

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Union Brae, Tweedmouth,
BERWICK-UPON-TWEED, Northumberland, TD15 2HB

Pharmacy reference: 1084668

Type of pharmacy: Community

Date of inspection: 23/05/2019

Pharmacy context

This is a community pharmacy attached to a medical centre which is also a dispensing practice. The pharmacy dispenses NHS prescriptions. And offers advice on the management of minor illnesses and long-term conditions. It supplies medicines in multi-compartmental compliance packs to help people take their medicines. And offers a range of services including a flu vaccination service and a substance misuse 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	1.2	Good practice	The pharmacy team members record and discuss mistakes and dispensing errors. They use this information to make changes to their practice to improve the safety and quality of the services.
		1.8	Good practice	The pharmacy team members understand their role in protecting vulnerable people. And they know how to raise concerns with other agencies as required. And take further action if required to protect people and the pharmacy.
2. Staff	Standards met	2.2	Good practice	The pharmacy team members continually try to improve and develop their skills. They do this by obtaining extra resources to improve their knowledge.
		2.4	Good practice	The team works with openness and honesty to help support the safe and effective delivery of pharmacy services. And continually shares learning to improve.
		2.5	Good practice	The pharmacy team members can make suggestions and get involved in making improvements to services. And to the safety of the pharmacy.
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 has systems in place to support and manage the risks when delivering its services. It keeps all the records it needs to by law to help evidence compliance with standards and procedures. It asks people for their views and deals with complaints. And uses feedback to improve the services.

The pharmacy team members record and discuss mistakes and dispensing errors. They use this information to learn and make changes to their practice to improve the safety and quality of the services. They look after people's private information and explain how they will use it. And the pharmacy team members know how to protect the safety of vulnerable people and the pharmacy.

Inspector's evidence

The pharmacy had up to date standard operating procedures (SOPs) which the pharmacy team members have read. These provided the team with information to perform tasks supporting delivery of service. They covered areas such as the dispensing prescriptions and controlled drugs (CD) management. These were subject to regular review. The team members had read and completed records of competency for the sections relevant to their role.

There were also several other corporate checks undertaken weekly to manage the running of the pharmacy.

The pharmacy workflow provided different sections for dispensing activities with dedicated benches for assembly and checking, with a separate room for compliance aid preparation.

The team members used baskets throughout the process to keep prescriptions and medicines together. They used different colours of baskets for people waiting, call backs, electronic repeat prescriptions and ones with controlled drugs and fridge lines. They marked prescriptions for delivery at the top of the prescription. This distinguished patients' prescriptions by degree of urgency and this helped plan workload.

The pharmacy recorded near misses found and corrected during the dispensing process. The team recorded these on a specific template. They followed the company process for reviews. They read the studies sent by the head office for learning from scenarios.

They had a designated notice board and the team members had developed an ongoing list with Look Alike Sound Alike (LASA) drugs. They marked this 'Items to look out for'. The list was comprehensive, and the team members had made comments by some entries with reminders what to look out for such as 'both generic Seretide and made by the same manufacturer but to watch out as they get prescribed by their brand names too'. They had some items in bold on the list and some marked with an asterix to highlight these. Other comments included 'very hard to distinguish, quantities, 14 and 28 but pack size the same and often get mixed up. The team were continually reviewing and added to the list. The team kept a list at each workstation for easy access for the team members when they were dispensing. At the location on the board there was a bold reminder to the team 'feel free to add to list'. All the team members gave examples of things they had raised and added. On the company near miss log they highlighted any of their own LASA items to try to reinforce learning from these.

The team had developed a tracker for completing the company safer care process for review in which they had highlighted the cycles and dated when these required to be done. The tracker had assisted the dispenser in completing the company book. She had sent this to the What's App group in the region for others to use. And since developing this it has been used by the head office as a schedule for each quarter for completion.

The team members had put caution stickers on the side of drawers and on dividers such as 'not dispersible' to raise awareness when picking. They had also put caution stickers at shelves in the dispensary with pointers to look out for when selecting the stock.

The pharmacy had its Customer Charter Standards of Service leaflet which explained the complaints process. And a Patient Advice and Liaison Service (PALS) leaflet. The pharmacy gathered feedback through the annual patient satisfaction survey. The pharmacy had received 100 per cent in the last result. People had made comments about waiting times and the team members ensured they were advised of how long they would have to wait. They displayed the collection time for prescriptions which showed dates from when people had ordered their medication.

There was a procedure to record and report dispensing errors. And team members followed this procedure. The team members discussed any concerns at the Safer Care briefings. The team members had reviewed the collection location for the compliance packs. They had a reminder for themselves to use a stool when accessing packs from higher shelves. And check the names carefully at selection to avoid any repetition.

The pharmacy had current indemnity insurance in place.

The pharmacy had the correct Responsible pharmacist (RP) notice in place. And the pharmacist completed the Responsible pharmacist records as required.

A sample of the CD registers looked at were complete. The pharmacy kept running balances and the team members checked registers weekly. Physical stock of an item selected at random agreed with the recorded balance. The pharmacy kept a record of CDs which people had returned, and these were destroyed promptly.

The pharmacy maintained records for private prescriptions. The pharmacy received a few prescriptions through the Lloyds online service. The team members carried out appropriate checks such as blood pressure readings for contraceptives prior to any supply being made. The pharmacy received several FMed 296 forms from a local RAF base. The pharmacy kept special records for unlicensed products with the certificates of conformity completed.

The pharmacy displayed information on the confidential data kept and how it complied with legislation. The team had read General Data Protection Regulation (GDPR) information. The IT system was password protected. The computer stored patient medication records (PMRs) electronically. And completed prescriptions stored away safely. And the team used the NHS Smart card system to access to people's records. Patient sensitive information kept securely. Confidential waste was stored in separate containers for offsite shredding.

The pharmacy team members had safeguarding information, including contact numbers for local safeguarding agencies. The pharmacist had undertaken level 2 CPPE training. And the team completed Dementia friends. The team kept the safeguarding policy and procedure in a filing cabinet. They kept a

record of any conversations locked away, if they had had safeguarding concerns. The file was shown with examples.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members are qualified and have the right skills for their roles and the services they provide.

The pharmacy team members work together and help each other in their tasks. They undertake ongoing learning to develop their skills. And they obtain supplementary information to improve their skills and the services for people. The pharmacy team members work with openness and honesty. And they make suggestions for improvements to help support the safe and effective delivery of pharmacy services. And the safety of the pharmacy.

Inspector's evidence

There was one pharmacist who worked at the pharmacy three days a week. Locums worked at the pharmacy for the remainder of the time. There was one technician who worked 36 hours weekly. Two of the dispensers worked 30 and 39 hours and the others worked between 16 and 20 hours a week. The pharmacy team members had worked at the pharmacy for several years which provided consistency.

The pharmacy received double pharmacist cover for five hours a week and the time was generally used for clearing any outstanding multi-compartmental compliance packs. The team used this time for sharing and learning.

Certificates and qualifications were available for the team. The pharmacy members were all classed as healthcare partners. The pharmacy had carried out an assessment on all the team members who had been existing dispensers to ensure compliance with the role.

The pharmacist kept a basket in a corner of the dispensary. And kept useful information for reference for the team. This included any information gathered from queries to assist learning for everyone. Recent information included information on Type 2 diabetes, following a query. The pharmacist had obtained additional reading matter from the British Diabetic Association, with a fact sheet for the team. The pharmacist had shared the information with the patient and the surgery. Other material kept in the basket included company holiday procedures, the Pharmacy magazine, Training Matters and local Well Being information.

The team pharmacy members had training records. They carried out training on the company system, My Learn with topics smoking, hay fever and oral health completed. The team had recently undertaken training on blood pressure reading using the new Standard Operating Procedures (SOPs) for this, due to the change in the process. They received about 20 minute a week for training as required.

The team received performance reviews which gave the chance to receive feedback and discuss development needs. One of the pharmacy team indicated that she wanted to do the accuracy checking technicians' course in the future. This was being noted to raise for consideration.

The team carried out tasks and managed their workload in a competent manner discussing any issues

which arose and dealing with any telephone queries. The pharmacy had a pocket which it kept the company newsletters accessible. And the team members reminded each other to read these particularly if they had come back from leave. This ensured that they kept up to date.

The team said they could raise concerns about any issues within the pharmacy by speaking to the pharmacist or the superintendent (SI). The dispensary team worked closely together, and the dispenser said they were encouraged to provide feedback about the pharmacy or make suggestions for improvement. They had developed their own forms for tracking the progress of trays and for the company patient safety reviews. They advised this helped compliance and eased completing the sections required in the company patient safety care booklet.

Following a safeguarding issue, the team had reviewed the security and the company had put in the 'staff safe system', so the team could raise any concerns quickly if they arose in the pharmacy. And get suitable help promptly.

There was a whistleblowing policy and telephone numbers were available, so the team members could easily and confidentially raise any concerns outside the pharmacy if needed.

The pharmacy team had targets for services such as MURs and hoped to undertake 200 by the end of September. These were achievable and done when they met the patient's needs.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is safe and clean, and suitable for the pharmacy services provided. People can have private conversations with a pharmacist or team member in the consultation room

Inspector's evidence

The pharmacy was clean, tidy and hygienic. And fitted out to an acceptable standard, with suitable space for dispensing, storing stock and medicines and compliance packs waiting collection.

The pharmacy had a defined professional area. And items for sale were mostly healthcare related. Pharmacy only medicines could not be reached by customers.

The sink in the dispensary for preparation of medicines was clean. Separate hand washing facilities were in place for the team. The benches, shelves and flooring were all clean and a cleaning rota was available to ensure the team maintained this.

The pharmacy team members kept floor spaces clear to reduce the risk of trip hazards. The room temperature was comfortable and well lit.

The pharmacy had a good sized, signposted, sound proofed consultation room which the team members used as required. There was a notice about the chaperone policy asking patients if they would like a family member or chaperone present. The pharmacy team kept the consultation room locked when not in use. The team used cordless phones for private conversations. Members of the public could not access the dispensary due to the layout of the counter. The counter was clearly observed from the dispensary and the staff were aware of customers in the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy has a range of services that are available to people using the pharmacy. And it displays information about its services to promote them. It provides its services using a range of safe working practices, including the use of baskets to keep items together. And it uses dispensed by and checked by signatures to provide an audit trail to help deliver services safely. The pharmacy team members supply medicines in packs to help people to take their medicines at the right time. They provide information with the pack to show what each medicine looks like. And they supply Patient Information leaflets (PILs) each cycle with these medicines. The pharmacy sources, stores and manages medicines appropriately. It responds well to safety alerts. So, it stops the supply of medicines, to people, which are no longer fit for purpose.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was an automatic door at the shared entrance to the surgery then another door to the pharmacy. The team members assisted people if required to open the door. There were steps and a ramp to the main entrance.

There was plenty customer seating. And a working hearing loop in place, on the counter. The pharmacy team members had name badges with their role.

The pharmacy displayed its services in the window with a ladder of the services and within the pharmacy. The hours of opening were on the door. There were wall displays on various topics including children's oral health. Two of the dispensers were health care champions and had made a poster with various pictures which provided an interesting display. They had also registered on some websites and had obtained various additional resources which they made available to people. The Practice leaflet was temporarily unavailable as the team members had just remove it from the counter due to a change in the blood pressure monitoring, with the service now having a charge. The team had information on local Dementia Advice services, with contact numbers and facilities offered, and referred people to these if required.

The pharmacy received prescriptions from an outreach clinic from a Newcastle hospital. The clinics were for eyes and dermatology and took place generally fortnightly. Prescriptions were handwritten and they team liaised with the prescribers when required if they had any queries. The pharmacy kept suitable stocks of the items which were usually prescribed.

The pharmacy team members signposted to other healthcare services such as a hearing aid service which ran once a month. They took appointments for the service. They also booked people for travel vaccination a Medical Advisory Service for Travellers Abroad (MASTA) clinic.

The pharmacy carried out Medicine Use Reviews (MUR). They advised that people found these beneficial. And picked up interventions and referred people to their doctor when they were taking a medicine that they no longer required. The pharmacy had a good working relationship with the surgery and they often liaised with the surgery regarding changes and kept the patient informed if the outcome resulted in a change to their medicines. They also had a good relationship with the practice nurses and

referred people when required.

The pharmacy undertook around 15 to 20 New medicines service (NMS) reviews each month, with people coming straight to this pharmacy following an appointment resulting in a new medicine. The pharmacy checked people's inhaler technique.

The pharmacy had undertaken around 100 flu vaccinations. Most were undertaken with people walking in, but the pharmacy team members made a few appointments for people. They undertook blood pressure monitoring and glucose tests. They provided smoking cessation using the vouchers and the Minor ailments service which was mostly used for children for paracetamol and ibuprofen.

The pharmacy supplied several people with multi-compartmental compliance packs to help them take their medicines. One of the team managed the service, with all others assisting in the dispensing. The team kept sheets for monitoring the progress of the packs. The sheets showed the changes, drug, amendment, when it had to start and date of change. The pharmacy had liaised with the surgery and developed a form which the doctors used, and they sent this form with any new prescriptions. This highlighted the charges and provided an effective process.

The pharmacy kept a diary for the compliance packs and documented any information. Just over half of the people had their trays delivered, with the remainder collecting. People signed for the packs at the time of collection. Most people received their packs weekly. The team segregated any packs which were waiting changes or if people had been in hospital. And they checked these prior to any further supplies being provided. Controlled drugs were added weekly to packs. The team members put the Patient information leaflets (PILs) into a separate bag and they provided these once each four-week cycle.

The pharmacy provided a substance misuse service with a few people using this service.

There was a clear audit trail of the dispensing process. The team completed the "dispensed by" and "checked by" boxes which showed who had performed these roles. And a sample of completed prescriptions looked, at found compliance with this process.

The team used appropriate containers to supply medicines. And used clear bags for dispensed CDs and fridge lines so the contents could be checked again, at the point of hand-out.

There were some alerts stickers used to apply to prescriptions to raise awareness at the point of supply. These ensured patients received additional counselling.

The team used CD and fridge stickers on bags and prescriptions to alert the person handing the medication over to add these items. The CD stickers recorded the last date for supply, to make sure it was within the 28-day legal limit. This prevented supplies when the prescription was no longer valid.

When the product or quantity prescribed could not be provided in full patients received an owing slip. And one was kept with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy contacted prescribers if items were unobtainable at the current time for an alternative.

The pharmacy team were aware of the Pregnancy Prevention Plan for valproate. The team had carried out an audit and three people received this medication. The pharmacist had counselled these patients appropriately. The pharmacy had the pack available with the alert stickers, patient guide & cards should

these be required.

The pharmacy provided a repeat prescription collection service. All people ordered their own. And the surgery ordered for the compliance pack patients.

The pharmacy kept a delivery sheet as an audit trail for the delivery of medicines from the pharmacy to patients. This included a signature of receipt of the delivery. The driver used a separate delivery sheet for controlled drugs.

The pharmacy stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature.

The pharmacy had a refrigerator from a recognised supplier. This was appropriate for the volume of medicines requiring storage at such temperatures. The team recorded temperature readings daily and they checked these to ensure the refrigerator remained within the required temperature range.

The pharmacy team checked expiry dates on products and had a rota in place to ensure all sections were regularly checked. The team members placed stickers on items which were close to their expiry date. And these were taken off the shelf prior to the expiry date. The team marked liquid medication with the date of opening so they could check if the medication was still suitable to use.

The team were aware of the Falsified Medicines Directive (FMD). The pharmacy had scanners in place and the software but the use of these had not been implemented. The pharmacy obtained medicines from reputable sources.

The team used appropriate medicinal waste bins for patient returned medication. These were uplifted regularly. The pharmacy had appropriate denaturing kits for the destruction of CDs.

The pharmacy had a process to receive drug safety alerts and recalls. The team actioned these and kept records of the action taken.

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 access to a range of up to date reference sources, including the British National Formulary (BNF). They used the internet as an additional resource for information such as the Electronic Medicines Compendium (EMC) for patient information leaflets (PILs).

The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. It had a separate range of measures for measuring methadone. It also had a range of equipment for counting loose tablets and capsules. They cleaned triangles after use. And used gloves when counting methotrexate which had its own triangle for counting. The team had access to alcohol hand washing gel.

The equipment such as the carbon monoxide monitor, and blood pressure machine appeared in good working order and the team checked these as required. The pharmacy replaced the blood pressure monitor when required. They checked the glucose monitor although had few people requiring this service as they used the diabetic nurse who held a clinic in the adjacent surgery.

The computer screens were out of view of the public. The pharmacy stored medication waiting collection on shelves where no confidential details could be observed by people. The team filed these in boxes in a retrieval system out of view, keeping details private. The computer in the consultation room was screen locked when not in use.

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.