

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, Moorgate Medical Centre, 22  
Derby Way, BURY, Lancashire, BL9 0NJ

**Pharmacy reference:** 1097304

**Type of pharmacy:** Community

**Date of inspection:** 09/01/2020

## Pharmacy context

The pharmacy is next to a health centre, close to the centre of town. It dispenses mainly NHS prescriptions and sells a range of over-the-counter medicines. It dispenses some private prescriptions, including those from the company's on-line prescribing service. The pharmacy provides a range of services including seasonal flu vaccinations and travel vaccinations, blood pressure monitoring and diabetes testing. The pharmacy supplies a few people's medicines in multi-compartment compliance packs to help them take their medicines. It delivers medicines to people's homes.

## 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>	Good practice	2.2	Good practice	The pharmacy encourages its team members to complete regular training relevant to their roles and the services provided. And they receive time in the working day to complete this. The pharmacist monitors the team members completion of training to make sure they keep their knowledge up to date.
		2.5	Good practice	The team members meet together regularly to share ideas. They have meetings to discuss patient safety and the mistakes that happen. And they meet on a daily basis to discuss areas such as workload, service provision and training completion. The team members have regular performance reviews.
<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 identifies and appropriately manages the risks with its services. It gives people using the pharmacy the opportunity to feed back their views. It has relevant and up-to-date written procedures for pharmacy team members to follow to help them work effectively. Pharmacy team members keep people's private information secure. And they mostly maintain the records they must keep by law. The pharmacy team members discuss their mistakes, so they can learn from them. And they make changes in the way they work to reduce the risks of mistakes in the future. They know their role in helping to protect the wellbeing of vulnerable people.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) relevant to the services provided. The SOPs had an index to locate the required SOP easily and each SOP had the date of issue clearly printed on it. For some SOPs there were two different versions included in the file, this could be confusing for the team. The team had recently received some updated SOPs. These had been issued in October 2019 and were due for review October 2021. From others checked these had been reviewed in June 2019 and were due for the next review June 2021. The range of SOPs included ones for dispensing and responsible pharmacist (RP) regulations. There were SOPs for controlled drug (CD) management and for the services the pharmacy provided, including offsite prescription assembly. The pharmacy had some completed records of competence sheets for its team members. These were mainly from 2017 and 2018, apart from one team member who had acknowledged reading the updated SOPs in 2019. The supervisor and manager confirmed the team members had read the updated SOPs, but this couldn't be evidenced as there were no updated signed competence sheets. When handing out prescriptions, the team checked people's names and addresses and provided people with some counselling. On one occasion a team member repeated the address back to the person collecting the prescription, which is not in line with the SOP.

The pharmacy used a near miss error record book. And the pharmacist had completed some records in most months. But he had not recorded any near miss errors for October and November. The records stated there had been no near miss errors in November 2019. The pharmacist thought some near miss errors had not been recorded for October. The updated SOP encouraged team members to record their own errors and the pharmacist believed that this could be a reason for the reduction in error reporting as the new processes and culture were embedded. The pharmacist was enthusiastic about learning from errors and saw the value of reviewing errors. The pharmacy used a Safer Care notice board to display information about errors. And detailed the numbers of near miss errors and days since the last error on the board for the team to view. Following a company initiative, the pharmacy had recently moved some look-alike and sound-alike (LASA) medicines from the fast mover's area to drawers. The team had attached caution stickers to the drawers to be used as an alert. This move meant the team members would be reminded of the potential error when selecting these medicines. The company had identified amitriptyline and amlodipine as often being involved in errors. And the team had identified the selection of the incorrect strength of propranolol as the most frequent local error. Both had been moved into the drawers. One member of the team knew the medicines had been moved but did not understand why this had been done. The pharmacy reported any dispensing errors electronically. The pharmacy printed a copy of the report out as reference. The most recent error was the dispensing of the wrong strength of propranolol. The team had reflected on what had happened and had made

changes to where the stock had been stored. The different strengths were clearly separated in the drawers. The team held patient safety meetings to discuss and reflect on errors and to identify any patterns. The pharmacist completed a written patient safety review, these were kept in a file for reference. The pharmacy completed a professional standards audit. The last review showed no improvement necessary.

The pharmacy had a SOP detailing how to deal with complaints. A team member was confident to deal with complaints and knew how to escalate any more serious concerns. The pharmacy asked people for feedback in an annual questionnaire. The results of the last year's survey were displayed for people to see. The results were positive. The areas for improvement included the comfort of the waiting area. A team member explained how the team had thought about the results and when the pharmacy was busy, they could use the additional chairs from the consultation room. There was additional seating in the medical centre. The pharmacy advertised how people could provide feedback and make a complaint in its practice leaflet.

The pharmacy had up-to-date professional liability insurance. Records for private prescriptions mostly complied with requirements. But some entries had the prescribing date omitted from the record. And for one private prescription entry checked for an on-line doctor prescription the prescribing date was incorrect. It corresponded to the date the pharmacy accepted the prescription instead. The pharmacy kept the RP record electronically and entries were complete and up to date. The records kept for the supply of unlicensed medicines were mostly complete. But a few records checked didn't have the prescriber's details completed on the certificates of conformity. The pharmacy kept the required CD records in a CD register. When checked during the inspection, the quantity of Fencino 100 microgram patches and MST 5mg tablets matched the quantity in the register. But the Fencino patches expired at the end of January 2020, and these had not been highlighted as short-dated or segregated. This was rectified and they were separated for destruction. For the entries examined in the CD register, the pharmacy checked the CD balances against the physical stock weekly. The pharmacy had a complete CD destruction register for CDs that people returned to the pharmacy.

Pharmacy team members were aware of the importance of keeping people's information safe. The pharmacy had SOPs relevant to patient confidentiality and information governance. The team members separated confidential waste and stored it in sealed bags awaiting off-site destruction. The pharmacy displayed a privacy notice in the retail area, which detailed the named data protection officer. And it detailed how people's private information was handled. But it wasn't easily seen from behind the eye-glasses stand.

The pharmacy had a safeguarding policy and procedure for protecting vulnerable children and adults. The team members were aware of their role in helping protect the wellbeing of vulnerable people. They had not needed to escalate any concerns but discussed the welfare of people who regularly came into the pharmacy. The pharmacy had a chaperone notice displayed. The pharmacist manager had completed level two safeguarding training in 2019.

## Principle 2 - Staffing ✓ Good practice

### Summary findings

The pharmacy has enough qualified and skilled people to provide the pharmacy's services. It encourages its team members to complete regular training relevant to their roles and the services provided. And they receive time in the working day to complete this. They meet together regularly to discuss how they manage the workload and so they can suggest ideas to improve the way they provide their services.

### Inspector's evidence

The RP was the pharmacist manager, who had worked at the pharmacy for twelve years. He was supported on the day by four team members, two dispensers who were part time. And two team members, also part time, working on the medicines counter. These team members had either completed or were completing additional training so they could complete some roles in the dispensary if needed. This helped cover absences and when the pharmacy's services were busy. One of these team members had additional duties as the supervisor. An additional member of staff started their shift towards the end of the inspection. In total the pharmacy employed six team members who could work in the dispensary. And two team members who worked as medicines counter assistants. Some of these team members were completing additional qualification training. The pharmacy had a part-time driver, who also covered other pharmacies in the area. A dispenser had recently left and had been replaced. The new dispenser had started that week and was being supported in her training by the pharmacist and team members. The pharmacy continually monitored staffing levels according to the changing workload in the pharmacy. Recently the hours had been reduced slightly as the prescription numbers had reduced. The pharmacy had up-to-date staffing rotas on display, that indicated team member's scheduled training time. The manager tried to ensure this time was protected. And if there were unforeseen circumstances the training time was rearranged. The pharmacy team members completed regular ongoing training. The supervisor and pharmacist supported the team members to do this. And monitored the completion of this training.

The pharmacy kept the team up to date using a daily communication called 'your daily dose of News.' The pharmacy had a branch communication book. And the team held a daily huddle and discussed topics such as service provision and the completion of training. The last meeting had been held the day before. There was a record of what had been discussed, and the attendees signed this record. The pharmacy team members had appraisals twice a year. And they discussed their progress and responsibilities. Recently the manager had put in a request for a team member to complete the pharmacy technician qualification. The supervisor described how team members had been given personal responsibilities, for example to try and improve stock availability. The team discussed ideas regarding these responsibilities in team meetings to make improvements. The pharmacy had recently implemented a new back-office system. And the supervisor had completed off-site training, so she understood the processes and could help the rest of the team.

The pharmacy had a whistleblowing policy. A team member described how she was comfortable to discuss concerns within the team. And how she would escalate a more serious concern. The pharmacy set targets for some of the services. The team was aware of the targets and worked towards them when they were achievable. The pharmacist used his professional judgement to deliver services.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean, secure and suitable for the services provided. It has a good-sized consultation room so people can speak in private with the pharmacy team.

### Inspector's evidence

The pharmacy had two entrances one from the street and one directly from the surgery foyer. The pharmacy was open plan, so the pharmacist had a good view of the retail area. And he could easily supervise sales and conversations with people at the counter. The pharmacy had enough bench space for the services provided. It had a room off the dispensary which was used as an office area and for additional storage. This was kept tidy and well organised. The staff area at the back of the stock room was clean and hygienic. The pharmacy had suitable toilet facilities. The room was generally kept clear of consumables. But it did have some old shelving and stands stored there. It had hand washing facilities with hot and cold running water. The pharmacy was generally in a good state of repair. The team members had reported damaged medicine cabinet doors on 3 January 2020, this was referenced, and they were awaiting the issue to be fixed. There were no other outstanding maintenance issues. The pharmacy had suitable lighting and the temperature during the inspection was comfortable. The pharmacy had air conditioning. The pharmacy team had a cleaning rota and the pharmacy was suitably clean and tidy.

The pharmacy had a good-sized soundproofed consultation room. The door was kept open during the inspection. And it didn't have a lock on the door. But the team kept all the paperwork and equipment, except the computer in locked cupboards. The team members at the counter had good visibility of the consultation room entrance. The team had also positioned gondolas to restrict unauthorised access to the consultation room.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides a range of services to meet people's health needs. And it makes these services accessible to people. Pharmacy team members work to professional standards to provide services effectively. They are good at supporting people who take higher-risk medicines. They regularly check these medicines are safe for people to take. And the pharmacist takes time to discuss their treatment with them. The pharmacy team members source, store and manage medicines appropriately.

### Inspector's evidence

The pharmacy had step-free access through double power-assisted doors. And level access from the medical centre foyer. It advertised its opening hours and services in the window. And it had a practice leaflet available containing these details. The pharmacy was signposted from the medical centre's foyer area. The pharmacy had a healthy living promotion area set aside. And it displayed posters and leaflets relating to male health, but this was from November 2019 and so the information hadn't been updated. The pharmacy was a healthy living pharmacy. The pharmacist was observed signposting a person to NHS smoking cessation services, that they no longer were able to provide. The consultation room had weighing scales and equipment to measure people's height. The pharmacist used these to measure people's BMI, when he received certain private prescriptions from the on-line doctor service. For example, for oral contraceptives. Some of the team had completed in-house training to complete blood pressure measurements and displayed their certificates. The pharmacy offered a flu and travel vaccination service. It had up-to-date patient group directions (PGDs) for the services. Examples of PGDs seen were for NHS and private flu vaccinations.

The pharmacy team members used baskets throughout the dispensing process, to help reduce the risk of error. They kept a dispensing audit trail as the team members signed the dispensed by and checked by boxes on the dispensing labels. The pharmacy had an organised workflow, with separate areas for labelling, dispensing and checking prescriptions. They used a variety of stickers as part of the dispensing process, for example to highlight fridge and CD lines. They used the CD sticker to indicate the date the prescription expired. The pharmacy had some prescriptions dispensed at the company's off-site hub, which used automation. Dispensers completed the entry of the information from the prescription. And the pharmacist checked its accuracy and completed a clinical check on the prescription. The information was then transmitted to the offsite hub pharmacy, where it was dispensed. The pharmacy received the medicines from the offsite pharmacy in sealed bags and they arrived in dedicated totes. Some items such as CDs and fridge lines were dispensed locally. And the team matched up people's medication when part of the prescription was dispensed at the hub and part locally. The team members felt the system worked well, although at times due to out of stock items at the hub, more prescriptions than planned were dispensed locally.

The pharmacy was in the process of completing a valproate audit, to monitor whether people should be on a pregnancy protection programme. The pharmacist and pharmacy team members were aware of the requirements of the valproate safety alert. They used 'pharmacist advice' stickers to highlight to the team member at handout that the pharmacist would like to speak with the person. They had completed an audit previously and had identified a few people who could be at risk if they became pregnant whilst taking valproate. The pharmacist had discussed the requirements with these people to make sure no referral to the prescriber was necessary. And he made records on the patient medication record (PMR)



of his interventions. The pharmacist evidenced a recent prescription that he had dispensed, with an oral contraceptive also dispensed. And the original intervention record he had made on the PMR. The most recent audit re-enforced the pharmacy's support and monitoring. The pharmacy had appropriate written materials from the manufacturer to give to people. And the pharmacist recognised that the most recent packs had a detachable warning card embedded in the packaging. The pharmacy had a SOP for higher-risk medicines such as lithium and methotrexate. And the pharmacy was conducting an audit for both medicines at the time of the inspection.

The pharmacy dispensed medicines into multi-compartment compliance packs for a few people to help them take their medicines. The pharmacy kept audit trails of when the prescriptions were ordered and received. And it attached backing sheets to the packs with instructions of when to take the medicines. And the information on the backing sheets had the descriptions of what the medicines looked like, in case of queries. The pharmacy supplied patient information leaflets (PILs) each month. The pharmacy provided a delivery service. And the drivers obtained signatures electronically from people for the receipt of their medicines. The pharmacy team also produced paper delivery sheets as a reference for the drivers. A copy was held in the pharmacy so team members could answer any queries.

The Pharmacy (P) medicines were stored in glass cabinets with doors and some in Perspex boxes on the open shelves. There were printed notices that indicated to people to ask for assistance for these products. This helped prevent self-selection of the P medicines. One of the cabinet doors was missing so people could self-select medicines from this area. A team member demonstrated that none of the medicines stored in that cabinet were P medicines. The pharmacy obtained medicines and medical devices from licensed wholesalers. The pharmacy stored its medicines requiring cold storage in a medical fridge and kept a daily record of fridge temperatures. The records showed the fridge temperature was mostly kept within the required range. Over the last week on occasions the maximum temperature had been slightly above the required range. The team had taken additional readings, these indicated the fridge temperature had returned into range. The pharmacist was carefully monitoring the temperatures and considering reporting it as a maintenance issue. The fridge was full of stock. It was kept fairly organised. It was positioned very close to the wall at the back and to the side, which may affect the temperature in the fridge. The CD cabinets were kept well organised. The team kept prescriptions awaiting collection and patient-returned CDs separate from other stock. The pharmacy had recently destroyed the out-of-date CD stock appropriately.

The pharmacy had medicinal waste bins for returned medication, that were kept away from the stock in the dispensary. The pharmacy team had a date checking schedule and used coloured stickers to highlight short-dated stock. The dispensary date checking schedule was up to date. The schedule for the stock in the retail area had last been completed in August. No out-of-date medicines were found from the sample checked. The pharmacy team annotated the packs of liquid medication with the date opened, to ensure the medicine was fit for purpose when used. The pharmacy had standalone scanners required to comply with the falsified medicines directive (FMD) and the team sometimes decommissioned stock. But this was not observed during the inspection. The pharmacist explained how the functioning of the scanners had not been reliable and one was currently not working. The pharmacy actioned medicine recalls and safety alerts appropriately. The team member signed and dated the action they had taken. Recent recalls had been actioned.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs for the services provided. And keeps it in good working order. The team uses its equipment in ways to protect people's confidential information.

### Inspector's evidence

The pharmacy had equipment suitable for the services provided. It had weighing scales and a blood pressure monitor. The pharmacist confirmed these were checked regularly and replaced when required. The pharmacy had resources available such as the British National Formulary (BNF) and access to the internet to obtain up-to-date clinical information. The electrical equipment was safety tested. The pharmacy team used a range of glass, crown stamped measures for measuring liquids.

The pharmacy stored people's medicines awaiting collection in drawers behind the counter, so people's private information were not on show. The computers were password protected. And they were positioned in a way to prevented disclosure of confidential information. The pharmacy held its private information in the dispensing area. The pharmacy had cordless telephone handsets. These allowed the team members to have telephone conversations in private. The pharmacy team members used their individual NHS smartcards to access people's medication records. This helped to keep people's confidential medical information secure.

### 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.