

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: 17/02/2022

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 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 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 correctly secures people's private information. But team members don't always record details of mistakes they make while dispensing. So, they may miss the chance to learn from them to help prevent similar mistakes from happening again.

Inspector's evidence

The pharmacy was inspected during the COVID-19 pandemic. It had several procedures in place to help manage the risks of the services it offered to people 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. The pharmacy had a large plastic screen placed at the pharmacy counter which acted as a protective barrier between team members and members of the public. It had 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 pharmacy had a set of written standard operating procedures (SOPs). These provided information to help team members carry out various tasks, including dispensing and the distribution of COVID-19 lateral flow tests. The superintendent pharmacist (SI) had reviewed and signed off each SOP. In June 2021, most of the SOPs had been reviewed. But some were overdue a review. So, they may not reflect the pharmacy's current ways of working. Some, but not all the team members had signed signature sheets to show they understood the SOPs relevant to their role. The team was seen to be dispensing in accordance with the SOPs.

The responsible pharmacist (RP) 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 team used a near miss log to record details of the near miss errors. The details recorded included the type of error. For example, if the error involved medicines of similar names. But when the team made an error, it didn't always follow this process. So, they may have missed out on the opportunity to learn and improve their ways of working to prevent similar errors from happening again. The pharmacy kept records of any dispensing errors that had reached people. The team completed an incident form, printed a copy, and stored it in a folder for future reference. Team members discussed incidents and how they could learn from them. The pharmacy had a procedure for people to give feedback on their experience of using the pharmacy. But it was difficult for people to see as it was not clearly outlined in the retail area. Any complaints or concerns were required to be verbally raised with a team member.

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 the on-duty RP was. 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 regularly audited against physical stock.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. The team placed confidential waste 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 securing people's private information and they had all completed information governance training as part of their employment induction process. The RP and the pharmacy's manager 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 RP was a locum pharmacist. A locum pharmacy dispenser, a full-time accuracy checking technician (ACT) and two part-time pharmacy dispensers supported the RP during the inspection. The ACT was also the pharmacy's manager. Team members who were not present during the inspection included another ACT, four part-time pharmacy assistants and a delivery driver. The pharmacy didn't have a regular pharmacist but had recently recruited a full-time pharmacist who was due to join the team in Spring 2022. The pharmacy also had a vacancy for another part-time pharmacy assistant. The team was working well and were not seen dispensing prescriptions under any significant time pressures. The pharmacy manager had joined the team a few months ago and explained the team had found it challenging to work without a resident pharmacist, but the team had generally coped well.

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

Team members attended regular meetings organised by the pharmacy's manager. They discussed any concerns and gave feedback on how they could improve the ways they worked. Following a recent meeting, the team discussed using notice boards to display the team's progress of the process of dispensing medicines in multi-compartment compliance packs. Team members explained the use of the boards helped them easily see the progress they were making and if there were any gaps in the process.

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

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. Throughout the inspection, the pharmacy dispensary was kept tidy and well organised. Floor spaces were mostly kept clear to prevent the risk of a trip or a fall. The pharmacy had a sound-proofed consultation room. The room contained two seats and was large enough for two people to appropriately socially distance from each other when in use. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its services accessible to people. And manages its services well to help people look after their health. The pharmacy generally correctly sources and manages its medicines. It completes regular checks of its medicines to make sure they are in date. But it doesn't regularly monitor the temperatures of the fridge it uses to store medicines.

Inspector's evidence

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

Team members annotated bags containing people's dispensed medicines and used various stickers 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 with other people's medicines. 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. Team members gave owing slips to people on occasions when the pharmacy could not supply the full quantity prescribed. They gave one slip to the person and kept one 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, segregated 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 team divided the dispensing of the packs across a four-week cycle. Team members used master sheets which contained a list of the person's current medication and dose times. Before the dispensing process started, prescriptions were checked against the master sheets for accuracy. Team members discussed any queries with the relevant prescriber. They recorded details of any changes such as dosage increases or decreases on the person's master sheet. The pharmacy supplied the packs with patient information leaflets and descriptions of the medicines to help people identify them. For example, 'orange, round, capsule'.

The pharmacy stored pharmacy (P) medicines 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. But the team didn't keep accurate records of when the process had been completed. So, there wasn't an audit trail. No out-of-date medicines were found after a random check of around 30 randomly selected medicines. Team members attached stickers to medicines to highlight them if they were expiring in the next three months. They recorded the date of opening on medicines that had a short shelf life. The pharmacy had medical waste bins, sharps bins and CD denaturing kits available to support the team in managing pharmaceutical waste. When it was last inspected, the pharmacy used domestic grade fridges to store some medicines. Since the last inspection, the pharmacy had installed a large, medical fridge. The team was not keeping daily records of the fridge's minimum and maximum temperature ranges. It had only recorded the ranges three times in the seven days before the inspection. During the inspection, the inspector checked the fridge temperatures, and they were seen to be within the correct range. The pharmacy received regular alerts about medicines and medical devices. For example, if a manufacture had issued a recall of a medicine. The team printed off the alert and kept a record of the action taken.

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. It stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. It suitably positioned computer screens to ensure people couldn't see any confidential information. 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. Team members had access to personal protective equipment including face masks 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.