

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Delamere Primary Care Centre,
Derbyshire Lane, Stretford, MANCHESTER, Lancashire, M32 0DF

Pharmacy reference: 1087195

Type of pharmacy: Community

Date of inspection: 24/10/2019

Pharmacy context

This pharmacy is situated in a busy medical centre in an urban residential area, serving the local population. It mainly supplies NHS prescription medicines and prepares some of them in weekly multi-compartment compliance packs to help make sure people take them safely. The pharmacy also provides other NHS services such as repeat dispensing and minor ailments.

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 suitably manages the risks associated with its services. It provides the pharmacy team with written instructions to help make sure it provides safe services, and it actively responds to people's complaints. The team members sometimes record and review their mistakes so that they can learn from them. Staff complete training on keeping people's information secure. And the team understands its role in protecting and supporting vulnerable people.

Inspector's evidence

The pharmacy had written procedures which covered safe dispensing of medicines, including in compliance packs, the responsible pharmacist (RP) regulations and controlled drugs (CDs). Some of these procedures had been recently reviewed, but many were overdue review that was originally scheduled for August 2019. Records indicated that all the staff had read and understood the procedures relevant to their role and responsibilities.

The dispenser and checker initialled dispensing labels, which helped to clarify who was responsible for each prescription medication supplied and assisted with investigating and managing mistakes. The pharmacy team recently started to record any mistakes it noticed before they reached people, and team members participated in reviewing these records each month. However, in the last few weeks they had not recorded any, but the manager has now addressed this.

Publicly displayed leaflets explained how people could make a complaint and the pharmacy had written procedures for handling people's complaints and dealing with dispensing errors. The pharmacy had recently received a large number of complaints about delays in supplies of prescription medicines, mainly because of changes to staffing. Due to the volume of these complaints, staff were referring all of them to the manager, who was speaking directly with people. This usually led to a positive resolution and the service was gradually improving.

The pharmacy had professional indemnity insurance for the services it provided. The RP displayed their RP notice, which helped people to identify them. The pharmacy maintained the records required by law for the RP, CD and private prescription transactions. However, the register file reference was not written on each private prescription, which could make it difficult to find one of them if needed. The pharmacy kept records of medicines it urgently supplied at people's request, but until recently these records did not include the nature of the emergency, as required by law. These supplies were now being requested less frequently because people were being advised that they could obtain their prescription from the medical centre before they ran out of medication. A large number of people were referred to the medical centre if they had not requested the medication for at least three months or were due a medication review. The team maintained its records for flu vaccinations, minor ailments, Medicines Use Reviews, New Medicines Service and medication manufactured under a special licence that it had ordered and supplied.

The pharmacy publicly displayed information about its privacy notice and it had additional policies on protecting patient information. All the staff had completed the pharmacy's annual refresher data protection training and they securely destroyed confidential material. Each team member used passwords to access people's electronic information, they used their own security card to access people's NHS electronic data and new staff had recently applied for their card. The pharmacy also

obtained people's written consent to access their information in relation to the flu vaccination and minor ailment services and contact them on their mobile telephone to inform them their medication was ready to collect. However, the manager could not confirm if a data protection audit had been completed in recent times, and some people's information had been left unsecured in the unlocked consultation room, which the manager subsequently secured, and they raised the matter with the team.

The RP, who was the resident pharmacist, had level two safeguarding accreditation. The pharmacy had detailed safeguarding policies and procedures that most of the staff had signed to declare they had read it. Only new team members had not completed this training. The team limited most people using multi-compartment compliance packs to seven days' medication per supply, which helped to reduce the risk of them becoming confused. However, the pharmacy had not confirmed why the few remaining people had twenty-eight days' medication issued to them per supply. The pharmacy kept basic records of the care arrangements for people who used its compliance pack service, which made this information easier to access if needed urgently. The staff discussed any safeguarding concerns with the GP and local support services; for example, if they noted anyone who might be showing signs of forgetfulness, confusion or difficulties staying independent.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide safe and effective services and keeps its staffing under review. Team members have the skills and experience needed for their roles. They each have a performance review and complete relevant training on time, so they keep their skills and knowledge up to date.

Inspector's evidence

The staff present included the recently appointed and experienced Lloydspharmacy manager who was also dispense, the RP who was the resident pharmacist, a second resident pharmacist providing temporary but cover for several months, an accredited checking technician (ACT) who was also a supervisor, a second ACT, an experienced dispenser who was providing temporary cover until the end of November 2019, a trainee dispenser who had started recently, and two locum dispensers who were providing temporary cover.

The pharmacy's other staff included two dispensers, a trainee dispenser who had been employed for around twelve months and a medicines counter assistant (MCA).

The pharmacy had enough staff to comfortably manage its workload. It had repeat prescription medicines, including those dispensed in compliance packs ready in good time for when people needed them. The pharmacy received most of its prescriptions via the prescription ordering and electronic prescription services, and a significant number via the repeat dispensing service, all of which collectively helped to increase service efficiency. The pharmacy had a steady footfall, which meant the team avoided sustained periods of increased workload pressure and it could promptly serve people.

Staff worked well both independently and collectively. They used their initiative to get on with their assigned roles and did not need constant management or supervision. One pharmacist, the manager and a dispenser prepared prescriptions medicines while people waited. The other pharmacist oversaw the compliance pack and non-dispensing services, and three dispensers provided the compliance pack service at any given time. There was further scope to use the ACTs' skills more effectively as they spent a reasonable proportion of their time preparing compliance packs rather than checking prescription medicines. The manager was planning to train new and existing staff to provide the compliance pack service and ensure staff adhered more consistently to written procedures, which should help to address this.

The team worked collaboratively to resolve any operational issues. The supervisor knew most of the pharmacy's clientele well, so they were ideally positioned to help the manager become familiar with them during this period of transition.

The pharmacy had recently experienced some staffing issues and team changes. It was continuing to review its staffing arrangements, which should help to maintain service efficiency and enhance the skill mix. The manager had recruited staff from some of the pharmacy owner's other pharmacies, so they were immediately familiar with many of the pharmacy's processes. They had also recruited a registered pharmacy technician who was due to start working shortly, and they were recruiting a full-time staff member who would cover the front counter and dispensary. However, it was unclear if the pharmacy had recruited staff to replace the locum dispensers or any further recruitment was intended. The

manager was reviewing the staffing with the pharmacy's senior management on a weekly basis. They had also re-arranged how the pharmacy was staffed across the working day so that more of the resource was focussed on the evenings when the wholesale order was delivered and there was less service demand. This had led to a significant improvement in efficiency during peak periods of service demand.

The dispenser in training for around twelve months had progressed well on their qualification course. The manager planned to make sure this continued with both resident pharmacists providing the trainee any support they needed.

Each team member was up-to-date with their mandatory e-Learning training that covered the pharmacy's procedures and services. They had also completed most of the pharmacy's additional voluntary training. However, staff did not have protected study-time to complete their training, which meant they usually had to find time during the working day to complete it. Each team member had a performance appraisal within the last year and were due their six-month review with the manager.

And all the team members also took turns regularly completing the weekly checklists that formed a large part of the pharmacy's patient safety management programme.

The team members participated in daily meetings and monthly service safety briefings. One team member completed all the checklists and briefings that formed a large part of the pharmacy's patient safety management programme. The manager planned for all the team members to complete these checklists so that they were more integrally involved in managing how safely the pharmacy provided its services.

The pharmacy temporarily did not have any targets for the volume of the services it provided while the manager implemented improvements to processes, and new staff as well as the team collectively became settled.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, secure and spacious enough for the pharmacy's services. It has a private consultation room, so members of the public can have confidential conversations and maintain their privacy.

Inspector's evidence

The pharmacy was situated in a purpose-built unit, which had shop and dispensary fittings that were suitably maintained. It was professional in appearance: the retail area and counter could accommodate the number of people who usually presented at any one time. The open-plan dispensary and additional compliance pack area provided enough space for the volume and nature of the pharmacy's services. The consultation room, accessible from the retail area, could comfortably accommodate two people, and but its availability was not prominently advertised, so people may not always know about this facility. The level of cleanliness was appropriate for the services provided. And staff could secure the premises to prevent unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are suitably safe and effective. It gets its medicines from licensed suppliers and overall, it manages them appropriately to make sure they are in good condition and suitable to supply. After some recent service delays, the pharmacy team is continuing to make improvements to its systems to make sure it provides its services more efficiently.

Inspector's evidence

The pharmacy was open 8.30am to 7pm Monday to Friday. It had two step-free entrances, which had automated doors, and staff could see anyone needing assistance entering the premises. Both resident pharmacists were flu vaccination accredited, so people could usually access the service at a time convenient to them.

The pharmacy had written procedures that covered the safe dispensing of higher-risk medicines including fentanyl patches, valproate, insulin, anti-coagulants, methotrexate and lithium. The second resident pharmacist said that the pharmacy had checked all the people prescribed valproate and made records that showed it had taken appropriate action when staff identified anyone in the at-risk group, as recommended under MHRA guidelines. It also had the MHRA approved valproate advice booklets and cards to give people. The pharmacists regularly checked that people who collected anti-coagulants or methotrexate had a recent blood test, and they consistently queried if any of these people were experiencing any side-effects or interactions and counselled them if necessary. However, they did not have similar arrangements for people who had these medicines delivered to their homes, so they may not always receive all the advice and information they required.

The team recently introduced a scheduling system for when people needed their next repeat prescription. Staff also prompted people to confirm the repeat medications they required, which helped limit medication wastage and made sure people received their medication on time. The team also made records of the medications requested, and recently started to communicate why the medical centre had not issued a prescription to people, which helped it to more effectively resolve queries about requests.

The pharmacy was planning several changes and enhancements to its services, which should help it to provide more efficient services. There was significant scope to increase the number of people who used the repeat dispensing service. Staff had started to encourage people who directly ordered their repeat prescription at the medical centre to do so seven days before it was due. The manager had recently introduced a record for staff to write down people's urgent prescription requests, which they communicated to the medical centre on a daily basis. This had led to a significant reduction in the number of medications that the pharmacy unnecessarily supplied without a prescription. The manager was also developing a professional relationship with the medical centre that was leading to regular meetings with them, which could help to resolve people's queries more efficiently and reduce the number of urgent medication supply requests. However, pharmacists followed the pharmacy's policy on who was entitled to an urgent supply of their medication without a prescription, which could risk people not having their medication when they needed it. The manager explained that people must have had their medication for three consecutive months from any Lloydspharmacy to qualify but could not obtain it if another pharmacy had supplied them in any of those three months, or they had just registered with the medical centre.

The team had steadily resolved a backlog of outstanding prescriptions that the pharmacy had requested but not received. They had identified that people either due a medication review or no longer registered at the medical centre were the main reasons that a prescription had not been issued. The likelihood that the pharmacy had not communicated to people that they needed to have a review before they presented for their medication was decreasing as the manager expected the backlog to be completely addressed in the next two weeks. The pharmacy also started to keep and regularly review records on which people needed to be informed about the status of their prescription request.

The manager, who previously trained staff on using the pharmacy owner's hub pharmacy service, planned to use it when the team had successfully transitioned over to the updated methods of providing services and all the staff were accredited to use the hub pharmacy.

A text messaging service notified people when they could collect their prescription medication. Staff had started to signposting people who wanted a home delivery service to the pharmacy owner's other hub pharmacy who could provide it to them.

The team scheduled when to order prescriptions for people using compliance packs, so it could supply their medication in good time. It kept a record of these people's current medication that also stated the time of day they should take them, which helped it effectively identify and query any medication changes with the medical centre. The pharmacy recorded verbal communications about medication changes for people on compliance packs, so it had the information that helped make sure they received the correct medicines. The team labelled each compliance pack with a description of each medicine inside it, which helped people to identify each of them.

The team used colour-coded baskets during the dispensing process to prioritise and separate people's medicines and organise its workload. It marked part-used medication stock cartons, which helped make sure it gave people their prescribed amount of medication. The team prepared methadone instalments in advance of people collecting them, and it had advised them on the safety benefits of having their instalment supplied in divided daily doses.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers. It had the software and hardware to comply with the Falsified Medicines Directive (FMD) installed and staff had completed the training on how to use the system. However, they had not started using it.

The team suitably secured its CDs, properly quarantined its date-expired and patient-returned CDs and had the kits to denature them. It also regularly monitored the medication refrigerator storage temperatures. The pharmacy had an excessive amount of dispensary medication stock, which led to some storage areas becoming untidy, and difficult to manage. This potentially could cause picking errors, meant medication was often owed and made date checking more difficult. Several randomly selected stock items had sufficiently long expiry dates, but two of the selected eye-drop products were due to expire at the end of October 2019 and November 2019, and another eye-drop had expired in March 2019. The team had started to address this, and the manager said that the overall state of the stock had significantly improved.

The team also took appropriate action when it received alerts for medicines suspected of not being fit for purpose and kept confirmatory records. However, it had delayed actioning some recent alerts, which the manager said the team had prioritised. The team disposed of obsolete medicines in waste bins kept away from medicines stock, which reduced the risk of these becoming mixed with stock or supplying medicines that might be unsuitable.

Staff regularly checked at weekly intervals the supply deadline date for CD prescriptions and they

applied a sticker to the dispensed CD to remind the supplying pharmacist to check the date, which assisted in making sure the pharmacy only supplied CDs against a valid prescription. However, staff did not always include the deadline date on the sticker. The delivery driver correctly completed the CD delivery record, which included obtaining the recipient's signature.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment that it needs to provide its services effectively, which it properly maintains. And it has the facilities to secure people's information.

Inspector's evidence

The team kept the dispensary sink clean, it had hot and cold running water and an antibacterial hand sanitiser. The team had a range of clean measures, including separate ones for methadone. So, it had facilities to make sure it did not contaminate the medicines it handled and could accurately measure and give people their prescribed volume of medicine. Staff had access to the latest versions of the BNF and a recent cBNF, which meant they could refer to pharmaceutical information if needed.

The pharmacy team had facilities that protected peoples' confidentiality. It viewed their electronic information on screens not visible from public areas and regularly backed up people's data on its patient medication record (PMR) system. So, it secured people's electronic information and could retrieve their data if the PMR system failed. And it had facilities to store people's medicines and their prescriptions away from public view.

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.