

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, 71 Stockingate, South Kirkby,  
PONTEFRACT, West Yorkshire, WF9 3NU

**Pharmacy reference:** 1039893

**Type of pharmacy:** Community

**Date of inspection:** 03/10/2019

## Pharmacy context

This pharmacy is in the small town of South Kirby. The pharmacy dispenses NHS and private prescriptions. And it provides a substance misuse service. The pharmacy supplies medication in multi-compartmental compliance packs to help people take their medicines. The pharmacy delivers medicines to people's homes. And it sells over-the-counter medicines.

## 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 identifies and manages the risks associated with its services. And it keeps the records it needs to by law. The pharmacy has up-to-date written procedures that the team follows. And it has appropriate arrangements to protect people's private information. People using the pharmacy can raise concerns and provide feedback. The team members have some level of training and guidance to respond to safeguarding concerns. So, they can help protect the welfare of children and vulnerable adults. The pharmacy team members respond appropriately when errors happen. They take the action needed to help prevent similar mistakes happening again. But they don't fully record all their errors or review them. So, the team does not have all the information it could to help identify patterns and reduce mistakes.

### Inspector's evidence

The pharmacy had a range of up-to-date standard operating procedures (SOPs). These provided the team with information to perform tasks supporting the delivery of services. The SOPs covered areas such as dispensing prescriptions and controlled drugs (CDs) management. The team members had read and signed the old SOPs' signature sheets to show they understood and would follow them. But not everyone in the team had signed the updated SOPs' signature sheets. The pharmacy had up-to-date indemnity insurance.

On most occasions the pharmacist when checking prescriptions and spotting an error asked the team member involved to find and correct the mistake. The pharmacy kept records of these errors. And the team member involved usually recorded their own error. A sample of the error records looked at found that the team did not record details of what had been prescribed and dispensed to spot patterns. And team members occasionally recorded what caused the error, their learning from it and actions they had taken to prevent the error happening again. The actions included separating medicines that looked or sounded alike (LASA). And for the team to always refer to the prescription when dispensing. The pharmacy kept electronic records of dispensing incidents. And it submitted the report to the Superintendent's office. A sample of dispensing incident reports looked at found that the team members recorded the details of the error. But they didn't capture the learning and actions taken to prevent a reoccurrence of the mistake. The team had discussed a dispensing incident involving the wrong strength of a product. The team identified that the strength of the medicine on the prescription was rarely prescribed. So, there was an assumption that the medicine strength was the one usually prescribed. And this was the one the team dispensed and supplied. As a result of this discussion the team separated the two strengths by placing a different medicine between the strengths. The pharmacy had a system to review dispensing errors known as Safercare. But the team had not completed this since January 2019. The new pharmacist manager and the team members were aware of this. And they had discussed the importance of completing the review.

The pharmacy had a procedure for handling complaints raised by people using the pharmacy. And it had a leaflet providing people with information on how to raise a concern. The pharmacy team used surveys to find out what people thought about the pharmacy. The pharmacy published these on the NHS.uk website. And it displayed them in the retail area for people to see. The latest survey results included comments from people that the team were polite and provided an efficient service. The same results included a comment about the cleanliness of the pharmacy. The pharmacy was showing signs of

long-term wear and tear.

A sample of controlled drugs (CD) registers looked at found that they met legal requirements. The pharmacy regularly checked CD stock against the balance in the register. This helped to spot errors such as missed entries. The pharmacy recorded CDs returned by people. And the team promptly destroyed them. A sample of Responsible Pharmacist records looked at found that they met legal requirements. Records of private prescription supplies, and emergency supply requests met legal requirements. A sample of records for the receipt and supply of unlicensed products looked at found that they met the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA). The pharmacy had an information governance (IG) folder containing several documents. The folder included signatures from most of the team members to show they were aware of IG requirements. The team had completed training on the General Data Protection Regulations (GDPR). The pharmacy did not display a privacy notice in line with the requirements of the GDPR. The team separated confidential waste for shredding offsite.

The pharmacy had a safeguarding policy. The team members had signed the policy to show they had read it. And they had access to contact numbers for local safeguarding teams. The pharmacist had completed level 2 training in 2019 from the Centre for Pharmacy Postgraduate Education (CPPE) on protecting children and vulnerable adults. The team had completed Dementia Friends training in 2017. The team had not had the occasions to report a safeguarding concern.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team has the qualifications and skills to support the delivery of the pharmacy's services. And the team members support each other in their day-to-day work. The pharmacy offers team members opportunities to complete more training. But they have not received formal reviews on their performance for some time. So, they may miss the opportunity to reflect and identify training needs. And progress in their role or take on a new role to help the safe and effective delivery of services.

### Inspector's evidence

The pharmacist manager who had been in post a few weeks covered most of the opening hours. Locum pharmacists provided support when required. The pharmacist manager had received some training at another branch. But stated there were several aspects of managing the pharmacy they had not been informed of. And they had received little support to learn the management role. The pharmacist manager used a notebook to record issues as they arose to discuss with the area manager.

The pharmacy team consisted of five part-time qualified dispensers, one who was the pharmacy supervisor and a full-time medicines counter assistant. At the time of the inspection the pharmacist manager and two of the part-time dispensers were on duty. The pharmacy held meetings when most of the team were on duty together. The team used notes to pass on information to each other. The pharmacy provided additional training through an online portal. The pharmacy had a process to provide performance reviews for the team. But the team hadn't received a review for some time. The pharmacy had targets for services such as Medicine Use Reviews (MURs). The pharmacist manager felt some pressure to achieve them. The pharmacist had discussed the impact on attempting to meet them whilst new to the role and delivering safe pharmacy services. The pharmacist offered the services when they would benefit people.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean, secure and suitable for the services provided. And it has facilities to meet the needs of people requiring privacy when using the pharmacy services.

### Inspector's evidence

The pharmacy was clean and tidy. The dispensary was small with limited space to work. And the fixtures and fittings would benefit from being updated. The pharmacy had separate sinks for the preparation of medicines and hand washing. But there was no soap in the bathroom used by the pharmacy team. The consultation room contained a sink. And the pharmacy had alcohol gel for hand cleansing. The team kept floor spaces clear to reduce the risk of trip hazards.

The pharmacy had a large, sound proof consultation room. The team used this for private conversations with people. The premises were secure. The pharmacy had restricted access to the dispensary during the opening hours. The window displays detailed the opening times and the services offered. The pharmacy had a defined professional area. And items for sale in this area were healthcare related.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides services that support people's health needs. And it manages its services well. The pharmacy keeps records of deliveries it makes to people. So, it can deal with any queries effectively. The pharmacy gets its medicines from reputable sources. And it stores and manages medicines appropriately.

### Inspector's evidence

The pharmacy had an information leaflet that provided people with details of the services it offered and the contact details of the pharmacy. The team had access to the internet to direct people to other healthcare services. The pharmacy kept a small range of healthcare information leaflets for people to read or take away. The pharmacy had a small display in the retail area providing people with information on how to stop smoking. The pharmacy team were aware of the criteria of the valproate Pregnancy Prevention Programme (PPP). The pharmacy had the PPP pack containing information to give to people prescribed the valproate products.

The pharmacy provided multi-compartmental compliance packs to help around 40 people take their medicines. To manage the workload the team divided the preparation of the packs across the month. The team usually ordered prescriptions one week before supply. This allowed time to deal with issues such as missing items. And the dispensing of the medication into the packs. Each person had a record listing their current medication, dosage and dose times. The team checked received prescriptions against the list. And queried any changes with the GP team. The team marked prescriptions received at the pharmacy to show they were for the packs. One team member labelled the prescriptions and generated the backing sheets supplied with the packs. Another team member picked the medicines and dispensed the items into the packs. The team used a small section of the dispensary to dispense the packs. The pharmacy had an upstairs room. But the team only used this room when there was a team member available to cover the pharmacy counter to help serve people presenting at the pharmacy. The team recorded the descriptions of the products within the packs. And it supplied the manufacturer's patient information leaflets. The pharmacy received copies of hospital discharge summaries. The team checked the discharge summary against the medication list. So, they could spot any changes or new items. The team sent a copy of the discharge summary to the GP team with a request for prescriptions when required.

The pharmacy supplied medicines to people living in a nearby care home. And it supplied a medicines administration chart for the care home team to use. The care home team ordered the prescriptions two weeks before supply. This was after the pharmacy team telephoned to prompt the care home team to order the prescriptions. The care home team did not send details of the prescriptions requested to the pharmacy team. So, the pharmacy team members didn't know when they received the prescriptions if there were any missing medicines. The pharmacy team sent the medicines a few days before the next cycle was due. This gave the care home team time to check the supply and chase up missing medicines.

The pharmacy supplied methadone as supervised and unsupervised doses. And it prepared the methadone doses before supply. This reduced the workload pressure of dispensing at the time of supply. The pharmacy stored the prepared doses in clear bags in the controlled drugs cabinet with the prescription attached to the dose due. This helped to reduce the risk of selecting the wrong one. And it separated sugar free methadone doses from the original version. The pharmacist kept the prescriptions

in a dedicated box file in date order. So, the team knew when the person was due to collect their next dose when dealing with a query.

The pharmacy provided separate areas for labelling, dispensing and checking of prescriptions. The pharmacy team used baskets when dispensing to hold stock, prescriptions and dispensing labels. This prevented the loss of items and stock for one prescription mixing with another. The team members referred to the prescription when selecting medication from the storage shelves. The team members used this as a prompt to check what they had picked. The pharmacy used clear bags to hold dispensed controlled drugs (CDs) and fridge lines. This allowed the team, and the person collecting the medication, to check the supply. The pharmacy used CD and fridge stickers on bags and prescriptions to remind the team when handing over medication to include these items. The pharmacy had a system to prompt the team to check that supplies of CD prescriptions were within the 28-day legal limit. But the pharmacy team did not always use the system. The pharmacy had checked by and dispensed by boxes on dispensing labels. These recorded who in the team had dispensed and checked the prescription. A sample looked at found that the team completed the boxes. When the pharmacy didn't have enough stock of someone's medicine, it provided a printed slip detailing the owed item. And kept a separate one with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy kept a record of the delivery of medicines to people. This included a signature from the person receiving the medication.

The pharmacy team checked the expiry dates on stock. And it had a template to record when this happened. The team used a yellow sticker to highlight medicines with a short expiry date. No out of date stock was found. The team members recorded the date of opening on liquids. This meant they could identify products with a short shelf life once opened. And check they were safe to supply. For example, an opened bottle of dexamethasone 10mg/5ml oral solution with one month once opened had a date of opening of 04/09/19 recorded. The team recorded fridge temperatures each day. A sample looked at found they were within the correct range. The pharmacy had medicinal waste bins to store out-of-date stock and patient returned medication. And it stored out-of-date and patient returned controlled drugs (CDs) separate from in-date stock in a CD cabinet that met legal requirements. The team used appropriate denaturing kits to destroy CDs.

The pharmacy had equipment installed to meet the requirements of the Falsified Medicines Directive (FMD). But the pharmacy had not updated the computer software to support FMD. The team hadn't received any FMD training. The pharmacy obtained medication from several reputable sources. And received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via email. The pharmacist manager also received these alerts via emails on their personal mobile phone. The team printed off the alert, actioned it and kept a record.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide safe services and protect people's private information.

### Inspector's evidence

The pharmacy had references sources and access to the internet to provide the team with up-to-date clinical information. The pharmacy used a range of CE equipment to accurately measure liquid medication. And used separate, marked measures for methadone. The pharmacy had a fridge to store medicines kept at these temperatures. The pharmacy completed safety checks on the electrical equipment.

The computers were password protected and access to people's records was restricted by the NHS smart card system. The pharmacy positioned the dispensary computers in a way to prevent disclosure of confidential information. The pharmacy stored completed prescriptions away from public view. And it held private information in the dispensary and rear areas, which had restricted access.

### 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.