

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 3 Tangmere Square, Tangmere Drive, Castle Vale, BIRMINGHAM, West Midlands, B35 7QX

Pharmacy reference: 1080694

Type of pharmacy: Community

Date of inspection: 12/06/2019

Pharmacy context

This is a community pharmacy located on an edge-of-town shopping park in the Castle Vale area of Birmingham. The pharmacy dispenses NHS prescriptions and provides some other NHS funded services. The pharmacy team dispenses medicines into weekly packs for people that can sometimes forget to take their 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
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's working practices are safe and effective. The team follows written instructions to make sure it works safely. It protects people's private information and keeps the records it needs to by law. People can give feedback and make a complaint about the services.

Inspector's evidence

A range of up-to-date standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. A new set of SOPs had been implemented in August 2017 after a review by head office. All pharmacy and healthcare staff had read and signed the SOPs relevant to their job role and these had been countersigned by a pharmacist. Roles and responsibilities of staff were highlighted within the SOPs.

The team completed some 'Safer Care' checks to make sure procedures were being followed. But these were not always completed as often as they should have been. The accuracy checking technician (ACT) was the Safer Care Champion but was not present during the inspection to discuss her role. The outcome of the Safer Care checks was shared with the pharmacy team members and displayed on a designated noticeboard. The checks cycled through different topics including the environment, people, and process.

A Safer Care briefing was held monthly and a summary was recorded in the Safer Care folder. Various topics, such as dispensing incidents and near misses were discussed and documented. Head office provided the pharmacy team with case studies and patient safety information to share which may reduce the risk of errors occurring in branch. Various stickers were displayed by LASA (look alike, sound alike) medicines to reduce the risk of selecting the wrong medicine during the dispensing process.

Lloyds Pharmacy near miss logs were used and the dispenser involved was responsible for correcting their own error to ensure they learnt from the mistake. The near miss logs were reviewed by the pharmacy manager or Safer Care Champion. There was evidence that the logs had been reviewed for patterns and trends on a monthly basis before February 2019 but they had not been reviewed since then, so the team may be missing out on learning opportunities.

Dispensing incidents were recorded electronically on the company 'Pharmacy Incident Management System' (PIMS). A copy of the completed PIMS form was printed out and stored in the pharmacy for reference. The dispensing incident was reviewed using a root cause analysis form and Five Why's reflection log and examples of the actions taken to reduce the risk of reoccurrence were seen.

A Professional Standards Audit (PSA) had been completed in February 2019 and a copy was displayed on the Safer Care noticeboard. The auditor had identified a number of areas for improvement. Some of the areas for improvement had been marked as complete and others were in progress including reinstating weekly Safer Care checks.

Members of the team were knowledgeable about their roles and discussed these during the inspection. A member of staff answered questions related to medicine sales and Responsible Pharmacist absence correctly. Pharmacy staff were wearing uniforms and name badges which stated their job role.

A complaints procedure was in place. A dispenser explained the process for handling a complaint or concern. She identified that she would speak to the person first and would try to resolve the issue, but would refer to the pharmacy manager/responsible pharmacist or provide contact details for head office if the complaint was unresolved. A Customer Charter leaflet was available which explained the complaints process. The pharmacy gathered customer feedback by completing an annual customer survey and the results of the previous survey were on display to customers.

The pharmacy had up-to-date professional insurance arrangements in place. The Responsible Pharmacist (RP) notice was prominently displayed and the RP log complied with requirements. Controlled drug (CD) registers also complied with requirements. A CD balance check had been completed every week until three weeks before the inspection and had not been completed since. Two random balance checks matched the balances recorded in the register. The balance check for methadone was also done every few weeks and the manufacturer's overage was added to the running balance. A patient returned CD register was in place. Patient returned CDs were destroyed regularly. Private prescription and emergency supplies were recorded in a record book and records were in order. Specials records were maintained with an audit trail from source to supply. MUR forms consent forms were signed by the patient.

The branch had an Information Governance (IG) policy and various training and policy documents had been read and signed by pharmacy staff. Confidential waste was stored separately from general waste and destroyed offsite. Pharmacy staff had individual user names and passwords for the computers. NHS Smartcards were not shared.

The pharmacy had a safeguarding policy and a list of local safeguarding contacts was available in the dispensary. A flowchart was displayed showing the reporting process within Lloydspharmacy. The pharmacy technician had completed a CPPE training package on safeguarding children and vulnerable adults. The team gave several examples of different safeguarding concerns that they had identified and referred to the local safeguarding team.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the current workload and the services that it provides. The team members try to plan try to plan absences, so they always have enough cover to provide the services. They work well together in a supportive environment and can raise concerns and make suggestions.

Inspector's evidence

The pharmacy team comprised of the branch manager (pharmacist), supervisor (healthcare partner), accuracy checking technician, a pharmacy technician, five other healthcare partners (HCP) and two trainee healthcare partners. Healthcare partners had either completed dispensing assistant and medicines counter assistant training or were enrolled on an accredited training course.

There had been some recent staffing changes affecting the pharmacists working at the pharmacy. The current branch manager had worked there for about two weeks and had transferred from another branch. The previous branch manager had left the company. The Responsible Pharmacist during the inspection worked for Lloydspharmacy as a relief pharmacist but this was her first time working in this branch. Holidays were planned in advance and cover provided was provided by other staff members as required. The previous branch manager had reviewed the core rotas and the salary budget from head office.

On-going staff training was provided by head office on the Lloyds Pharmacy elearning system (MyLearn) and covered a number of topics; the most recent training that had been completed was about valproate medicines. Compliance with the training modules was tracked as it was a measure on the Inspire steering wheel. Pharmacy staff had recently had a performance conversation with the new manager and he had set his expectations for the next few months. Staff did not have regular, planned training time and the new manager had identified this during the performance conversations as an area for improvement.

The team worked well together during the inspection and were observed helping each other and moving onto the healthcare counter when there was a queue. The pharmacy staff said that they could raise any concerns or suggestions with the supervisor, branch manager or head office. Staff were aware of the company whistleblowing policy. The team spoke positively about the new manager had how he had been open to any suggestions the team had.

The RP was observed making herself available to discuss queries with people and giving advice when she handed out prescriptions. Targets were in place for services; the RP explained that she would use her professional judgment to offer services e.g. MURs when she felt that they were appropriate for the person.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare.

Inspector's evidence

The pharmacy was smart in appearance and appeared to be well maintained. Any maintenance issues were reported to head office. The dispensary was an adequate size for the services provided and an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate worktops and there was a designated area used for preparing weekly packs. There was a large stockroom used for excess shop stock and pharmacy consumables.

There was a private, soundproof consultation room which was clearly signposted. The consultation room was professional in appearance. The dispensary was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned by pharmacy staff. The sink in the dispensary had hot and cold running water, hand towels and hand soap available.

The pharmacy had air conditioning and the temperature in the dispensary felt comfortable during the inspection. Lighting was adequate for the services provided. Prepared medicines were held securely within the pharmacy and pharmacy medicines were integrated into normal stock and stored under plastic storage cabinets with an 'ask for assistance' message to customers, so sales could be supervised.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are generally well managed. It sources and supplies medicines safely. The team members are helpful and make sure people have all the information they need so that they can use their medicines safely. Pharmacy staff check their stock regularly to make sure medicines are fit for purpose.

Inspector's evidence

The pharmacy had step free access from a large, free car park. The pharmacy had a push-button automatic door. There was a small seating area available for people that were waiting for their prescription. The pharmacy had hearing loops on the front counter and in the consultation room. A home delivery service was offered for a small charge.

The range of services provided by the pharmacy were displayed. The pharmacy had a wide selection of health promotion and information leaflets available to people to select. The pharmacy staff used the internet and local knowledge to refer people to other providers for services the pharmacy did not offer. But the pharmacy practice leaflet did not advertise the correct opening hours, so was misleading and needed updating.

Prescriptions were dispensed in baskets with different colours used for different prescription types e.g. red baskets for waiting prescriptions. Dispensing baskets were also used to keep medication separate. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions.

A text-system had been introduced to remind people to collect their completed prescriptions. People that had registered for the service were sent a reminder text when the prescription had been waiting for one week and then another at two weeks. Stickers were attached to completed prescriptions to highlight people suitable for certain services or that needed fridge or CD items adding. The team were aware of additional counselling for female's prescribed valproate and there were leaflets and stickers available to support the counselling.

Weekly compliance packs were supplied to a large number of people as a mixture of weekly or monthly supplies. Most people ordered their own prescriptions as the local surgeries did not allow pharmacies to order on their behalf. This made managing the workload more difficult. But, the PMR did record when the next supply was due, so the dispensers could prioritise dispensing based on the due date.

Information relating to each person i.e. where medication should be packed in the tray or details of telephone messages was recorded on the PMR and on a patient sheet. A sample of dispensed weekly compliance packs were seen to have been labelled with descriptions of medication, an audit trail for who had been involved in the dispensing and checking process. Patient information leaflets (PILs) were included with each monthly supply.

The original prescription for any items owing and an owing docket was kept until hand out to allow for any counselling to be given. Date checking was carried out in accordance with a plan from head office and there was evidence of regular date checking. Medicines were obtained from a range of licensed

wholesalers and a specials manufacturer. Medicines were stored in an organised manner on the dispensary shelves. All medicines were observed being stored in their original packaging. Split liquid medicines were marked with the date of opening. Barcode scanners for Falsified Medicines Directive (FMD) had been installed but were not being used and procedures had not been updated.

The CD cabinets were secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Secure procedures for storing the CD keys during the day and overnight were in place. There was a medical fridge to hold stock medicines and assembled medicines. The medicines in the fridge were stored in an organised manner and 'select with care' stickers were next to some insulins as the result of a recent error. Fridge temperature records were maintained and records showed that the pharmacy fridge was working within the required temperature range of 2 and 8 degrees Celsius.

Patient returned medicines were stored separately from stock medicines in designated bins. The pharmacy was alerted to drug recalls via emails from head office. A record of recalls was seen and recalls were annotated and signed as evidence.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely.

Inspector's evidence

The pharmacy had a range of up to date reference sources, including BNF and BNF for Children. Internet access was available. The pharmacy had equipment used for pharmacy services that was appropriately maintained and calibrated. The blood pressure monitor was marked with the date that it was first used. So it could be recalibrated or replaced in accordance with the manufacturer's instructions.

A range of clean, crown stamped measures were available. Separate measures were available for preparation of methadone. Counting triangles were available and there was a separate triangle used for counting cytotoxic medicines.

Patient records were stored electronically and there were enough terminals for the workload currently undertaken. Computer access was password protected and each staff member had their own password. Screens were not visible to the public. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

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.