

Registered pharmacy inspection report

Pharmacy Name: Lincoln Cooperative Chemists Limited, Maltongate, Thornton Le Dale, PICKERING, North Yorkshire, YO18 7RJ

Pharmacy reference: 1038962

Type of pharmacy: Community

Date of inspection: 21/09/2022

Pharmacy context

The pharmacy is in a parade of shops in Thornton-le-Dale, near Pickering. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. They provide medicines for people in multi-compartment compliance packs to help them take their medicines correctly. They deliver medicines to people's homes. And they provide a seasonal flu vaccination service.

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 properly identifies and manages risks to its services. And it has the documented procedures it needs relevant to those services. Pharmacy team members understand their role to help protect vulnerable people. And they suitably protect people's confidential information. Team members record and discuss the mistakes they make to learn from them.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) to help pharmacy team members manage the risks to its services. The superintendent pharmacist (SI) had reviewed the SOPs available in 2019. Pharmacy team members had signed to confirm they had read and understood the updated procedures since the last review. The SI had set a date to review the SOPs again in 2022. And they were in the process of reviewing the procedures while they migrated all SOPs to a new online platform. Pharmacy team members recorded they had read and understood the new electronic SOPs as they became available. And they explained they were required to read them all, not just the procedures that had been updated. The pharmacy was planning to start delivering NHS and private flu vaccinations to people for the coming 2022-2023 season. The pharmacy manager planned to complete and document a risk assessment to help them minimise the risks of delivering the service to people. The pharmacy had up-to-date patient group direction (PGD) documents available for both the NHS and private service. And the pharmacist had signed both documents to confirm they formed the legal basis for providing the service.

Pharmacy team members highlighted and recorded near miss and dispensing errors they made when dispensing. There were documented procedures to help them do this effectively. They used an electronic system to record their near miss errors. And the data collected was uploaded to a centralised system to help aid analysis. Pharmacy team members discussed their errors and why they might have happened. And they made changes to help prevent them happening again, such as separating and highlighting look-alike and sound-alike (LASA) medicines. The pharmacist manager completed a monthly patient safety review which considered the data collected about mistakes over the previous month. Team members discussed the patterns. But sometimes, they did not discuss much information about why patterns were occurring to help inform the most effective changes to make their services safer.

The pharmacy had a documented procedure to deal with complaints handling and reporting. It collected feedback from people verbally and did not have any records of any feedback received. Pharmacy team members explained that they had received feedback that people did not realise the pharmacy had a consultation room where people could speak to team members privately. So, the placed new posters and signs in the pharmacy's retail area to advertise the facility and make it clearer to people. The pharmacy had up-to-date professional indemnity insurance in place. It maintained a responsible pharmacist record which was complete. The pharmacy kept controlled drug (CD) registers electronically, that were complete and in order. It kept running balances in all registers. These were audited against the physical stock quantity weekly. The inspector checked the running balances against the physical stock for three products. And these were correct. The pharmacy kept private prescription and emergency supply records. And these were complete.

The pharmacy kept sensitive information and materials in restricted areas, and it collected confidential waste in locked bins. A secure waste disposal contractor regularly emptied these bins and shredded confidential waste off-site. The pharmacy had a documented procedure in place to help pharmacy team members manage sensitive information correctly. Team members explained how important it was to protect people's privacy and how they would protect confidentiality. And they completed online training each year. A pharmacy team member gave some examples of symptoms that would raise their concerns about vulnerable children and adults. The pharmacy had a documented procedure for dealing with concerns about children and vulnerable adults. And some printed guidance materials and local contact information for team members to refer to. They explained how they would refer any concerns to the pharmacist, and to local safeguarding leads. Pharmacy team members had recently completed safeguarding training in 2021. But there were no records of their training available during the inspection.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members have the right qualifications and skills for their roles and the services they provide. They complete appropriate training regularly to help keep their knowledge up to date. Pharmacy team members feel comfortable discussing ideas and issues. And they feel well supported in their role.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were a pharmacist manager and a pharmacy technician. They managed the workload well. Pharmacy team members completed training regularly by completing online e-learning modules. Some recent examples had been modules about health and safety, data protection and mental health awareness. Team members explained they completed modules every two to three months. The pharmacy had an appraisal process for team members. Team members met with their manager each year to discuss various areas of their work, including any learning and development opportunities. A recent example of an objective set was to focus on completing mandatory training on time by being more organised. Team members also raised learning needs informally with the pharmacist or colleagues. They discussed topics and the pharmacist signposted them to appropriate resources.

Pharmacy team members felt comfortable sharing ideas to improve the pharmacy's services. They had recently changed the way they organised and managed repeat dispensing prescriptions. This meant they were now able to make sure that prescriptions were ready to collect for people when they came to the pharmacy, rather than them having to wait for them to be prepared. Pharmacy team members explained they would raise professional concerns with the pharmacist, the area manager, or the superintendent pharmacist (SI). Despite the pharmacy being located some distance from the company's head office, team members felt well supported by senior managers and head office staff. And team members felt comfortable raising concerns and confident that concerns would be considered, and changes would be made where necessary. The pharmacy had a whistleblowing policy in place, and team members knew how to access the procedure.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and properly maintained. It provides a suitable space for the services provided. The pharmacy has a suitable room where people can speak to pharmacy team members privately.

Inspector's evidence

The pharmacy was clean and well maintained, and it was tidy and well organised. The floors and passageways were free from clutter and obstruction. Pharmacy team members kept equipment and stock on shelves throughout the premises. The pharmacy had a private consultation room available. Pharmacy team members used the room to have private conversations with people. There was a clean, well-maintained sink in the dispensary used for medicines preparation and another sink for cleaning and hand hygiene. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. The pharmacy maintained heat and light to acceptable levels. Its overall appearance was professional, including the pharmacy's exterior which portrayed a professional healthcare setting. The pharmacy's professional areas were well defined by the layout and were well signposted from the retail area. Pharmacy team members prevented public access to the restricted areas of the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are generally accessible to people. It has systems in place to help pharmacy team members provide these services safely and effectively. Team members source medicines appropriately. They store and manage medicines properly, and they provide people with the necessary information to help them take their medicines safely.

Inspector's evidence

The pharmacy had stepped access from the street. A recent health and safety audit had revealed that the portable ramp the pharmacy had in place to help people access the pharmacy was not suitable. The pharmacy was unable to install a permanent ramp because of local planning restrictions. The pharmacy was currently assessing the situation and the adjustments they could make to help people access the pharmacy, such as installing a bell. Team members explained they knew their local population well. And people had previously knocked on the door to attract attention if they needed help. Pharmacy team members could use the patient medication records (PMR) system to produce large-print labels to help people with visual impairment. They explained how they would use written communication to help communicate with people with hearing impairment. And they would use an online translation tool to help communicate with people who did not speak English.

Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on dispensing labels during dispensing. This was to maintain an audit trail of the people involved in the dispensing process. They used dispensing baskets throughout the dispensing process to help prevent different people's prescriptions from being mixed up. The pharmacist counselled people receiving prescriptions for valproate if appropriate. And they checked if the person was aware of the risks if they became pregnant while taking the medicine. They also checked if the person was on a pregnancy prevention programme and if they were taking regular contraception. The pharmacy had a stock of printed information material to give to people to help them understand and manage the risks of taking valproate. The pharmacy supplied medicines to people in multi-compartment compliance packs when requested to help them take their medicines correctly. It attached backing sheets to the packs, so people had written instructions of how to take their medicines. Pharmacy team members included descriptions of what the medicines looked like, so they could be identified in the pack. They provided people with patient information leaflets about their medicines each month. Pharmacy team members documented any changes to medicines provided in packs on the person's master record sheet, which was a record of all their medicines and where they were placed in the packs. They also used these sheets to document any communications they had about someone's pack to help quickly resolve future queries. The pharmacy delivered medicines to people, and it recorded the deliveries it made. The delivery driver left a card through the letterbox if someone was not at home when they delivered. The card asked people to contact the pharmacy.

The pharmacy obtained medicines from licensed wholesalers. It stored medicines on shelves, and it kept all stock in restricted areas of the premises where necessary. The pharmacy had disposal facilities available for unwanted medicines, including CDs. Pharmacy team members monitored the minimum and maximum temperatures in the fridge where medicines were stored each day, and they recorded their findings. The temperature records seen were within acceptable limits. Pharmacy team members checked medicine expiry dates every three months, and up-to-date records were seen. They highlighted

and recorded any short-dated at least six months before their expiry date. They recorded short-dated items on monthly stock expiry records. And team members removed these items at the beginning of their month of expiry.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment available, which it properly maintains. And it manages and uses the equipment in ways that protect people's confidentiality.

Inspector's evidence

The pharmacy had the equipment it needed to provide the services offered. The resources it had available included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and use of the internet. The pharmacy had a set of clean, well-maintained measures available for medicines preparation. It had facilities to securely collect its confidential waste. It kept its password-protected computer terminals in the secure areas of the pharmacy, away from public view.

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.