

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Rushall Surgery, 107 Lichfield Road, Rushall, WALSALL, West Midlands, WS4 1HB

Pharmacy reference: 1038507

Type of pharmacy: Community

Date of inspection: 19/06/2019

Pharmacy context

This is a busy community pharmacy situated within a medical practice, in a residential area of Walsall. The pharmacy mainly dispenses NHS prescriptions. It supplies medicines in weekly compliance aid packs for people to use in their own homes and delivers medication to people who are housebound. It also sells a range of over-the-counter medicines and other health and beauty items. The pharmacy provides a number of other NHS services including Medicine Use Reviews (MURs), the New Medicine Service (NMS) and emergency hormonal contraception (EHC). A local minor ailments scheme is also in place and a substance misuse treatment service is also available.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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	2.2	Good practice	Pharmacy team members are trained for their roles and complete regular ongoing learning to stay up-to-date.
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 risks. Team members record their mistakes, so they can learn and make improvements. And they understand how to protect people's private information and raise concerns to protect vulnerable people. The pharmacy keeps the records it needs to by law. But some information is missing, which may mean that team members cannot always show what has happened if something goes wrong, or there is a query.

Inspector's evidence

The pharmacy had some systems in place to help identify and manage risk. A range of written standard operating procedures (SOPs) were in place to cover services. The procedures were regularly reviewed by the superintendent pharmacist's office and records of competence were completed to record each team members acknowledgement of the procedures.

Weekly audits were conducted by a pharmacy technician to help ensure that procedures within the pharmacy were being followed and to review the pharmacy environment. The outcome of the audits was discussed at regular team briefings and relevant details were recorded on a noticeboard. When the pharmacy technician was absent, other team members did not complete the audits, and one had not been completed since 28th May 2019. The pharmacist said that other team members had expressed a desire to become involved in the auditing process and that she intended to implement a plan to support this within the pharmacy.

Records of near misses were maintained, and a review took place each month to identify any trends. A record of the review was kept, and feedback was provided to staff verbally during team briefings. Team members used cautionary stickers to highlight common 'look alike, sound alike' medicines and pictures of medicines highlighted packaging similarities. The team had also actioned a previous company directive regarding the separation of olanzapine. The details of dispensing incidents were captured electronically. A root-cause analysis was conducted to identify contributing factor and action was taken to help prevent reoccurrence. The action which had been taken in response to a previous controlled drugs (CD) incident was discussed. The reporting process was seen to be actioned during an incident which was identified during the inspection.

The pharmacist also discussed plans that were in place to ensure that in the coming days regular pharmacy team members were able to complete some additional tasks which had fallen behind. The pharmacy had recently experienced some staffing shortages, which had led to some difficulties. Support was being provided through team members from other branches to enable the pharmacy to keep up to date.

The responsibilities of the pharmacy team were outlined within the SOPs. Team members wore uniforms and name badges which stated their roles. A trainee healthcare partner discussed the activities which could and could not take place in the absence of a responsible pharmacist (RP).

The pharmacy had a complaint procedure in place. The details of which were outlined in a leaflet, which was available for selection. Where possible, complaints were resolved in branch, by the pharmacy

manager. But concerns were escalated to head office if necessary. People were also able to provide feedback verbally and the pharmacy participated in an annual community pharmacy patient questionnaire (CPPQ).

Certificates of professional indemnity insurance were displayed. The correct RP notice was conspicuously displayed near to the medicine counter. The RP log was maintained electronically. In the sample portion reviewed there were occasional missing entries, which meant that the log was not technically legally compliant.

CD registers were generally in order and kept a running balance. Balance checks were regularly conducted. Patient returned CDs were recorded and destructions were usually signed and witnessed.

Records for private prescriptions and emergency supplies were maintained in a paper format. Private prescriptions were not always entered in the time frame required by regulations, so records were not technically compliant. The pharmacist said that entering outstanding private prescription records would be done as a priority. Specials procurement records provided an audit trail from source to supply.

Pharmacy team members completed information governance training. A healthcare partner discussed how people's private information would be protected in the pharmacy. Confidential waste was segregated and taken for appropriate disposal and completed prescriptions were stored out of public view. Appropriate NHS Smartcard usage was seen on the day.

The pharmacy had a safeguarding procedure and the team could access information which enabled them to escalate any concerns that they may have. A healthcare partner discussed the types of concerns which might be identified and said that she would refer this to the pharmacist in the first instance. The pharmacist had completed additional safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE). A chaperone policy was in place at the pharmacy. The details of this were displayed near to the consultation room.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members work well together to effectively deliver services. They receive training for their roles and complete ongoing learning to stay up to date. Team members receive regular reviews of their performance, so that they can make improvements. And they can raise concerns and provide feedback.

Inspector's evidence

On the day of the inspection, the pharmacy team comprised of the regular pharmacist and five healthcare partners, one of whom was completing training. Two of those present on the day were providing cover, as the pharmacy were two team members down, due to annual leave and sickness. The pharmacy had recently struggled with some staffing shortages due to periods of leave and sickness, this had led to some challenging periods. The pharmacist had escalated concerns to the area manager and additional cover was periodically being made available to enable tasks such as date checking to be brought up to date.

When staffing levels were at full complement it was felt that the busy workload was usually manageable and there was no backlog in dispensing workload seen on the day. Leave was usually planned, and restrictions were in place to ensure adequate levels of staffing were maintained. The pharmacist said that with one team member absent the workload was usually still manageable but on certain days where cover was required, other nearby branches would be contacted to assist with this.

Several appropriate sales and referrals were heard throughout the inspection. A healthcare partner identified the questions that she would ask to help ensure that sales were safe, and concerns were refer to the pharmacist.

Pharmacy team members were trained for their roles or enrolled on appropriate training. One healthcare partner was completing a qualification as part of the healthy living pharmacy programme. Work for this was primarily done at home, to enable additional research, but the healthcare partner said that the regular pharmacist provided support. Team members also completed e-learning to help maintain their knowledge and skills. Where possible, training time was provided for this in work hours, and the pharmacist tracked training to ensure that it was completed. Pharmacy team members received regular feedback through a structured appraisals process, where opportunities for learning and development were identified and future goals were set.

Team members asked were comfortable in approaching the pharmacy manager. The pharmacist said that following an initial transition period where she had taken over as manager, the team were able to engage in open conversations and were now working together to implement change and make improvements in the pharmacy. The pharmacist was able to have honest discussions with the area manager. The company also had a confidential helpline in place, to enable concerns to be raised anonymously.

There were targets in place for services such as MURs. The pharmacist said that occasional phone calls were received to review progress. But, she outlined how suitable patients would be identified and said

that the safety of dispensing and prescription supply would not be compromised by any service targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is well maintained and provides a clean and tidy environment for the delivery of healthcare services.

Inspector's evidence

The pharmacy was well presented, modern and tidy. There was seating available for use by those less able to stand and the walkways were free from obstructions. The retail area stocked a range of appropriate healthcare-based goods and pharmacy restricted medicines were secured from self-selection.

An enclosed consultation room was accessible from the retail area. The room was clearly signposted and well maintained. Equipment was available to facilitate private and confidential discussions.

The dispensary had a suitable amount of space for the current workload. Separate areas were used to carry out dispensing and checking. Drawers and shelving units were used for storage, to help keep the work benches free of unnecessary clutter. And a sink was available for the preparation of medicines.

There were additional storage areas. The main store area was in the process of being reorganised and therefore a number of boxes were on the floor, which may cause a trip hazard for staff. WC facilities were available and appropriate handwashing materials were in place.

Maintenance issues with the premises were escalated to head office and pharmacy team members carried out daily cleaning duties. The premises appeared clean on the day. There was adequate lighting throughout the premises and air conditioning helped maintain a temperature appropriate for the storage of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are generally accessible, and it manages them safely. It sources and stores medicines securely and team members carry out some checks to make sure that medicines are suitable for supply.

Inspector's evidence

The pharmacy was situated inside a medical centre, which was located on a busy main road in a residential area. There was a step-free access at both the front and rear entrances to the building, as well as through a walkway which linked the pharmacy with the GP surgery. An automatic assist button on the front entrance door did not appear to be functioning when tried by the inspector.

The pharmacy's services were advertised through promotional leaflets and the opening times were displayed at the pharmacy entrance. Healthy living literature was available from the retail area and a healthy living zone was updated regularly with different materials. A rota was used to organise campaigns, which included both those run at a national level and local campaigns chosen by team members in line with their interests and local strategic needs assessments. People who required other services were directed to other healthcare providers.

Prescriptions were dispensed using baskets to keep them separate and reduce the risk of medicines being mixed up. A colour coded system enabled the workload to be prioritised and dispensed and checked boxes were signed as an audit trail for dispensing.

Pharmacy team members demonstrated an awareness of the risks of valproate-based medicines in women who may become pregnant. One healthcare partner had identified a patient within the at-risk criteria on the day. The prescription had been marked for the attention of the pharmacist, so that appropriate counselling could take place. The pharmacy had access to patient alerts cards but had been advised by the manufacturer that patient guides could not be issued at the time, due to a slight delay. The pharmacist was able to locate and print a copy of this resource on the day.

Prescriptions for high-risk medicines were highlighted, so that people could be provided with additional counselling and monitoring. An audit trail of monitoring parameters such as INR readings was not always maintained as a record of this. The pharmacist kept records of additional checks that were made for paediatric medicines, this included a regular update to the weight of an infant on ranitidine, so that the appropriate dosage could be confirmed.

Prescriptions for all CDs were highlighted, to ensure that supplies were made within the valid 28-day expiry date. All supplies of CDs were also double-checked by the pharmacist prior to handout in response to a previous incident.

Records were kept of all repeat prescription requests issued to the GP surgery, so that unreturned prescriptions could be proactively identified and followed-up. The team reported a good working relationship with the team members at the GP surgery. A number of repeat prescriptions were dispensed at an off-site dispensary. Prescription data received a clinical and accuracy check prior to

being sent off and audit trails were maintained. People were able to opt-out of this service and a record of this was kept through the PMR system.

A healthcare partner managed the weekly compliance aid packs. The system was organised and kept audit trails for prescription ordering and due dates. Master records of medications were updated with the details of any changes. Completed weekly packs had patient identifying details and descriptions of individual medicines, and patient leaflets were supplied. Patient signatures were obtained to confirm the delivery of medicines. Medications from failed deliveries were returned to the pharmacy.

Medicines were sourced through reputable wholesalers and specials from a licensed manufacturer. Stock was reasonably organised, and medicines were stored within the original packaging provided. A date checking system was in place. Checks were a few weeks behind. During random checks of both the dispensary and retail area, a single out date medicine was identified. This was immediately removed and placed for disposal. The team were aware that this increase the risk of an expired medicine being supplied in error and a plan was put into place to date check all stock medications, when an additional team member was in place in the days following the inspection.

Out-of-date and returned medicines were placed in medicines waste bins. A box of tamoxifen was identified in a standard waste bin. A cytotoxic waste bin was available and hazardous waste guidelines were displayed. The pharmacist said that she would review this with team members to reinforce their knowledge of appropriate medicine disposal, so that medicines were placed in the correct disposal bin in the future. The pharmacy had recently had scanners installed as part of European Falsified Medicine Directive (FMD) requirements but were not currently fully compliant.

CDs were stored appropriately, and random balance checks were found to be correct. Out- of date and returned CDs were segregated from stock. CD denaturing kits were available. The pharmacy fridge had a maximum/minimum thermometer and the temperature was within the recommended range. Temperatures were checked and recorded daily, there were some gaps in the week preceding the inspection, so the team may not always be able to demonstrate cold chain medicines are stored appropriately. Alerts for the recall of faulty medicines and medical devices were received via email. The system was checked daily and an audit trail was maintained to show the actions taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy team had access to several paper-based reference texts and a restricted internet access was available for additional research. A range of approved glass measures were in place for measuring liquids, with separate measures marked for use with CDs. Counting triangles were available for loose tablets and a separate triangle was reserved for use with cytotoxic medicines. Equipment seen on the day was appropriately maintained.

Electrical equipment was in working order. Computer systems were password protected and screens were located out of public view. A cordless phone was available 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.