

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: 19/01/2023

Pharmacy context

This community pharmacy is adjacent to a medical centre in the centre of the town of Bury, Lancashire. Its main services include dispensing NHS and private prescriptions and selling over-the-counter medicines. The pharmacy offers a seasonal flu vaccination service to people. And it delivers some 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
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 mostly identifies and manages risk. Team members use written procedures to help support them in managing the pharmacy's services safely. They keep people's confidential information safe. And they record details of some mistakes made during the dispensing process and they discuss ways to improve patient safety. The pharmacy keeps most of the records it needs to by law. But it does not always maintain its responsible pharmacist record correctly. So, this could make it harder for the pharmacy to identify who had been the responsible pharmacist at a particular time if there was a query.

Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs). The SOPs provided the team with information to help them complete various tasks. Team members read the SOPs in the first few weeks of their employment. They were assessed on their knowledge of the SOPs and signed a document to confirm they had understood the contents of each SOP. Another team member countersigned the document to confirm that team members were competent in following the SOPs. Most of the SOPs were up to date and had been reviewed every two years. But some SOPs were overdue their review date. Team members demonstrated a sound understanding of their roles and responsibilities and were observed following SOPs for the sale of medicines and dispensing.

The pharmacy had a process in place to record any mistakes made during the dispensing process which were identified before the medicines were handed out. These mistakes were known as near misses. There was a paper log for team members to use for recording near misses. The log had several sections to complete including the date and time the near miss happened, and if team members felt there were any contributory factors. Team members reported that they didn't always have the time to record details of every near miss due to the volume of the dispensing workload. The team had not recorded a near miss since November 2021. Team members clearly explained how each near miss was highlighted to the team as soon as it was identified. And they used a process the team called 'guess the mistake' which allowed team members who had not been involved in the near miss, to identify what might have gone wrong. Team members felt this process helped them learn from each other. Recently the pharmacy had experienced a busy dispensing workload and team members had noticed they were making more near misses than usual. They discussed what they could do to improve, and they decided to ensure they tried to focus on not breaking off from the dispensing process to do another task. For example, answering the phone. The pharmacy had a process to report any dispensing mistakes that were identified after the person had received their medicine. The team used an electronic reporting tool to report such incidents. The reports were forwarded on to the pharmacy's superintendent pharmacist's (SI) team and the pharmacy's area manager. The team had not had any dispensing incidents in the past few months and so had not had the opportunity to use the tool. The pharmacy had a concerns and complaints procedure. Any complaints or concerns were verbally raised with a team member. If the team member could not resolve the complaint, it was escalated to the pharmacy's superintendent pharmacist (SI) team.

The pharmacy had up-to-date professional indemnity insurance. It was displaying an incorrect responsible pharmacist (RP) notice. This was rectified when pointed out to the RP on duty. The pharmacy had an electronic RP record, but it was not complete. There were only two entries seen between December 2021 and the day of the inspection. Team members believed there was a fault with

the electronic system and had reported the fault to the company's IT support team. The pharmacy used a temporary paper RP record while the fault with the electronic system had not been resolved. But only two entries were seen within it. Team members agreed to use the paper record daily while there remained a fault with the electronic record. The pharmacy kept records of supplies against private prescriptions. It retained complete controlled drug (CD) registers. And the team kept them in line with legal requirements. The team completed balance checks of the CDs at least every two months. The inspector checked the balance of three randomly selected CDs which were found to be correct. The pharmacy kept records of CDs returned to the pharmacy for destruction.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. The team placed confidential waste into a separate bin to avoid a mix up with general waste. The waste was periodically destroyed via a third-party contractor. Team members understood the importance of securing people's private information. The pharmacy had a formal written procedure to help the team raise concerns about safeguarding of vulnerable adults and children. And team members had completed some basic training on the subject. Team members described hypothetical safeguarding situations that they would feel the need to report. They had access to the contact details of the local safeguarding teams.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has an adequate number of team members to manage its services. And they have the right qualifications and skills to provide the pharmacy's services. Team members can give feedback on ways the pharmacy can improve. And they complete ongoing training to keep their knowledge and skills up to date.

Inspector's evidence

Present during the inspection were the RP who was a locum pharmacist, a full-time trainee pharmacist, three full-time qualified pharmacy assistants, two part-time qualified pharmacy assistants and a part-time pharmacy counter assistant. Team members who were not present during the inspection included the pharmacy's full-time resident pharmacist and another a qualified pharmacy assistant. One of the pharmacy assistants was also the pharmacy's supervisor and the resident pharmacist was also the pharmacy's manager. Three of the pharmacy assistants worked mainly on the retail counter and the other pharmacy assistants focused on managing the dispensing workload. Several of the team members, including the resident pharmacist, had worked at the pharmacy for several years. Team members worked additional hours to cover each other's planned or unplanned absences. Locum pharmacists and company employed relief pharmacists provided pharmacist cover. The RP had not worked at the pharmacy previously but was observed working well with the team throughout the inspection. Team members were seen involving the RP to help answer people's queries about their health. The team was slightly behind with managed workload due to some recent absences and heightened winter pressures. Team members managed this by slightly increasing the time people were told to expect to wait for their acute prescriptions to be dispensed.

The pharmacy provided each team member with access to its online training programme to help support them update their knowledge and skills. The programme consisted of a range of online healthcare related modules for team members to work through. Most modules had a short assessment for team members to complete to assess their understanding. Team members were given protected time to complete their training so they could do so without interruption. Team members attended informal team meetings where they could discuss any professional concerns and give feedback on ways the pharmacy could improve. The team was set some targets to achieve. The team did their best to achieve the targets but focused on aiming to provide an efficient service for the local community.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises clean and secure. And they are suitable for the services the pharmacy provides for people. The pharmacy has a suitable consultation room where people can have private conversations with team members.

Inspector's evidence

The pharmacy was mainly clean, well maintained, and professional in appearance. During the inspection benches in the dispensary were generally well organised with baskets containing prescriptions and medicines awaiting a final check by the RP. The pharmacy's floor space was mostly clear from obstruction. There were clearly defined areas used for the dispensing process and there was a separate bench used by the RP to complete the final checking process. The pharmacy had ample space to store its medicines. There was a private, soundproofed consultation room available for people to have private conversations with team members. There was a small office area which was kept tidy and used to store various folders containing paperwork.

The pharmacy had separate sinks available for hand washing and for the preparation of medicines. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. Team members controlled unauthorised access to restricted areas of the pharmacy. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easily accessible to people. And it manages these services well to help people manage their health effectively. The pharmacy sources and stores its medicines appropriately to make sure they are fit for purpose.

Inspector's evidence

People had level access into the pharmacy through the automatic main entrance door from street level. This made it easy for people using wheelchairs or pushchairs to enter the pharmacy. The pharmacy advertised its services in the main window and on the door of the consultation room. The pharmacy had a facility to provide large print labels to people with a visual impairment. There were some healthcare related information leaflets for people to take away with them. Team members were aware of the importance of not covering braille on medicine packaging with dispensing labels.

Team members were aware of the Pregnancy Prevention Programme (PPP) 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, including checking people were enrolled on a PPP if they fitted the inclusion criteria. The team had not completed a valproate safety audit to make sure team members were following the requirements of the programme. Team members occasionally informed the RP when people were collecting high-risk medicines. For example, anticoagulants. They made notes on people's electronic medical record when they felt it necessary to do so. For example, their international normalised ratio (INR) test results.

Team members used various stickers to attach to bags containing people's dispensed medicines. 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 pharmacy had owing slips to give to people when the pharmacy could not supply the full quantity prescribed. But the team didn't always use them. And so, people were not always given a record of the medicines they were outstanding. The pharmacy offered a delivery service and kept records of deliveries to ensure there was an audit trail.

The pharmacy sent some of its workload to the company's offsite hub pharmacy. One team member generally managed the process. Other team members were also trained in being able to manage the service in their absence. There was a separate area in the dispensary where the process was managed from. The team demonstrated how it managed prescriptions when sending information to the hub pharmacy. On occasions, some medicines on prescriptions were partly dispensed at the hub pharmacy, and the other items were dispensed locally. The team kept a robust audit trail to track the progress of the dispensing process. Medicines dispensed at the hub pharmacy arrived at the pharmacy in clear plastic bags. This helped team members visually check that the medicines matched the details of the prescriptions.

The pharmacy stored some pharmacy-only (P) medicines behind the pharmacy counter, some in locked

glass cabinets and some in clear containers in the retail area. The containers had an instruction on the front, informing people to ask for assistance if they wished to purchase a medicine stored inside. One of the glass cabinets had broken. To mitigate the risk of people self-selecting the medicines stored in the cabinet, the team took the medicines out of their packaging. People then presented at the retail counter with the empty packaging.

The pharmacy had a process for the team to check the expiry date of the pharmacy's medicines. The team reported to be behind with the process, but no out-of-date medicines were found by the inspector following a check of approximately 30 randomly selected medicines. The pharmacy's medicines were tidily stored in the dispensary. The pharmacy had one clinical-grade fridge to store medicines that needed cold storage. Each day, team members recorded the minimum and maximum temperature ranges of the fridges. A sample seen showed the fridge was operating within the correct ranges. The team marked liquid medicines with details of their opening dates to ensure they remained safe and fit to supply. The pharmacy had medicine waste bags and bins, sharps bins and CD denaturing kits available to support the safe disposal of medicine waste. It received medicine alerts electronically through email and the company intranet.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriately maintained equipment that it needs to provide its services. And it uses its equipment appropriately to help protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources. The pharmacy used a range of CE marked measuring cylinders. There were separate, marked cylinders used only to dispense substance misuse medicines. The pharmacy used an automated dispensing system for its substance misuse medicines. This was kept clean and was calibrated daily. The pharmacy used an electronic blood pressure monitor which was due to be replaced every two years.

The pharmacy stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. It suitably positioned computer screens to ensure people couldn't see any confidential information. 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. Team members had access to personal protective equipment including face masks and gloves.

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.