

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Ortongate Centre, Goldhay,
PETERBOROUGH, Cambridgeshire, PE2 5TD

Pharmacy reference: 1092889

Type of pharmacy: Community

Date of inspection: 21/08/2023

Pharmacy context

This community pharmacy is located in a retail park. It is undergoing a change of ownership, due to complete in September 2023. Most of its current activity is dispensing NHS prescriptions. It sells some medicines over the counter, and it dispenses some medicines in multi-compartment compliance packs to people who need this level of support. It also provides substance misuse treatment and delivers prescriptions to some people's homes. This was a reinspection visit following a previous inspection which found the pharmacy was not meeting all the standards for registered pharmacies.

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 has made some improvements since the last inspection to make sure potential risks are managed adequately. There is some evidence that the pharmacy learns from mistakes. But because these aren't always recorded it may be missing opportunities to identify patterns and trends and make further improvements. The pharmacy's team members understand their roles and responsibilities and they keep people's information safe.

Inspector's evidence

The pharmacy team had access to written standard operating procedures (SOPs) issued by head office to help deliver services safely and these were reviewed regularly. Team members had read the SOPs relevant to their roles. Prescription labels were initialled at the dispensing and checking stages to create an audit trail showing who had been involved in these tasks. Designated areas of the pharmacy were used for separate tasks such as dispensing and checking prescriptions to reduce the risk of distractions. There were record sheets available to write down dispensing mistakes the team members made that were spotted before the medicines were handed out (referred to as near misses). The last records were from June 2023. The responsible pharmacist (RP) explained that more recent recording of these events had been hampered by IT issues stemming from the planned change of ownership. These had been resolved but the team had been focussed on catching up on dispensing work. The records that had been made contained limited information about the mistake and could have included more detail about why the mistake might have happened or any learnings to prevent similar happening again.

As found during the previous inspection, there was a process to record and report these mistakes which reached people (known as dispensing errors) to head office. And learnings from previous errors had been shared with the team. Some medicines with similar names or similar packaging had been more clearly separated by placing them in designated drawers to prevent picking errors.

Members of the team could explain what they could and couldn't do when a pharmacist was not present. The pharmacy had a complaints procedure and there was a poster displayed in the retail area inviting people to provide feedback about the pharmacy. The team members explained that feedback had been more positive recently as repeat prescription systems had improved.

There were written procedures and staff training about protecting confidentiality. Sensitive information was stored out of the reach and sight of the public and confidential waste was disposed of securely. There was a data privacy notice poster displayed in the pharmacy. The IT system was password protected.

There was a chaperone policy for using the consultation room. Team members received company-issued safeguarding training relevant to their roles. A dispenser had explained during the previous inspection how concerns about a vulnerable person were escalated to their GP and follow-up action had been taken to protect the person.

The pharmacy had current professional liability and public indemnity insurance. Records about controlled drugs (CDs) were kept and generally complied with legal requirements. CD running balances

were kept and checked for accuracy though not always as frequently as recommended by the company. Those registers viewed showed that balance checks were completed at least once a month. The stock of a CD chosen at random agreed with the recorded balance. The pharmacy had a separate register for patient-returned CDs. The RP notice was displayed clearly and showed the correct details for the RP on duty. Records about the RP were kept. Records about private prescriptions and supplies of unlicensed medicines were not checked during this inspection.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team is just about managing to keep on top of its dispensing activities and other routine tasks. The pharmacy's team members work well together and are enrolled on the right training for their roles. They know when to refer queries to the pharmacist so people get the right advice and information.

Inspector's evidence

The current pharmacy team consisted of two trained dispensers, and a trainee medicine counter assistant (MCA). There was also a locum dispenser working on the day of the inspection. The pharmacy did not have any employed pharmacists in post but had a regular locum pharmacist who had been providing RP cover on most days for several months. The RP described how services were restricted to reflect the current staffing arrangements.

The team members were coping with the workload during the inspection, and they worked closely together. The MCA was observed referring queries to the RP where appropriate. The team members said they were up to date with routine dispensing. The RP explained how she and the non-pharmacist pharmacy manager had arranged a meeting with the local surgery and had agreed how to better manage repeat prescription requests. This had led to the pharmacy being able to plan more of its workload and manage people's expectations about prescription lead times more effectively. It had also reduced the number of queries from patients and improved feedback about the pharmacy.

The new members of staff had been enrolled on accredited training courses relevant to their roles. To help keep their skills and knowledge up to date, team members had access to training modules via the company's training portal. They were prompted about any new or mandatory training.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are adequate for the safe provision of pharmacy services and its team members keep the premises clean and tidy. The pharmacy is kept secure when the pharmacy is closed. And people can have a conversation with members of the pharmacy team in a private area and won't be overheard.

Inspector's evidence

Overall, the premises were large enough for the activities currently undertaken and were kept clean. The dispensary had sufficient space to help with safe dispensing routines and dispensing benches were much tidier than during the previous inspection. The rest of the premises were also cleaner and tidier than before and were clear of slip or trip hazards.

Room temperatures in the premises were controllable, and levels of ventilation and lighting were appropriate for the activities undertaken. The pharmacy had a consultation room just off the retail area which was reasonably large and well kept. People could have a private conversation about their healthcare and receive services in this room. There was also a screened part of the counter used for needle exchange and supervised administration which offered people a greater degree of privacy than the main counter. These areas were kept tidy and there was a range of health promotion literature available to people waiting for services. The pharmacy team members had access to rest areas and hygiene facilities.

The premises could be secured outside of opening hours and were accessible to people with mobility issues or those with prams or wheelchairs. The dispensary was clearly separated from the shop area and access by the public was suitably restricted. Pharmacy-only medicines were kept behind medicines counter or in Perspex display units so their sales could be supervised appropriately. Dispensed medicines were kept away from public view to protect people's private information.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are somewhat limited but are provided safely. The pharmacy team has made good progress in making sure the medicines it supplies are date checked and are removed and disposed of at an appropriate time. The pharmacy team is aware of the need for extra care when supplying certain medicines which may be higher risk, including medicines containing valproate.

Inspector's evidence

The pharmacy's opening hours were displayed at the entrance. The entrance door to the pharmacy was power assisted and level with the pavement and the aisles were wide enough to accommodate people with prams or wheelchairs. There was an induction hearing loop available.

The pharmacy team members were up to date with dispensing activities. Dispensing being carried out during the visit was done in an orderly way. All dispensed items were accuracy-checked by the RP. Baskets were used to keep prescriptions for different people separate. The baskets were colour coded to prioritise the workload. In contrast to the previous inspection, the benches were not over-filled with baskets waiting to be accuracy checked. Instalment supplies were made up in advance to better manage the workload.

The team members understood that prescriptions for valproate needed additional care when supplying to people who might become pregnant. The stock packs available had the warning cards and alert stickers attached. The pharmacy also had spare cards and alert stickers to use if a smaller quantity needed to be supplied in a plain box. The pharmacist explained how they would check that people were using adequate contraception. The pharmacy did not currently supply valproate medicines to anyone who needed to be on a Pregnancy Prevention Programme. Other alert stickers to help identify prescriptions for higher-risk medicines where patient counselling was needed were available.

There was a rota to prepare multi-compartment compliance packs on time. The locum dispenser was observed preparing some of these in a quieter part of the dispensary during the inspection. As seen during the previous visit, each person had a record about their medicines which was updated if there were any changes made. The packs included dose and warning information and descriptions of the medicines included in the packs so people could identify individual items. The pharmacy also supplied patient information leaflets with these packs every four weeks.

Medicines were obtained from licensed wholesalers and specials were obtained from specials manufacturers. Medicines were stored in dispensary drawers and on shelves in the dispensary. The drawers checked were well-organised with different strengths of medicines clearly separated. Medicines for dispensing were kept in appropriately labelled containers. CDs were stored securely. When medicines in two dispensary drawers were checked at random, there were no medicines beyond their use by date. And there was some evidence seen of alert stickers applied to short-dated medicines. This was a significant improvement from the previous inspection. The RP explained how she always checked the date of medicines when completing her final check, as an additional safeguard. Out-of-date medicines and patient-returned medicines were moved into designated bins and collected by specialist waste contractors for appropriate disposal. The medicines fridge temperatures were monitored and

were kept within the required range for medicines requiring refrigeration. No extemporaneous dispensing was carried out.

The pharmacy had a process to receive and act on drug recalls and safety alerts. It was notified of these by its head office and there was a system in place to make sure these were responded to.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And it stores its equipment securely.

Inspector's evidence

The pharmacy had measuring equipment of a suitable standard. Some of the glass measures were reserved for measuring specific types of medicines to prevent cross-contamination. These were kept clean. The pharmacy had access to online reference sources to assist with clinical checks and other services. It also had the right equipment to assist the safe disposal of medicines and sharps waste and kept these out of reach of the public. All portable electrical equipment appeared to be in good working order. The pharmacy had cordless phones so team members could make phone calls out of earshot of waiting customers if needed. The pharmacy's patient medication records and computer screens in the pharmacy could not be viewed from the shop floor.

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.