

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 52 Lodge Road, WEST
BROMWICH, West Midlands, B70 8PA

Pharmacy reference: 1038544

Type of pharmacy: Community

Date of inspection: 28/10/2019

Pharmacy context

The pharmacy is located in a residential area of West Bromwich. The main High Street and a GP surgery are both close by and most people who use the pharmacy are from the local area. The pharmacy dispenses prescriptions, sells a range of over-the-counter (OTC) medicines and other health and beauty items. It provides other services including Medicines Use Reviews (MURs), emergency hormonal contraception (EHC) and a local minor ailments service. Substance misuse and needle exchange services are also available, along with flu vaccinations during the relevant season.

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 identifies and manages risks adequately. It asks for feedback on its services and it keeps the records it needs to by law. Pharmacy team members follow written procedures to help make sure they complete tasks effectively. They keep people's private information safe and complete training to help make sure they can identify and protect the health and wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) covering operational tasks and activities. The procedures defined the responsibilities of team members who had signed records of competence demonstrating that they had read and acknowledged the procedures. Team members demonstrated a clear understanding of their roles and a medicine counter assistant (MCA) confidently discussed the activities which were permissible in the absence of a responsible pharmacist (RP). Compliance with the SOPs was reviewed through a company standards audit. The pharmacy had last been audited approximately six weeks prior to the inspection. Formal feedback from the audit had not yet been received. But the pharmacist explained that he had been informed verbally of some areas for improvement and provided some examples of where action had already been taken to address some of these issues.

The pharmacy also carried out weekly audits to help to make sure that procedures were being followed. The most recent audits were not available to view on the day. The pharmacy had fallen a few weeks behind and the pharmacist was in the process of updating the necessary paperwork, following the recent standards audit. A briefing board had recently been updated to communicate important issues to staff.

A near miss log was available for use. Previous records were reviewed but there were no recent entries available to view on the day. And some near misses were not always captured. This may mean that some underlying themes may not be detected. The pharmacist did not recall any changes made in response to recent near misses or incidents. He explained the actions that would be taken in response to a dispensing incident and some records of previous incidents had been filed for reference.

The pharmacy had a complaint procedure, which was advertised in a customer charter leaflet. It asked for feedback through a Community Pharmacy Patient Questionnaire (CPPQ) and previous results were positive. People were also able to provide feedback verbally. The pharmacist said that recent feedback regarding a change in delivery service had been fed back to management.

The correct RP notice was conspicuously displayed behind the medicine counter. The electronic RP log was available but, in the portion viewed there were missing entries for 16 September 2019 and 25 September 2019, so it was not fully compliant. Records for private prescriptions and emergency supplies were in order and specials procurement records provided an audit trail from source to supply.

Controlled Drugs (CD) registers kept a running balance and regular checks were carried out. A patient

returns CD register was available but contained no entries. The pharmacist believed the previous destruction register had been archived. No patient returned CDs were present in the cabinet on the day.

Pharmacy team members completed information governance training. They discussed some of the ways in which they would help to protect people's private information. Confidential waste was segregated and removed for appropriate disposal by an external contractor and completed prescriptions were stored out of public view. The pharmacy was registered with the Information Commissioner's Office (ICO) and a copy of its privacy policy was displayed. The appropriate use of NHS smartcards was seen on the day.

Pharmacy team members completed safeguarding training. The pharmacist had also completed additional training through the Centre for Pharmacy Postgraduate Education (CPPE). An MCA discussed some of the types of concerns that she would be watching for and explained how these might be managed. No safeguarding concerns had previously been escalated from the pharmacy, but the contact details of local agencies were available to enable escalation if needed. The pharmacy had a chaperone policy which was displayed in the retail area.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members hold the appropriate qualifications for their roles and they work well together. They complete some ongoing training and get feedback on their development. But the team is currently working under some additional pressure whilst recruitment of a new team member is ongoing. This makes it hard for them to find time to complete non-urgent and housekeeping tasks.

Inspector's evidence

On the day of the inspection, the regular pharmacist was working alongside a full-time qualified dispenser and a part-time MCA. The pharmacy also employed a pharmacy student who worked some evenings. The pharmacy previously employed an additional dispenser who retired in July. Since this time, a vacancy had been advertised but the pharmacy had not yet managed to recruit to the post. This meant that the remaining team members were working under increased pressure. There was no backlog of work on the day, but team members were finding it difficult to find time to complete other non-urgent and house-keeping tasks. The pharmacist and dispenser often worked overtime to try and complete as many duties as they could. The concerns had been escalated to senior management and the pharmacist discussed plans for a team member at a nearby branch to be transferred in the coming weeks. Leave was planned, but due to difficulties in obtaining cover the dispenser had not been able to plan any leave in recent weeks. The pharmacist said that he would contact the cluster manager regarding cover for unplanned absences, such as sickness.

Both the dispenser and MCA were trained for their roles. The MCA was also completing a dispensary assistant qualification. She had recently started to get some time in the dispensary to support the progression of this, but most of the additional work was completed outside of working hours. Team members were provided with some time to complete additional training modules provided by the company. These usually covered OTC conditions and treatments and the pharmacist kept track to make sure that all modules were completed. The team had regular development reviews to help to identify and address any gaps in their knowledge. They could also request additional training on an ongoing basis.

The MCA discussed the sale of medication and a sale of medicine protocol was displayed near to the counter area. The MCA discussed some of the types of medication which may be high-risk and provided a suitable response to a question regarding the sale of pseudoephedrine-based medications. Concerns regarding sales were referred to the pharmacist.

The team had open conversations amongst one another and discussed the escalation of concerns to company management. The company had a whistleblowing policy to facilitate anonymous concerns and staff also participated in an annual survey to provide further feedback. Team members were set some targets relating to professional services. These were viewed using a bonus wheel. The pharmacist explained that services were down to patient need and that they were carried out where possible, while he managed other risks within the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is adequately maintained, and it has a consultation room to enable it to provide members of the public with access to an area for private and confidential discussions. But the dispensary lacks space considering the volume and nature of work. This impacts on overall organisation and may detract from the overall professional appearance of the premises.

Inspector's evidence

The pharmacy was in a reasonable state of repair. A one-call maintenance number was available to arrange for any necessary repair work to be carried out and the pharmacy team carried out housekeeping duties. Some shelves in the retail area which appeared dusty and may detract from the overall professional appearance of the premises. There was adequate lighting throughout and the temperature was appropriate for the storage of medicines.

The retail area to the front of the premises was generally tidy, although some boxes were being stored on top of some fixed shelving units due to a lack of storage space. The walkways were free from obstructions and there were chairs available for use by people waiting for their prescriptions. The pharmacy stocked a range of health and beauty items which were suitable for a healthcare-based business and pharmacy medications were restricted from self-selection using Perspex boxes.

The pharmacy had an enclosed consultation room, which was suitably maintained. The room was fitted with a desk and seating to facilitate private and confidential discussions and it was clearly signposted from the medicine counter.

The dispensary was compact. There were two small areas available for dispensing and checking, but a lack of space meant that some prescriptions which were awaiting an accuracy check were temporarily stored on the floor, which may increase the likelihood of medicines being mixed up. There were large shelving units fitted for medicine storage but there were areas which were cluttered with additional files and paperwork, which further impacted on the space available. A small storage area which led to the staff WC was cluttered with boxes. A sink was available for the preparation of medicines, this was equipped with appropriate handwashing materials.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are suitably managed, and they are accessible to people with different needs. The pharmacy sources and stores medicines securely. But stock medicines could be better organised and the pharmacy could carry out more robust checks to make sure that all medicines are fit for purpose.

Inspector's evidence

The pharmacy had a step up to the main entrance. A portable ramp was available, but this was not advertised so people may not always be aware that it is available. The manual door was visible from the medicine counter, enabling those who required assistance to be identified and a hearing loop was available for use.

A list of services was displayed in the front window of the pharmacy and were listed in a practice leaflet. Additional materials such as posters provided further promotion of services. A restricted internet access was available to support signposting and referrals to a local walk-in centre were observed on the day.

Prescriptions were dispensed using coloured baskets to keep them separate and prioritise the workload. Team members kept an audit trail for dispensing by using 'dispensed' and 'checked' boxes. They highlighted prescriptions for CDs to help make sure that supplies were made within the valid 28-day expiry date. And they identified some prescriptions for high-risk medicines. But this was not always consistent and records of monitoring parameters, such as INR readings for patients on warfarin were not kept as an audit trail. The pharmacist was aware of the risks surrounding supplies of valproate-based medicines to people who may become pregnant. The pharmacy had one patient who fell within the at-risk criteria. The pharmacist said that the risks had been discussed, the required safety literature was available and team members were aware of when they should be supplied.

The pharmacy kept an electronic record to track repeat prescription requests. Unreturned requests were followed-up with the GP surgery and patients were involved in identifying which medicines were requested to help prevent over ordering. Signatures were obtained for deliveries which were made to patients and medications from failed deliveries were returned to the pharmacy. The pharmacy provided medicines in multi-compartment compliance aid packs to a small number of patients who had difficulties in managing their medicines. They kept master record sheets for each patient and no high-risk medicines were placed into compliance packs. Completed packs were marked with descriptions of individual medicines and patient leaflets were supplied.

The pharmacist had completed training for the provision of the EHC and a copy of the patient group directive (PGD) was available for reference. Training certificates were also seen for the provision of the flu vaccination, along with the current PGD. Signed consent was obtained from people using the service. The pharmacist had completed training on needle stick injuries and equipment to aid the administration of vaccines, including adrenaline and a sharps bin were available.

Records were maintained for the needle exchange service. A team member from the service provider

attended on the day to provide information on upcoming changes to the needle exchange packs. Returns were encouraged by the pharmacy team, who had received hepatitis b vaccinations for personal protection and a sharps bin was available for the secure storage of returns.

Team members had completed SOPs to carry out blood glucose and blood pressure testing. The necessary equipment was available to enable service provision and the MCA discussed a recent referral that had been made to the GP surgery, following a recent test.

Stock medications were sourced through reputable wholesalers and specials from a licensed manufacturer. A recent change to the prescription retrieval area had reduced the available space for medicines storage, which meant that medications in some areas were placed with little spacing in between, which impacted on organisation and may increase the likelihood of a picking error. The pharmacy kept date checking records for dispensary stock and no out of date medicines were identified from random samples. Records for OTC medications could not be located on the day and some expired medicines were identified. These were immediately removed from the shelves and the pharmacist agreed to arrange for checks of all stock to be completed as a matter of urgency. Expired and returned medicines were placed into suitable medicines waste bins. The pharmacy was not yet compliant with the requirements of the European Falsified Medicines Directive (FMD). A scanner had been installed but the team had not been provided with an update regarding the timeline for full implementation within branch. The pharmacy received alerts for the recall of faulty medicines and medical devices electronically. They kept an audit trail demonstrating the action taken in response to alerts received.

The pharmacy fridge had a maximum and minimum thermometer. The temperature was checked and recorded daily and was within the recommended temperature range. CDs were stored appropriately, and expired CDs were segregated from stock. Random balance checks were identified to be correct and CD denaturing kits were available for use.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had access to paper editions of the British National Formulary and a restricted internet access was available for further research. The pharmacist had access to additional resources through the Local Pharmaceutical Committee (LPC).

Several glass crown stamped measures were available for measuring liquids. Measures reserved for use with CDs were stored in a separate area, but were not marked, so may become mixed up. Counting triangles were available for loose tablets. The triangles were clean and suitably maintained and one was marked for use with cytotoxic medicines.

The pharmacy blood pressure machine and blood glucose testing machine were suitably maintained. The blood glucose machine was due to be calibrated in line with SOPs and the necessary calibration solutions had been obtained for this.

Electrical equipment underwent PAT testing and was in working order. The pharmacy computer systems were username and password protected and screens were located out of public view. A cordless phone was available 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. |