

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, Lutterworth Health Centre,  
Gilmorton Road, LUTTERWORTH, Leicestershire, LE17 4EB

**Pharmacy reference:** 1091829

**Type of pharmacy:** Community

**Date of inspection:** 15/03/2022

## Pharmacy context

This is a community pharmacy located in a health centre in the village of Lutterworth, Leicestershire. Its main activity is dispensing NHS prescriptions and supplying medicines in multi-compartment compliance packs to quite a few people who need assistance in managing their medicines at home. The pharmacy is open five days a week and it offers a prescription delivery service. This inspection was undertaken 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 has written procedures to help make sure its services are delivered safely. Members of the pharmacy team keep the records required by law to ensure medicines are supplied safely and legally. They record and review mistakes made during the dispensing process so that they can learn and improve from their processes. The pharmacy considers the risks posed by the Covid-19 pandemic and implements measures to help keep members of the public safe. It keeps people's private information securely. Team members know how to protect the welfare of a vulnerable person.

### Inspector's evidence

On the day of the inspection visit, the pharmacy was only open for two hours, from 1pm to 3pm. There was a notice on the door informing people that the pharmacy was open for couple of hours. A locum pharmacist from a nearby branch had come in to cover the branch. There was a queue of people waiting to collect prescriptions and to buy medicines over the counter. Members of the pharmacy team were kept very busy. But they were managing to acknowledge people efficiently and in a timely manner. The correct responsible pharmacist (RP) notice was on display in the dispensary. Members of the pharmacy team understood their roles and responsibilities. And they were clear about the tasks they could not or could not undertake in the absence of an RP.

The pharmacy had considered risks to its team members and people using the pharmacy during the Covid-19 pandemic. A range of posters providing information about the pandemic had been displayed by the entrance of the pharmacy and a clear plastic screen had been fitted along the medicines counter to minimise the risk of Covid-19 transmission. Risk assessments had been completed assessing the impact of Covid-19 on the pharmacy and the individual team members. People visiting the pharmacy were encouraged to wear face masks and team members were wearing masks during the inspection.

A range of current standard operating procedures (SOPs) were available in the pharmacy and these had been read and signed by team members. The pharmacy manager explained the procedure team members would follow to report dispensing mistakes. Dispensing mistakes which were identified before the medicine was handed to a person (near misses) were routinely recorded and reviewed. A report of near misses, incidents and complaints was discussed during team meetings. Records of near misses from previous months were available in the pharmacy. Members of the pharmacy team had separated 'sound alike' and 'look alike' medicines such as amlodipine and amitriptyline. And they had identified that the livery of 30 codeine phosphate tablets and 100 codeine phosphate tablets looked exactly the same. These had been well separated to minimise picking errors during the dispensing process. The pharmacy has had several prescription hand-out incidents recently, and the pharmacy manager said that the team had revisited the SOPs and the procedures had been reviewed. Team members were now required to mark their initials on the prescriptions to confirm that they had verified people's name, date of birth and address before handing out the medicines.

The workflow in the pharmacy was organised. Labelling, dispensing, and checking activities were carried out at dedicated areas of the work benches. The team used stackable containers to hold dispensed medicines to help prioritise workload and minimise the risk of medicines getting mixed up. There were significant number of dispensed items awaiting final accuracy check. But these were kept in an organised manner and the RP was kept very busy checking these items. The pharmacy manager said

that the team had caught up with their dispensing workload.

The pharmacy had appropriate indemnity insurance arrangements. Records about the RP, controlled drugs (CDs), patient returned CDs, private prescriptions and unlicensed medicines were kept in line with requirements. Running balances of CDs were kept and audited at regular intervals. A random check of a CD showed that the quantity of stock matched the recorded balance. Confidential information was stored securely and prescriptions awaiting collection were stored appropriately. People's personal details were not visible to the public.

A safeguarding SOPs and contact details for local agencies to escalate any safeguarding concerns were available in the pharmacy. The pharmacist had completed Level 2 safeguarding training. Members of the pharmacy team knew what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has just enough staff members to manage its workload adequately. Members of the pharmacy team have the appropriate skills and qualifications for their roles and responsibilities. And they are supportive of each other.

### Inspector's evidence

At the time of the visit, a non-pharmacist pharmacy manager (qualified dispenser), a locum pharmacist, a locum qualified dispenser, two part-time qualified dispensers and a recently recruited staff member were present. The pharmacy manager said that they had recently managed to recruit a regular pharmacist to cover four days a week and this would help reduce the reliance on locum cover to one day a week.

Team members were observed to be working well together and they were supportive of each other. Team members were managing their workload adequately. The pharmacy had experienced some difficulties in obtaining locum cover on several occasions since January, when a regular pharmacist ceased her employment. The pharmacy manager said that the team members were well organised and informed people either via text messages or phone calls when a pharmacist was not going to be present at the pharmacy. And they returned acute prescriptions back to the NHS spine so that they could be dispensed elsewhere.

Team members were supported with regular updates and on-going training to help keep their skills and knowledge up to date. The pharmacy manager confirmed that all team members were up to date with their monthly training. And she said that 'Safer Care' briefings were held routinely with team members to discuss learnings from the patient safety reviews.

Members of the pharmacy team were aware of the whistleblowing policy and said that they felt comfortable to raise any concerns they had with the pharmacy manager or their area manager. There were targets in place, but the pharmacy manager explained that she did not feel undue pressure to deliver these targets and would never compromise her professional judgement to achieve them.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are suitable for the provision of pharmacy services. And they are kept secure from unauthorised access.

### Inspector's evidence

The entrance to the pharmacy was step free. And its public area was clean, and it was clear of slip or trip hazards. There was some seating available for people waiting for services. The pharmacy's fixtures and fittings were clean and had been appropriately maintained.

The dispensary was clean, sufficiently spacious, and organised. A separate area adjacent to the dispensary, was used to assemble multi-compartment compliance packs. There was enough space in the dispensary to store medicines safely. The sink for preparing liquid medicines was clean and there was a supply of hot and cold running water. There was good lighting throughout the premises and the room temperature was suitable for the storage of medicines. The pharmacy's consultation room was private, and it was signposted. The room was clean and tidy.

Members of the pharmacy team undertook housekeeping duties and they had access to a staff room and clean hygiene facilities. The premises were secure from unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely. It gets its medicines from reputable suppliers and stores them properly. Members of the pharmacy team generally ensure that people with different needs receive appropriate care. And they take the right action in response to safety alerts so that people get medicines and medical devices that are safe to use. But the pharmacy is sometimes only open for limited hours, which could mean that people find it harder to access its services.

### Inspector's evidence

On the day of the inspection visit, the pharmacy was only open for two hours and there was a notice on the door to inform people of this. The pharmacy offered a range of services which were well advertised throughout the premises. Team members used their local knowledge to signpost people to other providers if a service required was not offered at the pharmacy. A range of healthcare leaflets were well displayed, and the pharmacy had a dedicated health promotion zone.

The pharmacy offered a prescription delivery service, and the delivery driver kept a record for all deliveries of medicines. Signatures were currently not being obtained from recipients to minimise the risk of Covid-19 infection. The pharmacy supplied Covid-19 rapid lateral flow tests that people could use at home.

Dispensed multi-compartment compliance packs examined during the inspection were labelled with a description of the medicine contained within it, to help people and their carers identify them. And an audit trail was kept showing who had dispensed and checked the packs. Patient information leaflets were routinely supplied so that people had the information they needed to take their medicines safely. Members of the pharmacy team kept a clear record of any changes to people's medication regime to avoid mistakes happening. 'Owing' slips were issued to people to keep an audit trail when prescriptions could not be supplied in full when first dispensed.

Members of the pharmacy knew about prescriptions for CDs not requiring secure storage such as tramadol and pregabalin had a 28-day validity period. And these prescriptions were marked with stickers. Prescriptions for higher-risk medicines including non-steroidal anti-inflammatory drugs (NSAIDs) were routinely highlighted so that people were provided with appropriate advice during hand-out. The pharmacy manager said that the team made sure that people on regular NSAIDs were advised about proton pump inhibitors (PPIs) to minimise gastric reflux symptoms caused by NSAIDs. Members of the pharmacy team had an awareness about valproate warnings and to take additional care when supplying valproate to people in the at-risk group. Valproate patient cards and leaflets were available for use during valproate dispensing where appropriate.

The pharmacy ordered its stock medicines from licensed wholesalers and no extemporaneous dispensing was undertaken. Stock medicines were date checked at regular intervals and short-dated medicines were marked for removal at an appropriate time. Stock medicines were randomly checked during the inspection and no date-expired medicines were found in amongst the stock.

Medicines requiring cold storage were kept in a refrigerator and these were stored between 2 and 8 degrees Celsius. The maximum and minimum temperatures were recorded daily, and records showed

that the temperatures had been maintained within the required range. All CDs were stored in line with requirements. The pharmacy had denaturing kits available to dispose of waste CDs safely. The pharmacy had a process to deal with safety alerts and medicines recalls to make sure the medicines it supplied were fit for purpose. Records about these and the action taken by team members were kept, providing an audit trail.



## Principle 5 - Equipment and facilities Standards met




### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And it maintains its facilities and equipment appropriately.

### Inspector's evidence

The pharmacy's computers were not visible to people visiting the pharmacy and they were password protected. Members of the pharmacy team had access to up-to-date reference sources. All electrical equipment appeared to be in good working order. There was a range of calibrated clean glass measures for measuring liquid medicines. Medicine containers were capped to prevent contamination. Hand sanitising gels were available in various locations in the pharmacy.

### What do the summary findings for each principle mean?

Finding	Meaning
 <b>Excellent practice</b>	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.
 <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
 <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.