

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 24 High Street, MEXBOROUGH,
South Yorkshire, S64 9AU

Pharmacy reference: 1091363

Type of pharmacy: Community

Date of inspection: 11/02/2020

Pharmacy context

This community pharmacy is in on the main shopping street in South Yorkshire ex-mining town of Mexborough. The pharmacy sells over-the-counter medicines and it dispenses NHS and private prescriptions. The pharmacy offers advice on the management of minor illnesses and long-term conditions through its NHS services. It supplies medicines in multi-compartment compliance packs, designed to help people remember to take their medicines. And it provides a medicines delivery service to people's homes. The pharmacy offers some private services including travel health services and health-check services. It is a registered yellow fever vaccination centre.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	1.2	Good practice	Pharmacy team members understand the importance of contributing to shared learning practices. And they show how the actions they take to manage safety and improve dispensing accuracy reduces risks.
2. Staff	Standards met	2.2	Good practice	The pharmacy has robust systems for identifying and supporting the learning needs of its team members. It does this by providing protected learning time and engaging its team members in structured appraisals.
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 identifies and manages the risks associated with its services. It keeps people's private information secure. And it generally keeps the records it must by law up to date. The pharmacy has appropriate arrangements for managing feedback and concerns. Pharmacy team members act openly and honestly by sharing information when mistakes happen. They understand the importance of contributing to shared learning practices. And they show how the actions they take to manage safety and improve dispensing accuracy reduce risk. They demonstrate a sound insight into the need to safeguard vulnerable people. And they act to protect the safety and wellbeing of vulnerable people when concerns arise.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs). They were in the process of being reviewed following the company changing from a static two-year review cycle to a rolling two-year review cycle. Pharmacy team members had updated training records which clearly showed they had read and understood the updated SOPs. They were observed working in accordance with sales of medicines and dispensing SOPs during the inspection. A member of the team explained what tasks could and couldn't be completed if the RP took absence from the premises. And explained how she would manage a request for advice during this time.

Workflow in the dispensary was organised. There was clearly designated areas for labelling, assembling and accuracy checking medicines. And team members generally completed assembly and checking tasks associated with the multi-compartment compliance pack service in a separate room on the first-floor level of the premises.

Pharmacy team members took ownership of their mistakes by discussing them with the pharmacist and recording them in a near-miss error log. Near miss levels had reduced in the pharmacy significantly following its team members taking part in a quarterly dispensing accuracy exercise. The exercise encouraged concentration throughout the dispensing process. And it also encouraged team members to thoroughly check their own work prior to handing over for the final accuracy check. Details of near misses recorded included honest contributory factors and learning outcomes. The pharmacy reported its dispensing incidents electronically to the superintendent pharmacist's team. Team members directly involved were asked to complete reflective exercises following the incident. And details of the incident and root cause analysis were discussed with team members to help share learning. A member of the team demonstrated how team members had separated two 'look-alike' and 'sound-alike' (LASA) medicines into different dispensary drawers and highlighted the drawers with warning labels following an incident.

The pharmacy engaged in the company's 'Safer Care' scheme. This included weekly rolling checks across the pharmacy environment, staffing and procedures. Every four weeks the team held a Safer Care briefing. And it maintained brief notes of these meetings to help share learning. It also undertook a monthly near-miss error review. Pharmacy team members demonstrated how they acted to reduce risk following these reviews. For example, they used warning stickers to highlight LASA medicines in the dispensary drawers. And they had shared learning from the superintendent's team which focussed on

eliminating mistakes involving mix-ups between amlodipine and amitriptyline tablets. The team were focussing their efforts on highlighting these medicines during the dispensing process by placing LASA notices in the basket with the prescription and assembled medicine. This helped team members by prompting additional checks during the dispensing process.

The pharmacy had a complaints procedure. And it provided details of how people could leave feedback or raise a concern about the pharmacy through a customer charter leaflet. A member of the team explained how she would manage a complaint and understood how to escalate concerns if required. The pharmacy also promoted feedback through their annual 'Community Pharmacy Patient Questionnaire'. It published the results of this questionnaire for people using the pharmacy to see. Team members explained the majority of feedback they received was positive.

The pharmacy had up-to-date indemnity insurance arrangements in place. The RP notice contained the correct details of the RP on duty. Entries in the responsible pharmacist record complied with requirements. A sample of the pharmacy's prescription only medicine (POM) register found private prescriptions to be entered in accordance with legal requirements. But the pharmacy did not always record the emergency supply of a medicine made through the Community Pharmacist Consultation Service (CPCS). A discussion took place about the requirement to maintain the legal record as well as the NHS record of supply. Specials records complied with regulatory requirements. The pharmacy maintained running balances in its controlled drug (CD) register. And it completed weekly stock checks of the register against physical stock. Physical balance checks of MST Continus 5mg and 10mg tablets complied with the balances recorded in the register. The register was maintained in accordance with legal requirements.

The pharmacy displayed a privacy notice. It stored people's personal information in staff only areas of the premises. All team members had completed mandatory training relating to data protection. And they demonstrated good understanding of the need to protect people's confidentiality. The pharmacy had submitted its annual NHS Data Security and Protection toolkit as required. It disposed of confidential waste through transferring it to designated bags which were sealed when full, and the contents securely disposed of via a waste management contractor.

The pharmacy had procedures and information relating to safeguarding vulnerable people in place. All pharmacy team members had completed learning on the subject. The RP had completed level two safeguarding training. Pharmacy team members were confident when explaining how they would manage and report a safeguarding concern. And there was some experience of reporting formal concerns within the team. The pharmacy had good monitoring systems for its multi-compartment compliance pack service. These helped to identify people who may not be taking their medicines correctly. And the team acted by contacting prescribers and sharing their concerns when necessary.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough skilled and knowledgeable people working to provide its services effectively. It has some robust systems for identifying and supporting the learning needs of its team members. It does this by providing protected learning time and engaging its team members in structured appraisals. Pharmacy team members support each other well. They engage in regular conversations relating to risk management and safety. The pharmacy promotes how its team members can provide feedback. And team members feel confident to provide feedback and discuss any concerns they may have.

Inspector's evidence

On duty at the time of the inspection was the RP and three qualified dispensers. The pharmacy also employed a manager (qualified dispenser), another qualified dispenser and a healthcare assistant. A regular relief pharmacist covered the regular pharmacists day off each week. Company employed drivers provided the medicine delivery service. There was some flexibility between team members to support each other's leave. There was a 75% increase in the number of items the pharmacy was dispensing monthly compared to the last inspection of the premises in 2016. The majority of this increase was due to the closure of another Lloydspharmacy in the town in 2019. The pharmacy had appropriately reviewed its staffing levels and increased them in response to the increase in activity.

Pharmacy team members demonstrated evidence of training associated with the services the pharmacy provided. Each member of the team received regular appraisals with their manager. A team member described the appraisal process as positive and explained it provided an opportunity to review strengths and weaknesses. A team member provided an example of how the appraisal process helped to identify continual learning needs. The team member had shadowed another colleague who was competent in completing blood glucose tests. And explained the next step was for a colleague to supervise her completing some checks. Pharmacy team members received protected learning time. They used this time to complete continual learning associated with their roles. This ranged from e-learning modules to healthy living training. And reading newsletters and SOPs.

Pharmacy team members were observed working together well. One member of the team praised the support she had received from her colleagues since moving to the pharmacy. The pharmacy had some targets for the services it provided. And these were monitored through regular area updates. These included targets for services such as Medicines Use reviews (MURs), New Medicine Service (NMS) and the MASTA travel service. The RP explained that some targets were easier to meet than others. For example, team members were able to identify eligible people for MURs throughout the dispensing process. But NMS relied on people being commenced on new medicines which was outside the control of the pharmacy team. Team members were positive about the services they provided. And the RP explained how he applied his professional judgement when completing services.

The pharmacy team held structured conversations through monthly Safer Care meetings. Topics discussed in these meetings were recorded. The team also read daily newsletters and took part in regular informal briefings with the manager and pharmacist. These briefings normally took place when information was received by email. The pharmacy had a whistleblowing policy in place. And pharmacy team members explained how they could provide feedback or raise a concern at work. The team

members on duty were aware of how to escalate a concern if required. They expressed that they felt comfortable raising issues in an open forum for team discussion. For example, they had managed the increase in workload following the closure of the other Lloydspharmacy in the town by discussing workflow and creating some protected space for managing the multi-compartment compliance pack service.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and secure. It offers a professional environment for delivering healthcare services. People using the pharmacy can speak with a member of the pharmacy team in confidence in a private consultation room.

Inspector's evidence

The pharmacy was secure and reasonably well maintained. Pharmacy team members could report maintenance concerns to a designated support desk. And these were reported to be generally fixed in a timely manner. There was one outstanding maintenance concern associated with guttering at the front of the premises. The team had reported the issue multiple times. But had been told the issue could not be fixed as it required contractors to work at height. The issue was not causing any health and safety concerns.

The pharmacy was bright and clean throughout. Work benches were clear of clutter and floor spaces were free of trip hazards. Antibacterial soap was available at designated hand washing sinks. The pharmacy had appropriate air-conditioning and heating arrangements.

The public area was a good size and it was fitted with wide spaced aisles. The pharmacy had a private consultation room situated to the side of the healthcare counter. The room was clearly signposted. It was clean and professional in appearance and could be accessed by people using wheelchairs or pushchairs.

The dispensary was located beyond the healthcare counter. It was a sufficient size for the level of activity taking place. A door off the back of the dispensary led to a stairwell. The first-floor level of the pharmacy was extensive. It consisted of a large staff room, toilet facilities, office space and store rooms. There was a designated medical waste store room. And an office had been converted into a protected space for managing the multi-compartment compliance pack service.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy advertises its services and makes them accessible to people. It has up-to-date procedures to support the pharmacy team in delivering its services safely and effectively. And its team follows these procedures well. People visiting the pharmacy receive relevant advice and information to help them take their medicine safely. The pharmacy obtains its medicines from reputable sources. And it keeps its medicines safe and secure.

Inspector's evidence

The pharmacy was accessible from street level through a push/pull door. And team members explained how they could assist people with access if required. The pharmacy advertised details of its opening times and services clearly. Leaflets providing further details of its services were readily available for people to take. Pharmacy team members were aware of signposting requirements should the pharmacy not be able to provide a service or supply a medicine.

Two members of the pharmacy team led on the promotion of healthy living to people using the pharmacy. And the team used a designated space to promote national and local health campaigns. The campaign on display during the inspection was informative and provided literature for people to take away and read. A member of the team explained how health campaigns were a good way of promoting commonly used medicines to treat minor conditions and as such increased the opportunity for self-care. For example, a winter health campaign had promoted medicines available from the pharmacy to treat colds and coughs.

The RP was enthusiastic in demonstrating how the travel health service was managed. People had an initial telephone consultation with a travel health nurse employed by MASTA. If vaccinations or antimalarials were required an appointment was booked at the persons preferred pharmacy clinic. The RP demonstrated up-to-date patient group directions (PGDs) for the service. And provided examples of record keeping and yellow fever site registration. A robust process was used to date check stock associated with the service. The pharmacy had received some positive feedback from their professional support manager about the initial set up and management of the service.

The RP had access to up-to-date and legally valid PGDs for supporting its other services such as flu vaccination and the supply of varenicline tablets through NHS vouchers. The team members reflected on the beneficial outcomes from services such as detecting elevated blood pressure during a health check and referring the person onto their GP for treatment. And a pharmacy team member provided some examples of positive feedback received from members of the public following advice provided by the RP.

The pharmacy had processes to help identify high-risk medicines. And to provide counselling to people to support them in taking these medicines. The RP provided examples of how the team applied stickers to assembled bags of medicines to prompt referral to a pharmacist. And he explained how verbal counselling and monitoring checks for high-risk medicines such as lithium, methotrexate and warfarin were completed. But the pharmacy did not record these checks routinely on people's medication records. There was evidence of the pharmacy engaging in high-risk medicine and chronic disease audits

associated with the NHS Pharmacy Quality Scheme (PQS). And pharmacy team members had information to hand to support them in meeting the requirements of valproate and isotretinoin pregnancy prevention programmes. The pharmacy had valproate warning cards available to issue to people in the high-risk group as required.

A team member demonstrated audit trails and care plans in place for the pharmacy's managed repeat prescription service. This allowed team members to check the medication prescribed was correct prior to dispensing prescriptions. The pharmacy had acted to remove the service from one surgery following a number of concerns with the impact on workload caused by chasing queries. In order to effectively manage this change, it had written to the people affected. This letter had notified people of the requirement to order their own prescriptions from a given date. The pharmacy kept delivery sheets which contained details of the medications it supplied through the delivery service. And delivery drivers asked people to sign an electronic point of delivery (EPOD) device to confirm they had received their medication.

The pharmacy used coloured baskets throughout the dispensing process. This kept medicines with the correct prescription form and helped inform workload priority. Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on medicine labels to form a dispensing audit trail. The pharmacy team kept original prescriptions for medicines owing to people. And it used the prescription throughout the dispensing process when the medicine was later supplied.

Each person receiving their medication in multi-compartment compliance packs had a patient profile sheet in place. And pharmacy team members used these sheets along with people's electronic medication records to help manage the supply of medicines in this way. Details of changes to medication regimens were clearly recorded along with safety information to support pharmacists when checking packs. For example, one profile sheet examined contained details of a conversation with the manufacturer of a medicine relating to the stability of the medicine once removed from its original packaging. A sample of assembled packs contained full dispensing audit trails. They included a description of each medicine inside the pack on the attached backing sheet, this helped people to identify their medicines. And the pharmacy provided patient information leaflets at the beginning of each four-week supply of packs.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. The RP confirmed pharmacy team members had completed e-learning associated with the Falsified Medicine Directive (FMD). And explained the pharmacy had a scanner fitted. But the team had not been provided with a date when FMD processes would go live locally.

The pharmacy stored Pharmacy (P) medicines behind the medicine counter. This meant the RP could supervise sales taking place and was able to intervene if necessary. It stored medicines in the dispensary in an organised manner and within their original packaging. Some medicines were also held in the multi-compartment compliance pack room. An ex-retail stand was used to hold some of these medicines in an orderly manner. But others were held on desks throughout the room. The room was not on the date checking schedule. A discussion took place about managing the risks associated with having multiple stock holding areas in the pharmacy. The pharmacy team followed a date checking rota to help manage stock and it recorded details of the date checks it completed. Short-dated medicines were identifiable. The team annotated details of opening dates on bottles of liquid medicines which had shortened expiry dates once opened. No out-of-date medicines were found during random checks of dispensary stock. But an out-of-date medicine was found in the multi-compartment compliance pack room. And this was brought to the attention of a team member.

The pharmacy highlighted assembled bags of medicines requiring CDs and cold chain medicines

to ensure these were not missed upon collection or delivery. It held CDs in secure cabinets. Medicine storage inside the cabinets was orderly. There was designated space for storing patient returns, and out-of-date CDs. Assembled CDs were held in clear bags. The pharmacy's fridges were clean and stock inside was stored in an organised manner. Assembled cold chain items within the dispensary fridge were held in clear bags. The pharmacy team monitored fridge temperatures. A sample of these records confirmed the fridges were operating between two and eight degrees Celsius as required.

The pharmacy team received safety alerts and drug recalls via email. It acted upon these alerts in a timely manner and kept a copy for reference purposes along with a written audit trail of the checks it applied in response to each alert. Medical waste bins, sharps bins and CD denaturing kits were available to support the team in managing pharmaceutical waste.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities required for providing its services. It regularly monitors its equipment to ensure it remains in safe working order. And pharmacy team members act with care by using the pharmacy's facilities and equipment in a way which protects people's confidentiality.

Inspector's evidence

The pharmacy had up-to-date written reference resources available. These included the British National Formulary (BNF) and BNF for Children. Pharmacy team members also had access to the company intranet and the internet which provided them with further resources. The pharmacy's computers were password protected. And information on computer monitors was protected from unauthorised view due to the layout of the pharmacy. Pharmacy team members used NHS smart cards to access people's medication records. The pharmacy stored bags of assembled medicines in a retrieval system to the side of the dispensary. This appropriately protected information on prescription forms and bag labels from being seen by unauthorised personnel. The pharmacy's telephone handsets were cordless. This meant pharmacy team members could move out of ear-shot of the public area when having confidential conversations with people over the telephone.

The pharmacy team used a range of clean, crown stamped measuring cylinders for measuring liquid medicines. And these included separate measures for use with methadone. Its counting equipment for tablets and capsules was clean. A separate triangle was available for use when counting cytotoxic medicines. Pharmacy team members had access to appropriate equipment for assembling medicines in multi-compartment compliance packs. Equipment to support the vaccination and health check services was readily available in the consultation room. This equipment included up-to-date adrenaline supplies, sharps bins and medication for administration or supply through the service. All medication in the room was locked away.

The pharmacy's electrical equipment had been safety checked in September 2019. The pharmacy's blood pressure machine was annotated to show it was put into use in October 2020. The RP explained it was changed every two years. The pharmacy calibrated the pharmacy's glucometer in accordance with the SOP for the diabetes screening service. And it kept records of these checks.

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.