

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, Unit 6 Retail Development, On  
Welton Road, Brough, HULL, HU15 1AF

**Pharmacy reference:** 1086098

**Type of pharmacy:** Community

**Date of inspection:** 17/03/2022

## Pharmacy context

This is a community pharmacy in the village of Brough, Hull. The pharmacy sells over-the-counter medicines, dispenses NHS and private prescriptions, and offers private cholesterol and diabetes testing services. It delivers medicines for some people to their homes. And it 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
<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 effectively identifies and manages risks with its services. Team members record and report details of any mistakes they make while dispensing. This helps the pharmacy make changes to the way it works to improve patient safety. The pharmacy suitably manages the risks with infection control during the pandemic to help keep members of the public and team members safe. It maintains the records it needs to by law and correctly secures people's private information.

### Inspector's evidence

The pharmacy was inspected during the COVID-19 pandemic. It had several procedures in place to help manage the risks and to help prevent the spread of coronavirus. These included notices reminding people visiting the pharmacy to wear a face covering. There were markings on the floor of the retail area which encouraged people to 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. And they socially distanced from each other when they could. The pharmacy had hand sanitiser located in several areas around the retail and the dispensary to promote good hand hygiene.

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 management of controlled drugs (CD). Each SOP was reviewed every two years, so their content was up to date. There were signing sheets that each team members had signed which showed they had read and understood the SOPs that were relevant to their roles. The team had also signed sheets to confirm their understanding of how to manage the cholesterol and diabetes testing service.

The responsible pharmacist (RP) 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 as soon as possible. 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. And they sometimes recorded reasons for why a near miss error might have happened. For example, if the team member was distracted by a phone call. They used a stamp to highlight prescriptions that were for medicines that looked like or had similar names to other medicines. For example, amlodipine and amitriptyline. Team members explained the use of the stamp helped them be aware there was an increased risk of errors being made. And so, they slowed down their dispensing process and made sure they took more care while they dispensed to reduce the risk of an error being made. The pharmacy kept records of any dispensing errors that had reached people. The team completed an electronic incident form, a root cause analysis form and team members involved submitted a reflective statement. They printed these and stored them in a folder for future reference. They sent the pharmacy's area manager and superintendent pharmacist (SI) office details of any incidents. The pharmacy had a concerns and complaints procedure outlined in a pharmacy leaflet which was available in the retail area for people to read. People raised any complaints or concerns verbally with a team member. If the team member could not resolve the complaint, they escalated it to the SI's office. The pharmacy used a process called 'let's talk' to gather feedback from people on how it provided its services. People were asked to use an online link to complete a questionnaire about their experience. The company head office notified the team when a person had provided feedback. The team displayed several positive comments it received from people on a notice board located near the staff room.

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. Entries in the RP record complied with legal requirements. Team members knew which tasks they could and could not do in the absence of the RP. The pharmacy kept up-to-date and accurate records of supplies against private prescriptions and emergency supplies of medicines. It kept CD registers and records of CDs returned by people to the pharmacy. To make sure they were accurate, each week the pharmacy audited CD registers 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 by a third-party contractor. Team members understood the importance of securing people's private information and they had all completed information governance training. The pharmacy had a file containing key information about General Data Protection Regulations (GDPR) for team members to read. All team members had completed internal training on safeguarding vulnerable adults and children. The pharmacy had a file which contained blank forms for the team to complete if they had any safeguarding concerns that needed reporting. And it contained information on how to follow the correct process of reporting safeguarding concerns and the contact details of the local safeguarding leads. Team members gave examples of some situations that would raise their concerns about vulnerable adults and children.

## 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 and safe service.

### Inspector's evidence

At the time of the inspection, the RP was a locum pharmacist. One full-time pharmacy assistant, two part-time qualified pharmacy assistants and a full-time qualified counter assistant supported the RP during the inspection. One of the pharmacy assistants was also the pharmacy's manager. Team members who were not present during the inspection included a full-time resident pharmacist, another qualified full-time pharmacy assistant, a part-time qualified pharmacy assistant and a full-time counter assistant. The resident pharmacist worked four days per week and locum pharmacists covered the other days. One of the pharmacy assistants was also the pharmacy's supervisor and had additional administrative duties to complete as part of their role. Throughout the inspection, the team was working well, and it was not seen dispensing prescriptions under any significant time pressures. The dispensary was very well organised with clear benches. During the inspection, people were waiting around five to ten minutes for their prescriptions to be dispensed. The pharmacy manager demonstrated good leadership during the inspection by supporting team members manage the dispensing workload. Team members seen during the inspection were experienced in their roles and several had been working at the pharmacy for over a decade. They demonstrated a good rapport with many people who visited the pharmacy and were seen appropriately helping them manage their healthcare needs.

The pharmacy supported its team members in keeping their knowledge and skills up to date. It did this by providing team members with an online learning portal called My Learn. The portal contained various healthcare related modules that team members could complete. Some modules were mandatory for the team to complete. And team members had protected training time to complete them. The pharmacy had an appraisal process for its team members. The process had been stopped during the pandemic but was scheduled to be resumed later this year.

Team members attended regular meetings organised by the pharmacy's manager. These meetings were part of the pharmacy's process to improve its ways of working and ensure continuous improvement to patient safety. The meetings were held at least once a month. During the meetings, the team discussed the near miss errors made since the previous meeting. They discussed each other's errors which helped create an open and honest culture of learning. Team members described this culture as being important in helping them make specific changes to the way they worked to reduce the risk of similar errors happening again. The team had recently discussed how it could improve the way team members recorded near miss errors. The pharmacy manager explained she wanted the team to keep more detailed records as she felt sometimes team members recorded details that were vague. The purpose of this was for the team to improve its learning from the errors.

The pharmacy had a whistleblowing policy 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.

## 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, well maintained and highly professional in appearance. Throughout the inspection, benches were kept tidy and well organised. The pharmacy's floor space was clear from obstruction. There were two stock rooms that were clean and well organised. There was an office and a staff kitchen area.

The pharmacy had ample space to store its medicines. There was a private, signposted and sound-proofed consultation room available for people to have private conversations with team members. The room contained two seats and was large enough for two people to appropriately socially distance from each other when in use.

The pharmacy had separate sinks available for hand washing and for the preparation of medicines. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. 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 correctly sources and manages its medicines. And it completes regular checks of its medicines to make sure they are in date.

### Inspector's evidence

People had level access into the pharmacy through automatic doors. There was an adjacent car park for people to use while they visited 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. The pharmacy provided large print labels to 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. The pharmacy offered private diabetes and cholesterol tests. Team members had completed the appropriate training to provide the service. A team member explained how they would advise people on lifestyle changes to help them manage their cholesterol or blood glucose levels. And they knew when they should refer people to the RP or their GP.

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, they used a 'special note' sticker to highlight to team members that there was another patient with the same or similar name. Team members explained the use of this sticker had reduced the risk of people being given the wrong bag of dispensed medicines. 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 pharmacy provided owing slips to people on occasions when the pharmacy could not supply the full quantity prescribed. People were given one slip 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. People who were dispensed warfarin were asked if they were aware of the need to have regular blood tests and if they knew their international normalized ratio (INR). Team members kept records of INR levels if they felt it was necessary to do so.

The pharmacy supplied medicines in multi-compartment compliance packs to several people. The team dispensed the packs in a segregated part of the dispensary. This helped team members 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. Team members checked prescriptions against the master sheets before the dispensing process started to make sure they were accurate. 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, tablet'.

The pharmacy stored pharmacy (P) medicines behind the pharmacy counter and in clear plastic boxes placed in various locations around the retail area. The boxes were not sealed. Team members explained they were aware of the risk of self-selection but managed the risk by making sure there was always a team member stationed at the pharmacy counter who could intervene if they noticed someone wanted to purchase a P medicine. The pharmacy followed a process to check the expiry dates of its medicines every three months. Team members signed a sheet to show which medicines they had checked and when. So, an audit trail was in place. No out-of-date medicines were found after a random check of around 20 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. It used two medical grade fridges to store medicines that needed cold storage. The team kept daily records of the fridge's minimum and maximum temperature ranges. And a sample seen were within the correct ranges. The pharmacy received regular alerts about medicines and medical devices. For example, if a manufacture had issued a recall of a medicine. It kept records of any action taken.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide 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.