

Registered pharmacy inspection report

Pharmacy Name: Lloyds pharmacy, Rothwell Medical Centre,
Desborough Road, Rothwell, KETTERING, Northamptonshire, NN14
6JQ

Pharmacy reference: 1092887

Type of pharmacy: Community

Date of inspection: 17/03/2022

Pharmacy context

The pharmacy is located in a building with a medical practice. The pharmacy dispenses NHS prescriptions. It assembles medication into multi-compartment compliance packs for people who need help managing their medicines. It offers a flu vaccination service in the winter.

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	Team members have protected time at work to undertake ongoing training. This helps them keep their skills and knowledge up to date. And they anticipate and plan for future training needs, such as when a new computer system is installed.
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 has safe and effective working practices. It manages its risks appropriately by recording, reviewing and learning from its mistakes. And it keeps people's information safe. It regularly asks people for their views and uses their feedback to improve its services. It keeps the records required by law to ensure that its medicines are supplied safely and legally.

Inspector's evidence

The pharmacy kept records about dispensing mistakes that were identified before they were handed out to a person (near misses) and those where dispensing mistakes had reached a person (dispensing errors). These records were recorded at the time of the incident and reviewed and discussed weekly to identify any trends or patterns. Each team member recorded their own mistakes to increase learning. Following dispensing incidents, the mistake was discussed with the individual concerned on a one-to-one basis, with any learning shared with the dispensary team. The pharmacy team had introduced additional checks for medicines that sounded and looked alike. They also carried out a root-cause analysis where appropriate.

To reduce the risks associated with COVID-19, the pharmacy team had implemented a one-way system in the pharmacy and had a screen fitted on the pharmacy counter. Team members wore personal protective equipment where appropriate.

The pharmacy had a 'Lets Talk' feedback system to help people to give feedback. Team members sometime assisted people where they struggled with a long questionnaire. The pharmacy team had identified the potential disruption which may be caused by a new computer system and took proactive steps to minimise this by communicating with people and planning ahead. There were numerous cards with compliments from people in the pharmacy.

The pharmacy had the correct responsible pharmacist (RP) notice on display and the RP records were completely completed correctly. Team members roles and responsibilities were identified in the standard operating procedures (SOPs). When asked, members of the pharmacy team clearly understood what they could and couldn't do when the pharmacist was not present. The pharmacy had current professional indemnity insurance.

The pharmacy had a comprehensive range of SOPs in place covering dispensing process, information governance (IG), controlled drugs (CDs), RP activities, sale of medicines, high-risk medicines, COVID-19 procedures, dispensing incidents, services and so on. There was evidence that team members had read and signed SOPs relevant to their role. There was also a file of Covid update bulletins.

The records examined were maintained in accordance with legal and professional requirements. These included the electronic private prescription register (for private and veterinary prescriptions and emergency supplies) and records for the supplies of unlicensed medicines. The CD registers were appropriately maintained. CD balance checks were done regularly.

The pharmacy had a cordless phone to facilitate private conversations and the correct NHS smart cards were in use. The patient medication record (PMR) was password protected and sensitive waste was securely disposed of. Prescriptions were stored securely in the dispensary. The pharmacy team had

undertaken training about the General Data Protection Regulation and had signed confidentiality agreements.

The pharmacy had safeguarding procedures and team members had completed online training and described the actions that would be taken in the event of a safeguarding concern. There were contact details for the local safeguarding team. A team member talked about a person who had not responded when the pharmacy tried to deliver medicine and the intervention resulted in the person receiving an enhanced level of care. They also identified a person who had an excessive amount of medication at home.

Principle 2 - Staffing ✓ Standards met

Summary findings

Team members have protected time at work to undertake ongoing training. This helps them keep their skills and knowledge up to date. And they anticipate and plan for future training needs, such as when a new computer system is installed. The pharmacy has enough team members to manage its workload safely. They are appropriately trained and have a good understanding about their roles and responsibilities. They routinely make suggestions to improve safety and workflows where appropriate.

Inspector's evidence

The pharmacy had two part-time pharmacists, two full-time and three part-time dispensers and one part-time medicines counter assistant, who was about to register on a training course. The pharmacy team were up to date with dispensing and other routine activities such as date checking and cleaning. There were contingency plans in place for annual leave or staff absence. The team said that the current staffing levels worked well.

Team members were trained using accredited courses and said they undertook some regular ongoing learning to keep their knowledge and skills up to date. This was through an e-learning hub. The team members had protected learning time on a regular basis to help support their learning and development.

Team members routinely made suggestions to improve workflows and processes in the pharmacy. They had identified that the new computer system was likely to cause significant disruption to the dispensing service and had suggested proactive steps to reduce this. This included liaising with the medical practice and people who used the pharmacy's service, preparing compliance packs early. And visiting other pharmacies that were already using the new system to learn how it worked. They had also devised a locum checklist to assist visiting pharmacists to settle to the pharmacy routine. This had been well received and was being considered for sharing with other branches. Team members described how they felt empowered to speak up and make suggestions where appropriate. There were some targets in place, but these did not impact on individual's professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy team keeps the pharmacy secure, clean and tidy. The pharmacist has an area to check prescriptions, and this is kept clear to help reduce the risk of mistakes.

Inspector's evidence

The pharmacy had vinyl floors throughout, laminated worktops, and a dedicated sink for the preparation of medicines. The pharmacy was clean, bright and well maintained. The pharmacy was cleaned regularly (with touch points being wiped throughout the day), and plastic screens had been fitted on the healthcare counter. There was a dedicated area for the assembly of compliance packs and an area for vaccine preparation. There were workflows in place and a designated checking area, which was kept tidy to reduce the risk of mistakes. Air conditioning was used to keep medicines at the right temperature and there were good lighting levels throughout.

The pharmacy had infection control measures in place to reduce the risk of spreading Covid-19. This included the use of face masks and hand sanitising gel.

There was a clean, bright, and well-maintained consultation room with hand washing facilities and a good level of sound proofing where people could consult pharmacy team members in private. The pharmacy premises were kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services in a safe way. It gets its medicines from reputable suppliers and it stores them properly. It takes the right action if any medicines or devices need to be returned to the suppliers. This means that people get medicines and services which are safe to use. The team members follow safe practice when assembling compliance packs which help people to take their medication. The pharmacy identifies and gives advice to people taking higher-risk medicines to make sure that they are taken safely.

Inspector's evidence

The pharmacy was accessed via automatic doors at path level and there was a spacious shop area to assist wheelchair users. There was also a shuttered entrance, that led directly into the attached GP practice. The pharmacy had a hearing induction loop to assist people with hearing aids. There was a range of leaflets on display along with the customer charter.

The pharmacy obtained dispensing stock from a range of licenced wholesalers and it was stored in a neat and tidy manner in the dispensary. The stock deliveries had been arranged to coincide with a quieter part of the pharmacy day. Stock was regularly date checked and there were records to support this. The pharmacy counselled people on higher-risk medicines such as lithium, warfarin and methotrexate and the pharmacist routinely inquired about whether they were having blood tests related to these medicines. Staff also provided additional advice to people about how to take these medicines safely. The pharmacy team members were aware of the risks associated with dispensing valproate-containing products, and the Pregnancy Prevention Programme. The pharmacy issued the published support materials to people taking valproate-containing medicines.

The pharmacy kept medicines requiring cold storage in a pharmaceutical fridge. The maximum and minimum temperatures were continually monitored and recorded daily. The records confirmed that stock was consistently stored between 2 and 8 degrees Celsius. The pharmacy stored CD's securely and the CD cabinet was maintained in a neat and tidy manner. The pharmacy had a system in place to help ensure that medicines were not issued after the prescription was no longer valid.

The pharmacy team dispensed medication into multi-compartment compliance packs for a number of people who had difficulty managing their medicines. Medicines were dispensed into disposable, tamper-evident packs, and had descriptions of the medication included in the pack labelling. The descriptions helped the person or their carers to identify the medicines. The pharmacy routinely supplied patient information leaflets with the packs. Team members described the process they followed to ensure that any mid-cycle changes to the packs were rechecked to make sure these were safely supplied. And the pharmacy had sheets to record any changes to medication in the packs and help with effective team communication.

The delivery driver had missed-delivery cards and coloured stickers for CDs and refrigerated items to ensure appropriate storage if the medicines were returned to the pharmacy. The pharmacist had undertaken anaphylaxis training. Medicines which people had returned were clearly separated into designated bins and disposed of appropriately. Drug alerts were received electronically and recorded in the pharmacy. There was evidence that the pharmacy team pharmacy team members had appropriately actioned recent alerts.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment for its services, and it makes sure that it's properly looked after. It uses its equipment to keep people's private information safe.

Inspector's evidence

The pharmacy had up-to-date reference sources, and testing equipment from reputable suppliers. It used stamped glass measures (with designated labelled measures for certain liquids), and labelled equipment for dispensing cytotoxic medication. This helped to avoid any cross-contamination. Sensitive records were stored securely and the patient medication record was password protected. Confidential waste was disposed of using bags for secure disposal. All electrical equipment appeared to be in good working order and had been safety tested. There was a range of infection control materials including face masks, sanitising gel and surface wipes.

Fire extinguishers were serviced under an annual contract. The pharmacy had a supply of personal protective equipment including masks, gloves, and hand gel and these were being used where appropriate.

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.