

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Whitwick Road Surgery, Whitwick Road, COALVILLE, Leicestershire, LE67 3FA

Pharmacy reference: 1091832

Type of pharmacy: Community

Date of inspection: 10/04/2019

Pharmacy context

The pharmacy is in a market town and located adjacent to a GP surgery. It dispenses around 8500 prescription items monthly. And supplies medicines in multi-compartment compliance packs to around 65 people. Other services provided include: medicines usage reviews (MURs), new medicines service (NMS), seasonal flu vaccinations, needle exchange, and supervised consumption of methadone and buprenorphine.

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 manages its services safely. Its team members make improvements and appropriately manage risks. The pharmacy keeps the records it needs by law. And ensures that these are accurate and well-maintained. The pharmacy's team members generally manage confidential information well. And know how to support vulnerable people.

Inspector's evidence

Corporate standard operating procedures (SOPs) were available. These covered the services offered and had been signed by team members according to their role in the pharmacy.

The pharmacy offered patient group directions for the supply of varenicline and emergency hormonal contraception. Up-to-date documentation was available which detailed the service specifications.

Team members wore name badges which stated their job title. The name of the responsible pharmacist was displayed on a notice that was visible from the pharmacy counter.

A task list was displayed which allocated the completion of daily tasks to individual team members.

One of the dispensers was the "Safer Care Champion" for the pharmacy. This involved the completion of weekly checklists which audited different areas of risk in the pharmacy.

The pharmacy had completed an annual patient safety report in January 2019. The report identified several actions to reduce risks. This included the separation of medicines so they weren't incorrectly selected. Stickers were seen on shelves which highlighted lookalike and soundalike (LASA) medicines.

The team recorded near misses on a template. There were several previous entries seen on the record which indicated that it was regularly used. Reviews took place monthly and were documented. Some team members had signed the reviews to indicate that they had discussed its findings. Reviews identified: common error types, common error times, and contributory factors. Most previous reviews stated that staff shortages had contributed to mistakes. This was usually due to staff absences (holidays, sickness etc). The most recent review (March 2019), listed several actions to reduce errors: ensuring dispensers used prescriptions to identify stock, completing the date-checking process, and tidying the dispensary.

The pharmacy conducted contractual patient surveys; the results of these were generally positive. Results were also displayed in the retail area. The pharmacy's practice leaflet outlined contact details for patients wishing to provide feedback or complaints. SOPs about managing customer complaints were available. The team said that formal complaints would be recorded electronically and sent to head office for further actions to be taken.

Certificates were displayed which indicated that there were current insurance arrangements in place for public liability, professional indemnity and employer's liability.

Controlled drugs records were appropriately maintained. Running balances were recorded and

generally checked weekly. This included methadone. A sample of controlled drugs were chosen at random. The balances were found to match the recorded running balances.

Other records of patient-returned controlled drugs, responsible pharmacist logs, private prescriptions and unlicensed specials were found to be kept and maintained adequately.

Pharmacy staff had completed information governance training. The pharmacist manager described training that had been completed recently. A statement that the pharmacy complied with the Data Protection Act and the NHS Code of Confidentiality was found in the pharmacy's practice leaflet. Confidential waste was segregated. The team said that the waste was collected and destroyed by a third-party company. Team members confirmed that they had their own NHS smartcards to access electronic prescriptions. The two computer terminals had several labels affixed to them. And included the usernames, passwords and pin-codes of team members to several applications. This may have weakened the security of these applications. The pharmacist securely destroyed these labels when this was identified.

The pharmacy's team members had completed training about safeguarding vulnerable adults and children. The pharmacist had completed additional safeguarding training via a third-party training provider. The contact details for local safeguarding organisations were available. The team described previous incidents which had been escalated appropriately. Team members said that they would escalate incidents to the pharmacist and pharmacy's head office.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to safely manage its workload. But it sometimes struggles to cover unexpected absences. And this makes it harder for its team members to complete some tasks efficiently. The pharmacy's team members are appropriately trained and suitably qualified to competently perform their roles.

Inspector's evidence

At the time of the inspection, there was the responsible pharmacist (pharmacy manager) and three healthcare partners present. Healthcare partners completed appropriate qualifications to work in the dispensary and on the medicines counter. The pharmacist said that there was one team member absent due to sickness. Four additional healthcare partners were also employed in the pharmacy.

During the inspection, there were several people waiting to be served at the pharmacy counter. The small space in the retail area sometimes meant that the queue reached the pharmacy's entrance. The telephone was sometimes left ringing for some time because team members were serving other people. People were not always served efficiently however the pharmacy's team members generally managed the workload adequately and safely.

The pharmacist described the offsite dispensary which was used to dispense some of the planned workload. He said that he planned to use this dispensary more to support the team.

Team members were generally working well together. And would refer to each other with queries.

The pharmacist described the process for managing planned absences. He said that overtime was often used to provide sufficient cover. He said that covering unplanned absences was sometimes difficult. This was because other part-time staff were sometimes not available. The pharmacist said that he could contact the local cluster manager if additional support was needed.

Certificates of staff training were held in the pharmacy which indicated that staff had completed appropriate qualifications for their role. The pharmacy had an e-learning platform to provide ongoing training. The pharmacist said that team members did not always have sufficient time to complete monthly modules on the system. This may have made it harder for team members to keep their knowledge up to date. He said that he was in the process of introducing a rota to provide protected learning time.

The team said that information was shared during ad-hoc meetings. This had been used to discuss changes to the processing of pregabalin and gabapentin prescriptions.

An annual appraisal process was in place and used to provide feedback to team members. The pharmacy had targets in place for several services. The pharmacist said that he was adequately supported in the company and did not feel undue to pressure to achieve targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are suitable to provide its services safely. The pharmacy's team appropriately manages the available space.

Inspector's evidence

The pharmacy premises were clean. Space in the dispensary was restricted. This meant that benches could easily become cluttered. The team separated areas so they were exclusively used for accuracy checking and for the assembly of multi-compartment compliance packs. This prevented these areas from becoming cluttered. And maintained an efficient workflow.

The small retail area and the layout of the pharmacy meant that conversations in the dispensary could sometimes be overheard. The pharmacist regularly used the consultation room to give advice or discuss sensitive information. The consultation room was suitable for private consultations and counselling. Its location was well advertised.

The layout of the premises was such that confidential information was not visible from the public areas. The counter and large screens protected the information of service users.

A calendar was displayed which recorded the completion of a daily health and safety risk assessment of the working environment.

The pharmacy's premises were appropriately safeguarded from unauthorised access.

There was adequate heating and lighting throughout the premises. And running hot and cold water was available.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely. It adequately sources and manages its medicines, so they are safe for people to use. Its team members largely provide suitable advice to help people use their medicines safely and effectively.

Inspector's evidence

Access to the pharmacy was via step-free entrances which were suitable for wheelchairs. Practice leaflets were openly available and listed the pharmacy's services.

The pharmacy supplied medicines in multi-compartment compliance packs to around 65 people. The team arranged this dispensing workload into four weeks. This made sure it was easier to manage. The pharmacy maintained records of: medicines, administration times, and changes to medicines. Prescriptions were ordered in sufficient time to make sure they could be received promptly. Descriptions were supplied which allowed individual medicines to be identified. Patient information leaflets were supplied with the packs.

A sample of invoices showed that medicines and medical devices were obtained via licensed wholesalers.

Stock requiring refrigeration was stored at appropriate temperatures. Records were maintained to ensure temperatures were within the appropriate ranges.

A controlled drugs cupboard was available for the safe custody of controlled drugs. The cupboard was appropriately secured during the inspection. The contact details for the local accountable officer were displayed. Expired controlled drugs were segregated to prevent mixing up with stock for patient use.

Dispensed controlled drug or fridge items such as insulin were stored in clear plastic bags which provided the opportunity for additional accuracy checks when being collected by the patient.

The pharmacy had a process of date checking and rotating stock to ensure medicines were still safe to use and fit for purpose. The pharmacy's procedures indicated that this should take place quarterly. The pharmacy team had been completing this process less frequently. This may have increased the risk of expired medicines being supplied. Recent checks had taken place in March 2019 and October 2018. A box of vancomycin 125mg was found in stock which had expired in February 2019. Other medicines were checked at random and were found to be in date. The pharmacist said that the team had not had sufficient time to complete the process as frequently as the procedures indicated. He said that team members completed additional date checks when dispensing stock to ensure it was fit for purpose.

Opened bottles of liquid medications were marked with the date of opening to ensure they were still safe to use when used for dispensing again. This was seen for cetirizine liquid.

The dispensers were observed using baskets to ensure prescriptions were prioritised and assembled medication remained organised. Computer-generated labels included relevant warnings and were

initialled by the pharmacist and dispenser which allowed an audit trail to be produced.

The shelving system enabled sufficient storage and retrieval of dispensed medication for collection. People collecting were routinely asked to confirm the name and address of the patient to ensure that medication was supplied to the correct patient safely.

Stickers were used to highlight some dispensed medicines. This was seen for controlled drugs. And included schedule 3 and 4 controlled drugs. The pharmacist said that prescriptions for higher-risk medicines were highlighted so that appropriate counselling could be provided. He showed a medication record which included recent records of INRs. A prescription awaiting collection on the shelf was not highlighted and contained warfarin. The pharmacist manager said that this was checked by a locum pharmacist, who had not affixed the required sticker.

A team member was observed checking the brands of dispensed insulins with a patient which was in keeping with good practice.

The pharmacy manager described updated guidance that was provided to patients who may become pregnant who received sodium valproate. The pharmacy had completed an audit and identified one person who was provided this advice.

Out of date stock and patient returned medication were disposed of in pharmaceutical waste bags for destruction. These were stored securely and away from other medication. A tray was available to sort through returned medicines. A list of hazardous medicines was available. So, they could be identified and disposed of in the designated pharmaceutical waste bin.

The pharmacist said that the pharmacy had not yet made adjustments to meet the Falsified Medicines Directive. The pharmacy did not have scanners to verify barcodes. SOPs had not been adjusted. This may have reduced the ability of the pharmacy to verify the authenticity of its medicines.

Deliveries were recorded on a specific form which was stored in the pharmacy following completion. Recipient signatures were collected for previous delivery records.

The head office had a system of sending messages to the pharmacy when drug alerts or recalls of medicines or medical devices were necessary. The pharmacy had a folder of collated alerts which had been signed and dated to confirm they had been completed. This included a recent medicines alert for zoledronic acid solution.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy's equipment and facilities are suitable for its advertised services.

Inspector's evidence

The pharmacy's equipment appeared safe and fit for purpose. Maintenance issues were reported to the pharmacy's head office. Equipment was regularly PAT tested; stickers were affixed to electronic equipment displaying the next date of testing. This was seen on the fridge.

The sinks provided hot and cold running water. Crown-marked measuring cylinders were available.

Computers and labelling printers were used in the delivery of services. Information produced by this equipment was not visible to the public due to their positioning within the premises. Computers were password-protected to prevent unauthorised access to confidential information. Other patient identifiable information was kept securely away from the visibility of the public.

Up-to-date reference sources were available in paper and online formats.

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.