

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 96A Mill Road, Ecclesfield, SHEFFIELD, South Yorkshire, S35 9XQ

Pharmacy reference: 1093010

Type of pharmacy: Community

Date of inspection: 08/04/2021

Pharmacy context

This is a community pharmacy in the city of Sheffield, Yorkshire. The pharmacy sells over-the-counter medicines and dispenses NHS prescriptions. And it delivers medicines for some people to their homes. The pharmacy offers a substance misuse service to several people. The inspection was completed 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
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 suitably manages the risks associated with the services it provides to people. It acts to help keep members of the public and team members safe during the Covid-19 pandemic. It maintains the records it needs to by law and keeps people's private information secure. Its team members record details of any mistakes they make while dispensing so they can learn from each other and prevent similar mistakes from happening again.

Inspector's evidence

The pharmacy had several procedures to help manage the risks and help prevent the spread of coronavirus. These included posters on the entrance door and in the retail area reminding people visiting the pharmacy to wear a face covering as required by law. People visiting the pharmacy were asked to wait outside the pharmacy if there were more than two people in the retail area. People were seen to be following the guidelines without any instruction from the pharmacy team members. There were large plastic screens placed at the pharmacy counter which acted as a protective barrier between team members and members of the public. There were markings on the floor of the retail area which helped people socially distance. The pharmacy's team members were wearing masks throughout the inspection. The dispensary was of an average size and so it was not always possible for team members to socially distance from each other while they worked.

The pharmacy had a set of standard operating procedures (SOPs). They covered tasks such as dispensing, responsible pharmacist requirements and controlled drug (CD) management. There was an index available to help find an SOP easily, but some were not kept in order. Most team members had read the SOPs that were relevant to their role and they signed a record sheet to confirm this.

The pharmacist and accuracy checking technician (ACT) spotted near miss errors made by team members during the dispensing process. They immediately informed the dispenser of the error and asked them to rectify the mistake. The team members kept records of the near miss errors and discussed them openly when they happened, so they could all learn from each other. They recorded details such as the time and the nature of the error and why the near miss error might have occurred. Team members didn't always record what action they took to reduce the risk of the near miss errors happening again. And so, the team may have missed the opportunity to learn and make specific changes to the way they work. The pharmacy followed its Safer Care process throughout the pandemic. This included a four-weekly analysis of near miss errors. The team had been consistently up to date with the Safer Care process throughout the pandemic. A team member demonstrate how the team had separated different forms of similarly names inhalers on the dispensing shelves to reduce the risk of them being incorrectly selected. The pharmacy kept records of any dispensing errors that had reached people. An electronic form was completed, and a copy was printed and stored in a folder for future reference. A recent example was seen where the pharmacy had supplied the lower strength of a medicine in error. The details of the error were recorded and the team discussed the error together so they could all share their learning to prevent a similar error happening again.

The pharmacy had a concerns and complaints procedure in place, and it was outlined in leaflets kept in the retail area. People could select the leaflets and take them away. Any complaints or concerns were required to be raised verbally with a team member. If the matter could not be resolved by the team member, it was escalated to the pharmacy's head office. It obtained feedback from people who used

the pharmacy each year through a customer satisfaction survey.

The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist notice displayed the name and registration number of the responsible pharmacist on duty. But it was positioned in a place which made it difficult to see from the retail area. So, people may not have been able to easily know who was the responsible pharmacist on duty. Entries in the responsible pharmacist record complied with legal requirements. The pharmacy kept up-to-date and accurate records of private prescriptions and emergency supplies. It kept CD registers and records of CDs returned by people to the pharmacy. The CD registers were audited against physical stock every week.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. Confidential waste was placed into a separate bag to avoid a mix up with general waste. A third-party contractor periodically destroyed the confidential waste. Team members understood the importance of keeping people's private information secure and they had all completed information governance training as part of their employment induction process. The responsible pharmacist (RP) had completed level 2 training on safeguarding vulnerable adults and children via the Centre of Pharmacy Postgraduate Education. Other team members had completed internal training and were aware of their responsibilities.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members have the necessary qualifications and skills to provide the pharmacy's services. And they manage the workload well. They support each other as they work and can raise concerns, give feedback and suggest improvements to provide a more efficient service.

Inspector's evidence

At the time of the inspection, the responsible pharmacist was the pharmacy's resident pharmacist who had been working at the pharmacy for several years. He was supported by one healthcare partner and three qualified pharmacy assistants. Team members who were not present during the inspection included the full-time accuracy checking technician (ACT), two healthcare partners and another pharmacy assistant. The pharmacy had recently employed some of the team members in a response to an increased workload. The team was observed to be working well and was not seen dispensing prescriptions under any significant time pressures. The team members explained the Covid-19 pandemic had been a challenging time, but they felt they had coped well and were proud that they had continued to offer an efficient service.

Team members were provided access to the Lloyds online training portal. The portal contained various modules that team members could work through. They received protected training time each month. The time they received varied based on the training they were completing but it was an average of approximately 30 minutes per month. Team members had annual one-to-one performance reviews with their line manager and attended regular team meetings. This ensured they were able to raise any professional concerns and give feedback to help improve the pharmacy.

The pharmacy had a whistleblowing policy in place so the team members could raise and escalate a concern anonymously. The team had been set targets to achieve, for example, NHS prescription items and services. But team had not been under pressure to meet the targets since the pandemic had started.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is kept clean, tidy, secure and is well maintained. It has a sound-proofed room where people can have private conversations with the pharmacy's team members. It has made suitable changes to its premises to help reduce the risk of spreading the coronavirus

Inspector's evidence

The pharmacy was clean and well maintained. It had separate sinks available for hand washing and for the preparation of medicines. The team cleaned the pharmacy regularly to reduce the risk of spreading infection. They paid attention to areas of the pharmacy that were touched regularly such as benches and door handles. The pharmacy dispensary was kept tidy and well organised throughout the inspection. Floor spaces were mostly kept clear to prevent the risk of a trip or a fall. The pharmacy had a sound-proofed consultation room which contained adequate seating facilities. The temperature was comfortable throughout the inspection. Lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its services easily accessible to people and it manages them appropriately. It sources and stores its medicines properly and completes regular checks to make sure they are in date. The team members dispense medicines into multi-compartment compliance packs for some people to help them take their medicines correctly. And the service is well managed.

Inspector's evidence

The pharmacy had level access to the pharmacy's automatic entrance door. The pharmacy advertised its services and opening hours in the main window. There were seats available in the retail area for people to use while they waited for their prescriptions to be dispensed. And they were kept on either side of the retail area to make sure social distancing guidelines were met. Large-print labels were provided on request to help people with a visual impairment. Team members had access to the internet which they used to signpost people requiring services that the pharmacy did not offer. There was a display area close to the waiting area which had information on coronavirus and covid-19 for people to read while they waited to be served.

Team members were using various stickers within the dispensing process and they used these as an alert before they handed out medicines to people. For example, to highlight interactions between medicines or the presence of a fridge line or a CD that needed handing out at the same time. Team members signed the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. They used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. The baskets were of different colours, for example, red baskets were used for more urgent prescriptions. Owing slips were given to people on occasions when the pharmacy could not supply the full quantity prescribed. One slip was given to the person and one was kept with the original prescription for reference when dispensing and checking the remaining quantity. The pharmacy kept a record of the delivery of medicines to people. Due to the pandemic, the delivery driver didn't ask people to sign for receipt of their medication. The driver left the medicines on the person's doorstep before moving away and waiting to watch them pick up the medicines. Team members were aware of the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They demonstrated the advice they would give in a hypothetical situation and they had access to reading material about the programme that they could give to people to help them take their medicines safely.

The pharmacy supplied medicines in multi-compartment compliance packs to several people. The packs were provided either weekly or every four weeks. To help the team manage the workload evenly, the dispensing of the packs was divided across a four-week cycle. Team members used master sheets which contained a list of the person's current medication and dose times. Prescriptions were checked against the master sheets for accuracy before the dispensing process started. Any queries were discussed with the relevant prescriber. Any details of any changes such as dosage increases or decreases, were recorded on the person's master sheet. The packs were supplied with patient information leaflets.

Pharmacy (P) medicines were stored in plastic display boxes located in various areas around the retail area. Each box had a notice on the front informing people to ask for assistance should they wish to select an item from the box. The boxes could be easily opened and as the pharmacy counter was always not manned, people may have direct access to P medicines. The pharmacy had a process to check the

expiry dates of its medicines every three months. The team was up to date with the process. No out-of-date medicines were found after a random check of around 40 randomly selected medicines. The pharmacy attached stickers to medicines to highlight them if they were expiring in the next six months. The date of opening was recorded on medicines that had a short shelf life once they had been opened. The pharmacy had medical waste bins, sharps bins and CD denaturing kits available to support the team in managing pharmaceutical waste. The team received drug alerts via email and actioned them. A record of the action taken was retained. The team members checked and recorded fridge temperature ranges each day. A sample of records seen were within the correct ranges.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy's equipment is clean and suitable for the services it provides. The pharmacy uses its equipment appropriately to protect people's confidentiality. It takes sensible precautions so that people can safely use its facilities when accessing its services during the pandemic.

Inspector's evidence

Team members had access to up-to-date reference sources. The pharmacy used a range of CE quality marked measuring cylinders. Medicines waiting to be collected were stored in a way that prevented people's confidential information being seen by members of the public. Computer screens were positioned to ensure confidential information wasn't seen by people. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members could have conversations with people in private. It had a wireless card terminal for contactless transactions and reduce the use of cash. Team members had access to personal protective equipment including face masks, visors, aprons and gloves. All equipment was clean and regularly monitored to ensure it was safe to use.

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.