

Registered pharmacy inspection report

Pharmacy Name: Lo's Pharmacy Ltd, 5 Pond Road, Stannington,
SHEFFIELD, South Yorkshire, S6 6DP

Pharmacy reference: 1039356

Type of pharmacy: Community

Date of inspection: 21/04/2021

Pharmacy context

This is a community pharmacy in the city of Sheffield, Yorkshire. The pharmacy sells over-the-counter medicines and dispenses NHS prescriptions. And it delivers medicines for some people to their homes. The pharmacy dispenses medicines to some people in multi-compartment compliance packs. The inspection was completed during the Covid-19 pandemic.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	4.3	Standard not met	The pharmacy does not have adequate processes and equipment for the storage of medicines in its fridges. The evidence indicates the pharmacy on occasions stores medicines outside the required range. And the team doesn't regularly check and accurately record the temperature in its fridges.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy mostly identifies and manages risks with its services. And it effectively manages the risks with infection control during the pandemic to help keep members of the public and team members safe. It maintains most of the records it needs to by law and keeps people's private information secure. Its team members record details of any mistakes they make while dispensing and learn from these to help prevent similar mistakes from happening again.

Inspector's evidence

The pharmacy had several procedures in place to help manage the risks of the services it offered and help prevent the spread of coronavirus. These included posters on the entrance door and in the retail area, reminding people visiting the pharmacy to wear a face covering as required by law. People visiting the pharmacy were asked to wait outside the pharmacy if there were more than two people in the retail area. People were not always seen to be following the guidelines, but team members asked people to wait outside if there were two people in the retail area. There was a large plastic screen placed at the pharmacy counter which acted as a protective barrier between team members and members of the public. There were markings on the floor of the retail area which helped people socially distance and keep to a one-way flow from their entrance to exit. The pharmacy's team members were wearing masks throughout the inspection. The main part of the dispensary was of an average size and so it was not always possible for team members to socially distance from each other while they worked.

The pharmacy had a set of standard operating procedures (SOPs). They covered tasks such as dispensing, responsible pharmacist requirements and controlled drug (CD) management. There was an index available to help find an SOP easily. The SOPs were due to be reviewed in June 2021. There was a sheet at the end of each SOP for team members to sign to confirm they had read and understood its contents. But not all team members had signed the sheets once they had read an SOP.

The pharmacist and accuracy checking technician (ACT) spotted near miss errors made by team members during the dispensing process. They informed the dispenser of the error and asked them to rectify the mistake. The dispenser and the pharmacist or ACT made a record of the error in a near miss log and discussed with the dispenser why the error might have happened. The team recorded details such as the type of error, for example, if the error involved medicines of similar names or were manufactured in similar looking packaging. Team members didn't always record what action they took to reduce the risk of the near miss errors happening again. And so, the team may have missed the opportunity to learn and make specific changes to the way they work. If the pharmacist noticed the same, or similar errors were being repeated, the team discussed the near miss errors as part of a group discussion. And team members talked about and implemented ways they could prevent the errors from happening again. For example, a notice had been affixed next to where propranolol liquid was stored, which reminded the team to make sure they had selected the correct strength. The pharmacy kept records of any dispensing errors that had reached people. A form was completed, and a copy was printed and stored in a folder for future reference.

The pharmacy had a concerns and complaints procedure in place, but it was not clearly outlined for people to see. Any complaints or concerns were required to be raised verbally with a team member. If the matter could not be resolved by the team member, it was escalated to the pharmacy's head office.

The pharmacy obtained feedback from people who used the pharmacy through a customer satisfaction survey. The pharmacy had last completed a survey in 2019, but the results were not available for inspection. A summary of the survey from 2017 was displayed behind the pharmacy counter. It showed that around 93% of participants found the service they received from the pharmacy to be 'Good or Excellent'.

The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist (RP) notice displayed the name and registration number of the RP on duty. But it was positioned in a place which made it difficult to see from the retail area. So, people may not have been able to easily know who was the RP on duty. Entries in the RP record mostly complied with legal requirements, but there were several occasions where the RP hadn't recorded the time their duties ended. The pharmacy kept up-to-date and accurate records of private prescriptions. It kept CD registers and records of CDs returned by people to the pharmacy. The CD registers were audited against physical stock every month.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. Confidential waste was placed into a separate bag to avoid a mix up with general waste. The waste was periodically destroyed at the pharmacy's head office. Team members understood the importance of keeping people's private information secure and they had all completed information governance training as part of their employment induction process. The RP and the ACT had completed level 2 training on safeguarding vulnerable adults and children via the Centre of Pharmacy Postgraduate Education. Other team members had not completed any formal training but were aware of their responsibilities and when they should escalate any concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members have the necessary qualifications and skills to provide the pharmacy's services. They manage the workload well and support each other as they work. They feel comfortable raising concerns, giving feedback and suggesting improvements to provide a more effective service.

Inspector's evidence

At the time of the inspection, the responsible pharmacist (RP) was the pharmacy's resident pharmacist who had been working at the pharmacy for approximately two years. He was supported by a full-time accuracy checking technician (ACT) and three part-time qualified pharmacy assistants. Team members who were not present during the inspection included a pharmacy technician, two qualified pharmacy assistants, a trainee pharmacy assistant, a delivery driver and a counter assistant. A locum pharmacist worked on Saturdays. The team was observed to be working well and were not seen dispensing prescriptions under any significant time pressures. The team members explained the Covid-19 pandemic had been a challenging time, but they felt they had generally coped well and were proud that they had continued to offer an efficient service.

Team members were given the opportunity to train during their working hours to improve their knowledge and skills. They were not provided with a structured training programme, but they could choose healthcare topics to learn about or use their time to learn new skills to help them perform better in their roles. For example, some team members had been given the opportunity to learn more about the process of dispensing medicines into multi-compartment compliance packs.

The pharmacy had a whistleblowing policy in place so the team members could raise and escalate a concern anonymously. The team had been set targets to achieve, for example, NHS prescription items and services. But team had not been required to meet the targets since the pandemic had started.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises clean, secure and well maintained. It has a suitable, sound-proofed room where people can have private conversations with the pharmacy's team members.

Inspector's evidence

The pharmacy was clean and well maintained. It had separate sinks available for hand washing and for the preparation of medicines. The team cleaned the pharmacy before every shift, once in the afternoon and before closing to reduce the risk of spreading infection. They paid attention to areas of the pharmacy that were touched regularly such as benches and door handles. The pharmacy dispensary was kept tidy and well organised throughout the inspection. Floor spaces were mostly kept clear to prevent the risk of a trip or a fall. The pharmacy had a sound-proofed consultation room which contained adequate seating facilities. The room contained two seats and was large enough for two people to appropriately socially distance from each other when in use. The temperature was comfortable throughout the inspection. Lighting was bright throughout the premises.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy sources its medicines appropriately. But it doesn't always adequately manage its medicines. It doesn't have the necessary processes and equipment to accurately monitor the fridge temperatures. And the team doesn't always act when the temperature reads outside the required range. It completes regular checks of its medicines to make sure they are in date. The pharmacy makes its services accessible to people and manages its services well.

Inspector's evidence

People had level access into the pharmacy. The pharmacy advertised its services and opening hours in the main window. There was a seat available in the retail area for people to use while they waited for their prescriptions to be dispensed. Large-print labels were provided on request to help people with a visual impairment. Team members had access to the internet which they used to signpost people requiring services that the pharmacy did not offer.

Team members were using various stickers and annotated bags containing people's dispensed medicines to use as an alert before they handed out medicines to people. For example, to highlight interactions between medicines or the presence of a fridge line or a CD that needed handing out at the same time. Team members signed the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. They used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. The baskets were of different colours, for example, red baskets were used for more urgent prescriptions and grey baskets were used to indicate the medicines were for delivery to people. Owing slips were given to people on occasions when the pharmacy could not supply the full quantity prescribed. One slip was given to the person and one was kept with the original prescription for reference when dispensing and checking the remaining quantity. The pharmacy kept a record of the delivery of medicines to people. Due to the pandemic, the delivery driver didn't ask people to sign for receipt of their medication. The driver left the medicines on the person's doorstep before moving away and waiting to watch them pick up the medicines. Team members were aware of the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They demonstrated the advice they would give in a hypothetical situation.

The pharmacy supplied medicines in multi-compartment compliance packs to several people. The team dispensed the packs in a large, newly built part of the dispensary. This was designed to help them dispense the packs away from the retail area to reduce the risk of distractions. The packs were provided either weekly or every four weeks. To help the team manage the workload evenly, the dispensing of the packs was divided across a four-week cycle. Team members used master sheets which contained a list of the person's current medication and dose times. Prescriptions were checked against the master sheets for accuracy before the dispensing process started. Any queries were discussed with the relevant prescriber. Details of any changes such as dosage increases or decreases, were recorded on the person's master sheet. The packs were supplied with patient information leaflets and descriptions of the medicines to help people identify them. For example, 'orange, round, capsule'. Dispensed packs were stored on shelves. Separate shelves were used to store the weekly and monthly packs.

Pharmacy (P) medicines were stored behind the pharmacy counter and so people were not able to self-select them. The pharmacy had a process to check the expiry dates of its medicines every three months. The team was up to date with the process. No out-of-date medicines were found after a random check of around 20 randomly selected medicines. The pharmacy attached stickers to medicines to highlight them if they were expiring in the next three months. The date of opening was recorded on medicines that had a short shelf life once they had been opened. The pharmacy had medical waste bins, sharps bins and CD denaturing kits available to support the team in managing pharmaceutical waste. The pharmacy had two fridges, these were not medical fridges. The team used both to store medicines in that required cold storage. One fridge contained dispensed medicines ready for people to collect or have delivered. It didn't contain a thermometer and the team didn't check or record the temperature in this fridge. There was no evidence that these medicines had been stored at the correct temperature. The pharmacy hadn't thought about the consequences of this. The second fridge contained a thermometer, but on the day of the inspection the range of maximum and minimum temperature was outside of the required range. This had not been identified or actioned by the team. The records kept for this fridge didn't match with the temperature range seen on the day of the inspection.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for its services. And it uses its equipment appropriately to protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources. The pharmacy used a range of CE quality marked measuring cylinders. Medicines waiting to be collected were stored in a way that prevented people's confidential information being seen by members of the public. Computer screens were positioned to ensure confidential information wasn't seen by people. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members could have conversations with people in private. It had a wireless card terminal for contactless transactions and reduce the use of cash. Team members had access to personal protective equipment including face masks, visors, aprons and gloves.

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.