

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, 698 Yardley Wood Road, Billesley,  
BIRMINGHAM, West Midlands, B13 0HY

**Pharmacy reference:** 1093095

**Type of pharmacy:** Community

**Date of inspection:** 30/04/2019

## Pharmacy context

This is a community pharmacy located in a residential area of Birmingham. It dispenses NHS prescriptions and provides Medicines Use Review (MUR) and New Medicine Service (NMS) consultations.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy generally manages its risks well. It encourages its team members to learn from mistakes and to make improvements. The pharmacy keeps the records that it needs to and generally makes sure that these are appropriately maintained. Its team members manage people's confidential information appropriately.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) available which had been issued from their head office. The SOPs covered the pharmacy's services. The pharmacy's team members had signed records to indicate that they had read SOPs. Team members wore name badges which stated their job title.

The name and registration number of the responsible pharmacist was displayed on a notice. The notice was not easily visible to people visiting the pharmacy counter due to its location. This could mean that people visiting the pharmacy struggle to identify the pharmacist in charge.

The pharmacy recorded near misses on a template. Some of the records included contributing factors. The pharmacy reviewed near misses and errors. The team had reviewed the dispensing SOPs following a previous review. The pharmacy's team members had listed 'lookalike and soundalike' (LASA) medicines to alert staff to common mistakes. One of the pharmacy's team members was the 'Safer Care Champion' for the pharmacy. This involved the completion of weekly checklists that audited different areas of risk and were used to make improvements. Checklists for the previous two weeks had not been completed because the 'Safer Care Champion' had been absent. The absence of suitable contingency arrangements may have reduced the effectiveness of these reviews.

The pharmacy completed annual patient surveys. The results of the most recent survey were generally positive. The pharmacy had SOPs to manage complaints. Formal complaints could be recorded electronically and escalated to the pharmacy's head office.

A team member discussed various improvements which had been made after a period without a regular, employed pharmacist. Changes included reorganising the dispensary and making sure a defined accuracy checking area was available. The team said that making the workflow more efficient had led to an improvement in people's satisfaction with the pharmacy and its services.

Certificates were displayed which indicated that there were current arrangements in place for employer's liability, public liability and professional indemnity insurance. Controlled drug (CD) records were kept by the pharmacy and maintained appropriately. The pharmacy completed weekly checks of running balances to monitor the accuracy of its records. A sample of CDs were chosen at random and were found to match the recorded balances. The pharmacy's private prescription records were generally maintained appropriately. Several of the pharmacy's private prescription and emergency supply records were made using dispensing labels. Some of the labels had faded which may have made it more difficult to keep track of medicine supplies. Other records of responsible pharmacist logs and unlicensed specials were found to be kept and maintained adequately.

Summaries of information governance legislation were stored in a labelled folder in the pharmacy. The pharmacy team completed training about information governance and signed declarations to indicate they understood relevant guidance. The dispensers and pharmacist had NHS smartcards which they used to access electronic prescriptions.

The team completed training about protecting vulnerable adults and children. Team members said that there were no previous safeguarding concerns. A template was displayed to show the contact details of local safeguarding organisations, but this had not been filled in by the team. This may have made it more difficult for the team to report concerns to the right people if needed.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough, suitably qualified staff to safely provide its services. It acts appropriately to maintain its staffing level and provides ongoing training to encourage its team to keep up to date.

### Inspector's evidence

At the time of the inspection, there was the responsible pharmacist (regular pharmacist), one dispenser and one medicine counter assistant present. The staffing level at the time of the inspection appeared adequate to comfortably manage the workload. People who visited the pharmacy were served efficiently. The team said that one staff member was on long-term absence. Relief staff were available to provide additional cover if needed.

The medicines counter assistant was currently completing a qualification to support her in her role. The counter assistant was allocated time to complete course modules. The other team members had completed appropriate qualifications for their roles. The pharmacy's head office provided monthly training modules through their e-learning platform. Modules generally focussed on over-the-counter medicines and seasonal ailments. Team members said that they had only recently begun to complete the modules because previously there was not enough time.

Team members said that messages were shared during team huddles and other discussions. They said that they received feedback at their appraisals which took place every three months. The pharmacy team had incentives to achieve its targets. Team members said that they felt sufficiently supported to achieve targets and did not feel under undue pressure.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides its services from suitable premises.

### Inspector's evidence

The pharmacy's premises were clean and tidy throughout. The counter and large screens protected people's information. Workbenches were used for specific tasks which helped to make the workflow more efficient.

A consultation room was available on the premises, which was suitable for private consultations and counselling. The availability of a private area for conversations was well advertised to people visiting the pharmacy. The pharmacy had appropriate security arrangements for its premises. There was adequate heating and lighting in the pharmacy. Running hot and cold water was available.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy generally manages its services well. Its team members source medicines from reputable suppliers and generally make sure that people's medicines are safe to use. They generally provide appropriate advice to people who receive high-risk medicines.

### Inspector's evidence

Access to the pharmacy was via step-free entrances which were suitable for wheelchairs. The pharmacy's practice leaflets were in the consultation room. Copies were not available in the retail area. This may have restricted the information available to people about the pharmacy and its services.

The pharmacy supplied medicines in multi-compartment compliance packs to around 120 people. The workload was arranged across four weeks and the prescriptions were ordered 11-12 days in advance. This made sure the workload was managed efficiently. Assembled packs included descriptions which allowed individual medicines to be recognised. The pharmacy kept records of medicines and their administration times. Records were also kept of changes to medicines and hospital discharge letters. A team member confirmed that patient information leaflets were supplied to people who received these packs.

A sample of invoices indicated that medicines and medical devices were obtained from licensed wholesalers. Medicines were stored on shelves and in drawers in an organised way. Stock requiring refrigeration was stored at appropriate temperatures. Records were maintained to make sure the temperatures were within the required ranges. CDs were stored appropriately. Expired CDs were segregated from other stock, so it was not mixed up.

The pharmacy had a regular process of date checking and rotating stock to ensure medicines were still fit for purpose. The pharmacy kept records of completed checks. A recent check had been completed in February 2019. Checks of fridge items and other specific medicines on the template had not been recorded, meaning it was harder to know when these stocked items had been date checked. A sample of medicines was chosen at random and found to be within date. Opened bottles of liquid medicines were marked with the date of opening to ensure they were still safe to use when used for dispensing again.

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 pharmacy's shelving system allowed appropriate storage and retrieval of dispensed medicines for collection. People collecting medicines were routinely asked to confirm the name and address of the patient to make sure that it was supplied to the correct person. Bags of dispensed medicines were highlighted with stickers to alert team members. Stickers were used for CDs (included schedule 3 and 4 CDs), fridge items and MUR eligibility.

Bags of dispensed medicines that contained warfarin were not always highlighted. The pharmacy's team members said that they asked people taking this medicine about recent blood tests. They did not

make notes of their conversations which may have made it difficult to keep track of this information. The pharmacy team were aware of guidance about pregnancy prevention to be given to the at-risk group of people who were supplied sodium valproate. This had been highlighted on people's medicine records.

Expired stock and returned medicines were disposed of in pharmaceutical waste bins. These bins were stored securely and away from other medication. The pharmacy had a separate bin for the disposal of cytotoxic medicines. A list was available, so team members could identify cytotoxic medicines.

The pharmacy provided people with deliveries of their medicines. Its team members said that electronic records of deliveries were kept. They said that these included the signatures of recipients. Queries about missed deliveries could be escalated to the company's home delivery team.

The pharmacy had not yet made adjustments to meet the requirements of the Falsified Medicines Directive. This may have reduced its ability to verify the authenticity of its medicines. The pharmacy had received and appropriately actioned recalls of medicines. There was a folder of collated alerts which had been signed and dated to indicate when they had been completed. This included a recent recall for chloramphenicol.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy maintains suitable equipment and facilities, so it can safely provide its services.

### Inspector's evidence

The pharmacy's equipment appeared safe and fit for purpose. The pharmacy team were able to escalate maintenance issues, so they could be resolved. The pharmacy's electronic equipment was regularly tested to make sure it was safe to use. Stickers were affixed to various equipment which stated the next testing date. The sinks provided hot and cold running water and crown-marked measuring cylinders were available. Separate measures were used for measuring CDs.

Computer screens faced away from the public area of the pharmacy to prevent confidential information from being seen. 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.