

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 205 Tyler Street, SHEFFIELD,
South Yorkshire, S9 1DJ

Pharmacy reference: 1091856

Type of pharmacy: Community

Date of inspection: 15/05/2019

Pharmacy context

The pharmacy is in a large medical centre in a suburb of Sheffield. The pharmacy dispenses NHS and private prescriptions. And it sells a range of over the counter medicines. The pharmacy supplies medicines in multi-compartmental compliance packs to help people take their medication.

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	2.2	Good practice	The pharmacy team members receive feedback on their performance. And they have opportunities to complete more training and share best practice with others. So, they can keep their skills and knowledge up-to-date.
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. And it keeps the records it needs to by law. The pharmacy has written procedures that the team follows. And it has appropriate arrangements to protect people's private information. The pharmacy team members respond well when errors happen. And they discuss what happened and they act to prevent future mistakes. People using the pharmacy can raise concerns and provide feedback. The pharmacy team has training, guidance and experience to respond to safeguarding concerns to protect the welfare of children and vulnerable adults.

Inspector's evidence

The pharmacy had a range of up to date standard operating procedures (SOPs). These provided the team with information to perform tasks supporting the delivery of services. The SOPs covered areas such as dispensing prescriptions and controlled drugs (CDs) management. The team members had read and signed the signature sheets to show they understood and would follow the SOPs. The pharmacy had up to date indemnity insurance.

On most occasions the pharmacist when checking prescriptions and spotting an error asked the team member involved to find and correct the mistake. The pharmacy kept records of these errors. The team reviewed these records each month to spot patterns and make changes to processes. The team members rotated the review amongst themselves. The team did this to remind everyone of the importance of recording errors to help prevent similar mistakes. A sample of error reports looked at found that they provided details of what had been prescribed and dispensed to help spot patterns. The entries mostly included the reasons for the mistake, the learning and actions to prevent the same error. For example, one entry recorded that the team member had picked tablets rather than capsules. The entry recorded that this was because the two formulations were mixed together. The team member involved recorded that they were not to assume every person had the same type of medication. And to double check the prescription details when selecting the medication.

The records also showed dates when the team had not made any errors. The pharmacy team recorded dispensing incidents electronically. And sent the report to head office. The pharmacy had trained all the team to complete the report to ensure it was completed in time. The team printed the reports for reference. Following an error with an incorrect dose for a child. The team now asked the pharmacist to check the prescription and dose before dispensing. This was in addition to the pharmacist's final check. The team members shared with each other issues such as products with similar packaging or pack size changes. This helped to ensure that they placed products in the correct storage sections and to reduce the risk of picking the wrong item.

The pharmacy used a weekly checklist known as SaferCare to track compliance with safe practice. The accuracy checking technician (ACT) led on this. And they shared the results with the team. Key points from the SaferCare checklists fed into the monthly SaferCare briefing. The pharmacy kept notes from the briefings and listed the team members who attended. A recent briefing reminded the team to look out for abbreviations on prescriptions to ensure they were printed out in full on to the label. The pharmacy team completed an annual patient safety report. The latest report stated that the pharmacy

team were rotating jobs amongst themselves. The report stated that for prescriptions not immediately required by the person, the team were only dispensing the fridge items or controlled drugs when all the stock was available. This was in place to prevent the team supplying prescriptions that were missing the full quantity.

The pharmacy had information on how to make a complaint. And the pharmacy team used surveys to find out what people thought about the pharmacy. The pharmacy published these on the NHS.uk website. And it displayed them in the retail area for people to see.

A sample of controlled drugs (CD) registers looked at found that they met legal requirements. The pharmacy regularly checked CD stock against the balance in the register. This helped to spot errors such as missed entries. The pharmacy recorded CDs returned by people. A sample of Responsible Pharmacist records looked at found they met legal requirements. Records of private prescription supplies, and emergency supply requests met legal requirements. A sample of records for the receipt and supply of unlicensed products looked at found that they met the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA).

The pharmacy had an information governance (IG) folder. This contained several company documents for the team to meet IG requirements. And a log evidenced that the team had completed IG training in 2018. The team had received training on the General Data Protection Regulations (GDPR). The pharmacy displayed details on the confidential data kept and how it complied with legal requirements. The pharmacy displayed a privacy notice in line with the requirements of the General Data Protection Regulations. The team separated confidential waste for shredding offsite.

The pharmacy had a safeguarding policy. The team members had signed a signature sheet to show they had read the policy. The team had access to contact numbers for local safeguarding teams. The pharmacist and accuracy checking technician had completed level 2 training in 2017 from the Centre for Pharmacy Postgraduate Education (CPPE) on protecting children and vulnerable adults. The team had completed Dementia Friends training in 2017. The team took appropriate action in response to safeguarding concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has team members with the qualifications and skills to support the pharmacy's services. The pharmacy provides feedback to team members on their performance. It offers them opportunities to complete more training or agree new roles and they share best practice with each other.

The team members discuss what they can improve or agree new roles to help deliver the pharmacy's services. And they share information and learning particularly from errors when dispensing. So, they can improve their performance and skills.

Inspector's evidence

The branch pharmacist covered most of the opening hours. Locum pharmacists provided support when required. The pharmacy team consisted of one pharmacy technician, who was also an accuracy checking technician (ACT), four qualified dispensers, one who was the pharmacy manager, a trainee medicines counter assistant (MCA) and delivery drivers. At the time of the inspection the branch pharmacist, the ACT, three qualified dispensers and the trainee MCA were on duty. The team members rotated jobs throughout the day such as doing the walk-in prescriptions. This helped to keep the team focused and maintain their skills.

The pharmacy provided extra training through e-learning modules. The team had to complete the modules within a set time. The team members had protected time to complete the training. The pharmacy kept a record of when team members had completed the training. The pharmacy provided performance reviews to the team. So, they had a chance to receive feedback and discuss development needs. One of the dispensers had asked about training to level 3 national vocational qualification (NVQ). The pharmacy manager had advised this team member to speak to the ACT and colleagues at other branches who had completed the training. The manager advised this, so the team member had a good understanding of what the training involved. The pharmacist advised the dispenser to take on the role of the SaferCare lead as part of their preparation for the level 3 NVQ training. This would also help the ACT who did this role with their workload. Team members could suggest changes to processes or new ideas of working. The team members were asked at the monthly SaferCare briefings for ideas on how to improve the pharmacy processes to support the safe delivery of pharmacy services. The pharmacy manager had asked for an extra fridge to store the growing number of prescriptions. This had been agreed and installed. The team members had installed a large notice board to clearly display information that they needed to be aware of. The pharmacy involved all team members with the monthly reviews and audits. So, they became familiar with the process and to help them meet the internal standards set by the company.

The pharmacy had targets for services such as Medicine Use Reviews (MURs). There was some pressure to achieve them. The pharmacist offered the services when they would benefit people. And when they had support from the accuracy checking technician.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, secure and suitable for the services provided. And it has good arrangements for people to have private conversations with the team.

Inspector's evidence

The pharmacy was clean, tidy and hygienic. It had separate sinks for the preparation of medicines and hand washing. The consultation room contained a sink and alcohol gel for hand cleansing. The team members used disposable gloves when dispensing medicines in to the multi-compartmental compliance packs. The team kept floor spaces clear to reduce the risk of trip hazards. The pharmacy had enough storage space for stock, assembled medicines and medical devices.

The pharmacy had a large, sound proof consultation room. The team used this for private conversations with people. And they used cordless telephones to make sure telephone conversations were held in private.

The premises were secure. During the opening hours people's access to the dispensary was restricted by the layout of the premises. The window displays detailed the opening times and the services offered. The pharmacy had a defined professional area. And items for sale in this area were healthcare related.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services that support people's health needs. The pharmacy manages its services well. It keeps records of prescription requests and deliveries it makes to people. So, it can deal with any queries effectively. The pharmacy gets its medicines from reputable sources. And it stores and manages medicines appropriately.

Inspector's evidence

The pharmacy had step free access from the medical centre or car park and an automatic door operated with a press pad. The pharmacy had a practice information leaflet that provided people with details of the services it offered and the contact details of the pharmacy. It also had a small range of healthcare information leaflets for people to read or take away. The team members wore name badges detailing their role.

The trainee medicines counter assistant monitored people requesting medication that could be misused. And shared details of concerns they had with the other team members, so they could ensure sales of these medicines were appropriate.

The pharmacy provided multi-compartmental compliance packs to help people take their medicines. The packs were mostly supplied weekly. The team did this as several people often had their medication changed. Two of the dispensers managed the service. And got support from others in the team. The pharmacy divided the preparation of the packs across the month. The team kept a list of the people who received the packs and when they were due. The team usually ordered prescriptions two weeks before supply. This allowed time to deal with issues such as missing items. And the dispensing of the medication in to the packs. Each person had a record listing their current medication, dosage and dose times. The team checked received prescriptions against the list and the electronic record. And queried any changes with the GP team. The team recorded changes on the medication list.

The team used a small area off the main dispensary to dispense medication in to the packs. The team had asked for this space after identifying that the area before was too small to safely support the service. The team recorded the descriptions of the products put in to the packs and supplied the manufacturer's patient information leaflets. The pharmacist did a clinical check of the prescriptions for the packs. So, the accuracy checking technician (ACT) could do the final check.

The team provided the ACT with the containers the medication was dispensed from. The team had altered the process to help identify changes that the GP team had not passed on. The pharmacist when doing the clinical check looked at the previous month's backing sheet alongside the new prescription. The ACT also checked the previous month's backing sheet when doing the final check. This helped the team members identify changes and ensure the person received the correct medication and dose. The pharmacy team had spoken to the GP team to remind them of the importance of communicating changes with the pharmacy.

The pharmacy stored completed packs on dedicated shelves in box files labelled with the person's name and address. The team bagged the packs into weekly supplies. And marked medication sent in bottles

or packs separate to the pack with the start date of each week. The team attached notes to the shelves with information about the medication or if the person was in hospital. So, everyone in the team was aware. The pharmacy received copies of hospital discharge summaries. The team checked the discharge summary for changes or new items. And requested prescriptions to supply new packs when changes occurred. The team kept the discharge summary to refer to if queries arose. The team used dedicated folders and held each person's medication list and other relevant paperwork in separate sections.

The pharmacy prepared methadone in advance. This reduced the work pressure of dispensing at the time of supply.

The pharmacy provided a repeat prescription ordering service. The team kept a record of the request to help identify missing prescriptions. The team ordered the prescriptions a week before the supply. This gave time to chase up missing prescriptions, order stock and dispense. The team passed on information to people from their GP such as the need to attend the surgery for a medication review.

The pharmacy monitored people on high-risk medication such as warfarin. The team didn't always record information people provided such as their latest blood test results. The pharmacy had completed checks of people prescribed valproate. This was in response to the Pregnancy Prevention Programme (PPP). The check found one person within the PPP category had this product. The pharmacy provided the person with the PPP information.

The pharmacy provided separate areas for labelling, dispensing and checking of prescriptions. The pharmacy team used baskets when dispensing to hold stock, prescriptions and dispensing labels. This prevented the loss of items and stock for one prescription mixing with another. The team members referred to the prescription when selecting medication from the storage shelves. This helped to ensure they picked the correct item.

The pharmacy used clear bags to hold dispensed controlled drugs (CDs) and fridge lines. This allowed the team, and the person collecting the medication, to check the supply. The pharmacy used CD and fridge stickers on bags and prescriptions to remind the team when handing over the medication to include these items. The pharmacy had a system to prompt the team to check that supplies of CD prescriptions were within the 28-day legal limit. The pharmacy had checked by and dispensed by boxes on dispensing labels. These recorded who in the team had dispensed and checked the prescription. A sample looked at found that the team completed the boxes. The team used a stamp on the prescription to record when the pharmacist had clinically checked the prescription. This enabled the ACT to complete their check.

When the pharmacy didn't have enough stock of someone's medicine, it provided a printed slip detailing the owed item. And it kept a separate one with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy kept a record of the delivery of medicines to people. This included an electronic signature from the person receiving the medication. The pharmacy obtained separate signatures for CD deliveries.

The pharmacy team checked the expiry dates on stock. And kept a record of this. The last date check was on 10 May 2019. The team used a coloured sticker to highlight medicines with a short expiry date. The team members recorded the date of opening on liquids. This meant they could identify products with a short shelf life once opened. And check they were safe to supply. The team recorded fridge temperatures each day. A sample looked at found they were within the correct range. The pharmacy had medicinal waste bins to store out of date stock and patient returned medication. And it stored out of date and patient returned controlled drugs (CDs) from in date stock in a CD cabinet that met legal requirements. The pharmacy team used denaturing kits to destroy CDs.

The pharmacy had 2D scanners and it was waiting for a computer update to meet the requirements of the Falsified Medicines Directive (FMD). The Directive came out on 9 February 2019. The pharmacy had no procedures to cover FMD. And the team hadn't received any training. The pharmacy obtained medication from several reputable sources. And received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via email. The team members printed off the alert, shared it amongst themselves, actioned it and kept a record.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services and protect people's private information.

Inspector's evidence

The pharmacy had references sources and access to the internet to provide the team with up to date clinical information.

The pharmacy used a range of CE equipment to accurately measure liquid medication. And used separate, marked measures for methadone. The pharmacy had two fridges to store medicines kept at these temperatures. It used one fridge for stock. And it used the other for completed prescriptions. This helped the team easily find items or prescriptions when people presented. The pharmacy completed safety checks of electrical equipment.

The computers were password protected and access to peoples' records restricted by the NHS smart card system. The pharmacy positioned the dispensary computers in a way to prevent disclosure of confidential information. The pharmacy stored completed prescriptions away from public view. And it held private information in the dispensary and rear areas, which had restricted access.

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.