

# 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:** 18/10/2022

## Pharmacy context

This is a community pharmacy situated in a residential area of West Bromwich, in the West Midlands. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations, a minor ailment service and emergency hormonal contraception. It supplies medicines in multi-compartment compliance aids for some people to help them take their medicines at the right time.

## 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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. They record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again.

### Inspector's evidence

There was an electronic set of standard operating procedures (SOPs). Members of the pharmacy team completed an electronic record to show they had read and accepted the SOPs.

Near miss incidents were recorded on a paper log. The pharmacist said he reviewed the records each month and discussed any learning points with the team. He also highlighted mistakes to staff at the point of accuracy check and asked them to rectify their own errors. The team gave examples of action they had taken to avoid errors being repeated, such as using alert stickers next to stock medicines that had been involved in previous errors.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A dispenser was able to explain what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Staff wore standard uniforms and had badges identifying their names and roles. The responsible pharmacist (RP) had their notice displayed prominently. The pharmacy had a complaints procedure. Any complaints would be recorded and sent to the head office to be followed up. Current professional indemnity insurance was in place.

Records for the RP and private prescriptions appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded and checked weekly. Two random balances were checked, and both found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. The pharmacy team had completed IG training and had signed a confidentiality agreement. When questioned, a dispenser was able to describe how confidential information was suitably destroyed.

Safeguarding procedures were available and the pharmacy team had completed safeguarding training. The pharmacist said he had completed level 2 safeguarding training. A dispenser said she would initially report any concerns to the pharmacist on duty, before escalating the concern to the SI's office.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete regular training to help them keep their knowledge up to date.

### Inspector's evidence

The pharmacy team included a pharmacist, three dispensers and a pharmacy student. All members of the pharmacy team were appropriately trained or on accredited training programmes. The normal staffing level was a pharmacist and two other staff. There was a low footfall into the pharmacy and the volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system.

The pharmacy provided the team with a structured e-learning training programme. And the training topics appeared relevant to the services provided and those completing the e-learning. Training records were kept showing that ongoing training was up to date. A dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines she felt were inappropriate, and refer people to the pharmacist if needed.

The dispenser said she received a good level of support from the pharmacist and felt able to ask for help if she felt she needed it. Appraisals were conducted annually by the pharmacy manager. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or SI.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are suitable for the services provided. But space is limited, and members of the team rely on using the consultation room for dispensing activities. This may at times prevent people being able to use the room for private conversations.

### Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. Customers were not able to view any patient sensitive information due to the position of the dispensary. Lighting was sufficient. But there was limited space available in the dispensary, consisting of a 5ft workbench and a small fold-down table. This meant the team needed to manage the workload to ensure the space wasn't 'blocked' by work which could not be immediately completed.

A consultation room was available. The patient entrance to the consultation room was clearly signposted and indicated if the room was engaged or available. A dispenser said she used the consultation room to dispense multicompartiment compliance aids, because there was more space to stop the compliance aids being knocked over.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from recognised sources and carries out regular checks to help make sure that they are in good condition. But the pharmacy has a lot of medicines in stock, particularly those which have additional storage requirements. This means these storage areas are full, and without proper controls in place, any additional stock they receive may not be able to be stored correctly as required. And members of the pharmacy team do not always know when they are handing out higher-risk medicines. So they might not always be able to check that the medicines are still suitable, or give people advice about taking them.

### Inspector's evidence

Access to the pharmacy was level via a single door and was suitable for wheelchair users. Various posters gave information about the services offered and information was also available on the website. Pharmacy staff were able to list and explain the services provided by the pharmacy. The pharmacy had a delivery service, which appeared to be provided in a suitable manner.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied.

Dispensed medicines awaiting collection were kept on a shelf using an alphanumerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out.

Schedule 3 CDs were highlighted so that staff could check prescription validity at the time of supply. But schedule 4 CDs were not. The pharmacy had previously completed an audit to identify and counsel people who were taking anti-coagulant medicines, to ensure they were being taken safely. But members of the team did not routinely highlight prescriptions containing other high-risk medicines (such as lithium and methotrexate). So members of the team may not be aware these medicines are being handed out in order to provide counselling. The staff were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist said he would speak to patients to check the supply was suitable but that there were currently no patients meeting the risk criteria.

Some medicines were dispensed in multi-compartment compliance aids. When questioned, members of the pharmacy team said they did not routinely assess patients about their suitability before starting them on a compliance aid. So the pharmacy may not be able to demonstrate whether the benefit of dispensing medicines in a compliance aid, outweighs the risk involved. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge information was sought, and previous records were retained for future reference. Disposable equipment was used to provide the service, and the compliance aids were labelled with medication descriptions and a dispensing check

audit trail. Patient information leaflets (PILs) were routinely supplied.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Members of the pharmacy team were seen to be checking the expiry dates of stock in the dispensary. A dispenser said she had been recently asked to complete this task and remove any stock which had an expiry date of 3 months or less. But this had not been recorded, so some stock could be overlooked. Liquid medication had the date of opening written on.

Controlled drugs were stored in the CD cabinet. But the cabinet was full which may cause difficulty in the event of further stock being received. CD denaturing kits were available for use. There was a medicines fridge with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had remained in the required range for the last 3 months. But the fridge was over-filled, which meant stock fell out when the door was opened. So there was a risk any additional stock received may not be able to be stored correctly within the fridge. Patient returned medication was disposed of in designated bins. Drug alerts were received by email from the head office. Alerts were printed, action taken was written on, initialled and signed before being filed in a folder.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

### Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFC and Drug Tariff resources. All electrical equipment appeared to be in working order. According to the stickers attached, electrical equipment had last been PAT tested in June 2022. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for methadone. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available which allowed the staff to move to a private area if the phone call warranted privacy. The consultation room was used appropriately. Patients were offered its use when requesting advice or when counselling was 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.