

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, Unit 3, Burntwood Shopping Centre, Chase Terrace, WALSALL, West Midlands, WS7 1JR

**Pharmacy reference:** 1038477

**Type of pharmacy:** Community

**Date of inspection:** 30/01/2020

## Pharmacy context

This is a community pharmacy located in an area of local shops and services in Burntwood, Staffordshire. The pharmacy dispenses NHS prescriptions and provides some other NHS funded services such as Medicines Use Reviews (MURs), New Medicine Service (NMS), minor ailment scheme and seasonal 'flu vaccinations. The pharmacy team dispenses medicines into weekly packs for people that can sometimes forget to take their medicines and supplies 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>	Standards met	N/A	N/A	N/A
<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 effectively manages the risks associated with its services to make sure people receive appropriate care. It is responsive to feedback and uses this to make improvements. 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.

### Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. A new set of SOPs had been implemented in August 2019 after a review by head office. Supplementary SOPs had been provided by head office for any additional processes or services that were not already covered by the SOPs. All pharmacy and healthcare staff had read and signed the SOPs relevant to their job role and these had been countersigned by a pharmacist. Roles and responsibilities of staff were highlighted within the SOPs.

A Professional Standards Audit (PSA) was carried out every few months by the branch manager or the cluster manager. The PSA was used to create an action plan and make improvements in the pharmacy. The last PSA audit had taken place a few months prior to the inspection and had identified various improvements that needed to be made. Around the same time, there were some concerns raised by relief staff from other branches about the operational and organisational set-up of the branch. This led to a change in personnel at the branch and a new non-pharmacist branch manager, pharmacists and pharmacy technician were recruited. These staff members were experienced and had successfully held these roles in other Lloyds pharmacies. The cluster manager shared the action plan with the new branch manager and the action plan had been signed off as completed.

'Safer Care' checks were completed weekly and they were stored in the Safer Care folder. The pharmacy technician was the pharmacy's 'Safer Care Champion' and each member of the team completed the weekly checks to encourage a culture of shared responsibility for patient safety. The outcome of the checks with the branch manager, pharmacist and other dispensers. The checks cycled through different topics; environment, people, process and Safer Care briefing. A Safer Care briefing was held monthly and recorded in the 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 share which may 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 Safer Care Champion using the Lloyds pharmacy near miss review template. Action points were based on patterns and trends were recorded included in the monthly Safer Care huddle. Various medicines had been separated or highlighted when they had been involved in a near miss.

Pharmacy professionals had undertaken additional training on sepsis, risk management and LASA (look

alike, sound alike) medicines. Head office sent alerts about LASA medicines which were shared with the team and various stickers were displayed by LASA medicines to reduce the risk of selecting the wrong medicine during the dispensing process or they were moved to a separate area of the dispensary. When a prescription contained a LASA medicine, the pharmacy team were using a LASA stamp which had a 'dispensed by' and 'checked by' box on to demonstrate that the people involved in the dispensing and checking process knew it was a LASA medicine and had taken extra care.

Dispensing incidents were recorded electronically on the company 'Pharmacy Incident Management System' (PIMS). Members of the team explained how to record and review an incident and a dispensing assistant demonstrated how to access PIMS using the company intranet. The dispensing incident was reviewed using a root cause analysis form and a reflective log. There was an SOP for dispensing errors which had been signed by the pharmacy team. Dispensing incidents were included in the monthly Safer Care huddle. A dispensing error had been reported to the branch by a care home that had not been reported using the PIMS system, this made it difficult for the branch manager to investigate as the team could not remember what had happened. The branch manager had reminded the dispensary team how to access PIMS and that errors should be reported and reviewed promptly, and that the pharmacy superintendent's office could be contacted if required.

Members of the team were knowledgeable about their roles and discussed these during the inspection. A member of staff explained the additional checks she made when a member of the public requested over-the-counter high-risk medicines such as co-codamol or sleeping aids. There was another branch of Lloydspharmacy very close to the pharmacy, so the team informed the other branch when they had refused a sale. Pharmacy staff were wearing uniforms and name badges.

A complaints procedure was in place. A dispenser explained the process for handling a complaint or concern. 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. 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 team had recently been working on improving the customer experience based on comments that repeat prescriptions were not ready when they should have been. The team had worked extra hours at weekends to work through outstanding prescriptions and the operational processes within the dispensary had been reviewed so that repeat prescriptions were dispensed before the date of supply and any missing items were proactively checked with the surgery.

The pharmacy had up-to-date professional indemnity insurance arrangements in place. The responsible pharmacist (RP) notice was displayed and the RP log complied with requirements. Controlled drug (CD) registers also complied with requirements. A regular CD balance check took place and was documented in the CD register. A random balance check matched the balance recorded in the register. The balance check for methadone was done every week and the manufacturer's overage was added to the running balance. A patient returned CD destruction register was used. Private prescriptions and emergency supplies were recorded in a register and records were in order. Recent specials records were maintained with an audit trail from source to supply, but older records did not contain this information. Medicines Use Review (MUR) and New Medicine Service consent forms were signed by the patient.

The pharmacy had an information governance (IG) policy and various training and policy documents had been read by pharmacy staff. Confidential waste was stored separately from general waste and destroyed securely offsite. Pharmacy staff had individual user names and passwords for the computers. NHS Smartcards were not shared and the reason for accessing NHS Summary Care Records was

recorded. The pharmacy had a safeguarding policy and a list of local safeguarding contacts was available in the dispensary. A flowchart was displayed showing the reporting process within Lloydspharmacy. The pharmacy professionals had completed the Centre for Pharmacy Postgraduate (CPPE) training package on safeguarding. The team gave several hypothetical examples of different safeguarding concerns that they would refer to the RP.

## 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 they always have enough cover to provide the services. The company responds to concerns about skills mix and has the ability to move staff between branches to address these concerns. The team members work well together in a supportive environment and can raise concerns and make suggestions.

### Inspector's evidence

The pharmacy team comprised of the branch manager (a qualified dispensing assistant), three part-time pharmacists, a pharmacy technician, four healthcare partners and a delivery driver (shared with other branches). Healthcare partner was a term used by Lloydspharmacy for members of staff that had either completed dispensing assistant and medicines counter assistant training or were enrolled on an accredited training course.

There had been some staffing changes in the past six months that had affected the staff working at the pharmacy. There had been a new branch manager, three part-time pharmacists, and a pharmacy technician come to work at the pharmacy from other branches. The pharmacy technician had become the lead for care home and compliance pack dispensing and had re-organised the process. The branch manager explained some of the improvements to the operational process, such as, stock management and staff training. The team had been supported by staff from other branches and had worked weekends to catch up on date checking, changes to stock layout and catching up with repeat prescription dispensing. Holidays were planned in advance and cover was provided by other staff members, including the branch manager, as required. The branch manager had reviewed the core rotas and the salary budget from head office and made some changes to the core rota to ensure it matched the current workflow.

On-going staff training was provided by head office on the Lloyds Pharmacy e-Learning system (MyLearn) and covered a number of topics. Compliance with the training modules was tracked as it was a measure on the Inspire steering wheel. Monthly training time was planned onto the core rota and additional training time to read alerts from head office or Safer Care information was planned when required. Pharmacy staff had recently had a performance conversation with the branch manager and she had set her expectations for the next few months. The branch manager was providing on-the-job training for certain tasks and was encouraging the healthcare partners to improve their understanding of all aspects of the business, including shop tasks. The pharmacy technician was upskilling the team on the care home and compliance pack dispensing process for contingency cover.

The team worked well together during the inspection and were observed helping each other and moving onto the front counter when there was a queue. The pharmacy staff said that they could raise any concerns or suggestions with the pharmacists, pharmacy technician, branch manager or head office. Staff were aware of the company whistleblowing policy. A company staff satisfaction survey had recently been completed and the branch manager was awaiting the result. As the pharmacy team worked closely together, they discussed any near misses and pharmacy issues on a daily basis within the dispensary. Safer care briefings occurred once a month in the dispensary. The regional manager produced weekly and monthly newsletters for the team and the branch manager was included in a

WhatsApp group that shared company and pharmacy information.

The RP was observed making himself available to discuss queries with people and giving advice when he handed out prescriptions. There were some targets in place for services and the targets were shared with the team so that everyone could support the pharmacists and branch manager to meet these. The branch manager incentivised the team and had competitions, such as, the person that does the most sign-ups wins a small prize (chocolates or wine).

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. 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. Prepared medicines were held securely within the pharmacy and pharmacy medicines were integrated into normal stock and stored under plastic storage cabinets with an 'ask for assistance' message to customers, so sales could be supervised

The dispensary was an adequate 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 and there was a separate dispensary upstairs for care home and compliance pack dispensing. There was a professional private soundproof consultation room which was used by the pharmacist during the inspection. The consultation room was professional in appearance.

The pharmacy was clean and tidy with no major slip or trip hazards evident. The pharmacy was cleaned by dispensary staff. The sinks in the dispensary and staff areas had hot and cold running water, hand towels and hand soap were available. The temperature of the pharmacy felt comfortable during the inspection. The pharmacy had air conditioning to heat and cool the pharmacy. The lighting was adequate for the work undertaken.



## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy manages its services and supplies medicines safely. It gets its medicines from licensed suppliers and stores them securely and at the right temperature, so they are safe to use. The pharmacy team supports people that may forget to take their medicines by providing them in weekly compliance packs, and it has well managed systems in place to dispense these. People are given advice about their medicines when collecting their prescriptions.

### Inspector's evidence

The pharmacy had step free access from the pavement and there was a large, free car park at the back of the pharmacy. A home delivery service was available for people that could not access the pharmacy. There was a small seating area available for people that were waiting for their prescription. The pharmacy had a hearing loop in the consultation room. The range of services provided by the pharmacy were displayed. The pharmacy had a wide selection of health promotion and information leaflets available for people to select. The pharmacy staff used the internet and local knowledge to refer people to other providers of services that 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. A text system was used to remind people to collect their completed prescriptions. People that had registered for the service were sent a text to inform them that their prescription was ready. The original prescription for any items owing and an owing docket was kept until hand out to allow for any counselling to be given. 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 this. Various audits had been completed, such as a sodium valproate counselling audit and an asthma audit.

A prescription collection service was in operation. The pharmacy had audit trails in place for the prescription collection service and prescriptions collected were routinely checked against requests and discrepancies followed up. A dispenser explained the process for checking the received prescription against the request.

Monthly and acute prescriptions were provided to some local care homes. Audit trails were in place for each of the homes and the process for ordering, dispensing and delivering was explained. The pharmacy technician explained that each home had slightly different arrangements for ordering prescriptions and the business development manager was working with the care homes to align their processes. The pharmacy technician contacted the care home if there were any missing items or if there had been any changes to prescriptions. There was an occasion (prior to the pharmacy technician starting in role) when this had not happened, and a care home resident had been given the wrong strength of medicines; this had been reviewed by the branch and had been used as a learning opportunity.

Multi-compartment compliance packs were supplied to a number of people in the community and the

process was managed by the pharmacy technician. Prescriptions were ordered in advance to allow for any missing items or prescription changes to be queried with the surgery ahead of the intended date of supply. The pharmacy ordered regular medication to be dispensed into the tray and any other items that needed re-ordering on a regular basis. Each person had a patient record to log how they wanted each medicine packed and which external items they required. A sample of dispensed compliance packs were seen to have been labelled with descriptions of medication, and an audit trail for who had been involved in the dispensing and checking process. Patient information leaflets (PILs) were routinely supplied. There were processes in place for mid-cycle changes.

Some compliance packs were dispensed at an off-site hub. 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. There was a set of SOPs for the hub and spoke arrangement which included contingency plans.

Date checking was carried out in accordance with a plan from head office and there was evidence of regular date checking. Short-dated products were marked to highlight the expiry date. 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 working yet. The team were aware of another branch being involved in an FMD trial, but they did not know when they would be using the scanners. 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 recalls were annotated and signed as evidence.

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 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 was a medical fridge used to hold stock medicines and assembled medicines. Assembled medicines were held in clear bags for easy identification. The medicines in the fridge 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. The pharmacy team stores and uses the equipment in a way that keeps people's information safe.

### Inspector's evidence

The pharmacy had 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 available for preparation of methadone. Counting triangles were available. There was a separate, marked triangle used for cytotoxic medicines. Electrical equipment testing had taken place in September 2019. Screens were not visible to the public as members of the public were excluded from 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.