Information relating to each person, such as where medication should be packed in the tray or details of telephone messages, was recorded on the PMR and on a patient sheet. Information was supplied by the original branch when they transferred the transferred across. This information was retained for future reference. A sample of dispensed compliance packs were seen to have been labelled with descriptions of medication, an audit trail for who had been involved in the dispensing and checking process. Patient information leaflets (PILs) were included with each monthly supply.

Monthly and acute prescriptions were supplied to a number of care homes. Each care home had a printed schedule which listed the date for when each stage of the process needed to be completed each month. The care homes were required to order prescriptions from the surgeries for their residents and the pharmacy provided the care homes with a copy of the prescriptions so that they could chase any missing items prior to the monthly delivery being dispensed. The pharmacy had started checking

the prescriptions against the previous month's supply and sending a missing item list to the care home. The pharmacy staff had found that the care homes were not doing a thorough check of the prescriptions and were often contacting the pharmacy to request an emergency supply or acute prescription when it should have been resolved in advance. Acute and interim prescriptions were supplied on the same day if the prescription was received by 3pm and the care home was contacted if the pharmacy did not have the item in stock.

Due to the quantity of repeat prescriptions dispensed by the pharmacy they had been identified by head office as being suitable for using a central hub for dispensing repeat prescriptions. The prescription was labelled in the pharmacy and clinically checked on the screen by a pharmacist. The prescriptions were transmitted to the hub for assembly and delivered back to the pharmacy in sealed bags. Off-site dispensing was relatively new to the branch and additional 'fire-wall' checks were in place. The staff members present and working in the dispensary during the inspection had an understanding of the process, but other colleagues who were not present usually inputted the information. Therefore, this process was not inspected in detail.

Date checking was carried out in accordance with a plan from head office and there was evidence of regular date checking. There were some out-of-date controlled drugs in the cabinet that had not been segregated from normal stock. Medicines were obtained from a range of licensed wholesalers and a specials manufacturer. Medicines were stored in an organised manner on the dispensary shelves. All medicines were observed being stored in their original packaging. Split liquid medicines were marked with the date of opening. Barcode scanners for Falsified Medicines Directive (FMD) had been installed but were not being used. Patient returned medicines were stored separately from stock medicines in designated bins. The pharmacy was alerted to drug recalls via emails from head office. A record of recalls was seen, and these had been annotated and signed as evidence of action taken.

The CD cabinets were secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Secure procedures for storing the CD keys during the day and overnight were in place. Substance misuse prescriptions were dispensed in advance of the patient coming to collect them. This reduced work load pressure and the risk of dispensing incorrect doses when the patient came to collect the prescription. Assembled substance misuse prescriptions were stored in the CD cabinet. There were medical fridges used to hold stock medicines and assembled medicines. The medicines in the fridges were stored in an organised manner. Fridge temperature records were maintained and records showed that the pharmacy fridges were working within the required temperature range of 2°C and 8°C.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide services safely.

### Inspector's evidence

The pharmacy had a range of up to date reference sources, including the BNF and BNF for Children. Internet access was available. The pharmacy had equipment used for pharmacy services that was appropriately maintained and calibrated. The blood pressure monitor was marked with the date that it was first used, and the blood glucose calibration record was displayed. A range of clean, crown stamped measures were available. Separate measures were available for preparation of methadone. Counting triangles were available and there was a separate triangle used for counting cytotoxic medicines. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. Computer access was password protected and each staff member had their own password. Screens were not visible to the public. 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.