

Registered pharmacy inspection report

Pharmacy Name: Lo's Pharmacy Limited, The Pharmacy, Queensway, Grimethorpe, BARNSELY, South Yorkshire, S72 7LJ

Pharmacy reference: 1101023

Type of pharmacy: Community

Date of inspection: 11/03/2020

Pharmacy context

The pharmacy is adjacent to a health centre in Grimethorpe. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. They offer services including medicines use reviews (MUR) and the NHS New Medicines Service (NMS). They supply medicines to people in multi-compartment compliance packs. And they deliver medicines to people's homes. The pharmacy provides a substance misuse service, including supervised consumption.

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 identifies and manages the risks with its services. It asks people using the pharmacy for their views. The pharmacy generally protects people's confidential information. And it keeps the records it must by law. Pharmacy team members know how to safeguard the welfare of children and vulnerable adults. They record and discuss mistakes that happen during dispensing. And they sometimes use this information to learn and reduce the risk of further mistakes. But they don't always collect information about the causes of mistakes to help inform the changes they make. So, they may miss opportunities to improve.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. And the superintendent pharmacist (SI) reviewed them regularly. The sample checked were last reviewed in 2019. And the next review was scheduled for 2021. Pharmacy team members had read and signed the SOPs after the last review in 2019. The pharmacy defined the roles of the pharmacy team members in each procedure. The pharmacy had a poster on the door advising people about what to do if they had symptoms of Coronavirus. The poster was clearly visible from outside the pharmacy. Pharmacy team members were aware of the Public Health England communications about the virus. They had read the NHS England SOP. They had identified the pharmacy's consultation room as a suitable isolation space for someone showing symptoms of Coronavirus. And they were aware of how to manage someone with symptoms if they came in to the pharmacy.

The pharmacist highlighted near miss errors made by the pharmacy team when dispensing. Pharmacy team members recorded their own mistakes. Pharmacy team members discussed the errors made. But, they did not discuss much detail about why a mistake had happened. And they did not record this information. They gave some examples of separating look-alike and sound-alike (LASA) medicines on the pharmacy's shelves after they had been involved in an error. And this was to try and prevent the error happening again. Pharmacy team members explained that the previous pharmacist analysed the data collected about mistakes every month. But he did not record his analysis. And pharmacy team members could not give any examples of any changes they had made in response to patterns identified. The new pharmacist manager intended to analyse data collected about mistakes each month. And to record the patterns he identified and discussed to help with future reflection. The pharmacy had a process for dealing with dispensing errors that had been given out to people. It recorded incidents electronically. And a copy of each report was printed and kept in the pharmacy. The sample of records seen gave little information about causes of errors. Or the action pharmacy team members had taken to prevent the mistake happening again. The most common action cited was that the errors had been discussed. Pharmacy team members could not give any examples of changes made after recent dispensing errors.

The pharmacy had a procedure to deal with complaints handling and reporting. But it did not advertise its complaints procedure to people. It collected feedback from people by using questionnaires. Pharmacy team members could not give any examples of any changes they had made to make improvements in response to feedback.

The pharmacy had up to date professional indemnity insurance in place. They had a certificate of

insurance displayed. The pharmacy kept controlled drug (CD) registers complete and in order. It kept running balances in all registers. And they were audited against the physical stock quantity approximately monthly, including methadone. It kept and maintained a register of CDs returned by people for destruction. And it was complete and up to date. The pharmacy maintained a responsible pharmacist record electronically. And it was complete and up to date. The pharmacist displayed their responsible pharmacist notice to people. Pharmacy team members monitored and recorded fridge temperatures daily in two fridges. They kept private prescription records electronically. The sample seen were complete and in order. They also recorded emergency supplies of medicines electronically. They recorded any unlicensed medicines supplied, which included the necessary information in the samples seen.

The pharmacy kept sensitive information and materials in restricted areas. It collected confidential waste in a dedicated tote. The tote was collected by the delivery driver and taken to the company's head office where the confidential waste was securely destroyed. But the pharmacy did not close or seal the tote for transportation. And it did not mark the tote to show it contained confidential waste. Pharmacy team members explained that confidential waste was normally collected in dedicated bags. But they had run out of bags. And they had not been replaced. They gave an assurance that more bags would be obtained as soon as possible. Pharmacy team members had been trained to protect privacy and confidentiality. They had completed a workbook about the General Data Protection Regulations (GDPR) in 2018. They had not refreshed their training since. Pharmacy team members were clear about how important it was to protect confidentiality. And there was a procedure in place detailing requirements of GDPR.

When asked about safeguarding, a dispenser gave some examples of symptoms that would raise their concerns in both children and vulnerable adults. They explained how they would refer to the pharmacist for advice. The pharmacist said they would assess the concern. And would refer to local safeguarding teams to get advice. The pharmacy had an SOP in place informing pharmacy team members about what to do in the event of a concern. The pharmacist had completed training on safeguarding in 2019. Pharmacy team members explained they had been trained verbally by the pharmacist and by reading the procedure. They had not completed any other formal training.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members have the right qualifications and skills for their roles and the services they provide. They complete ad-hoc training. They learn from the pharmacist and each other to keep their knowledge and skills up to date. And they discuss their progress to help them decide where they need to develop their skills. Pharmacy team members feel comfortable making suggestions to help improve pharmacy services.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were a pharmacist and five dispensers. The pharmacist had commenced his role as pharmacy manager three days before the inspection. Pharmacy team members completed training ad-hoc by reading various trade press materials. Pharmacy team members received an appraisal with the manager each year. They discussed their work and their performance. And identified areas where they could improve. They set objectives to address any needs identified. One recent example was a pharmacy team member training to become a pharmacy technician. She explained she had been enrolled on a training course. And was working towards her objective with help from the pharmacist and colleagues.

A dispenser explained she would raise professional concerns with the pharmacy manager, area manager or superintendent pharmacist (SI). She felt comfortable raising a concern. And confident her concerns would be considered, and changes would be made where they were needed. The pharmacy had a whistleblowing policy in place. But pharmacy team members did not know how to access the procedure. Pharmacy team members communicated with an open working dialogue during the inspection. Pharmacy team members explained a change they had made after they had identified areas for improvement. The local GP surgeries had started to send prescriptions to the pharmacy electronically for people who received their medicines in a multi-compartment compliance pack. In response, pharmacy team members had changed the way the organised these prescriptions to help keep track of when they had been prepared and dispensed. And when they needed to be ordered again. The pharmacy owners did not ask the team to achieve any targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and properly maintained. It provides a suitable space for the services provided. And it has a room where people can speak to pharmacy team members privately.

Inspector's evidence

The pharmacy was clean and well maintained. Pharmacy team members kept all areas of the pharmacy tidy and well organised. And they kept the floors and passage ways free from clutter and obstruction. The pharmacy had a safe and effective workflow in operation. And it had clearly defined dispensing and checking areas. Pharmacy team members kept equipment and stock on shelves throughout the premises. The pharmacy had a private consultation room available. It advertised the room by using a sign on the door. Pharmacy team members used the room to have private conversations with people.

The pharmacy had a clean, well maintained sink in the dispensary for medicines preparation. It had a toilet with a sink which provided hot and cold running water and other facilities for hand washing. Pharmacy team members maintained heat and light to acceptable levels. The pharmacy's overall appearance was professional, including the exterior which portrayed a professional healthcare setting. The professional areas of the premises were well defined by the layout and well signposted from the retail area.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easily accessible to people, including people using wheelchairs. And the pharmacy provides its services safely and effectively. The team members dispense medicines into devices to help people remember to take them correctly. And they manage this service effectively. They take steps to identify people taking high-risk medicines. And they provide these people with suitable advice to help them take their medicines safely. Pharmacy team members source and generally manage medicines appropriately. But they don't always store medicines in their original containers. Or label these containers properly. So, they may not know if these medicines are fit for purpose. Pharmacy team members check the expiry dates of medicines. But pharmacy team members don't always make a record of when this is complete. So, they may not know if they miss a section of the pharmacy's stock in these checks.

Inspector's evidence

The pharmacy had ramped access from the street. It advertised its services in various locations around the pharmacy. And it clearly displayed public health information about coronavirus to people on the door so they could see the information from outside. Pharmacy team members explained they would use written communication to help someone with a hearing impairment. And they could provide large-print labels to help people with visual impairment.

Pharmacy team members signed the dispensed by and checked by boxes on dispensing labels. This was to maintain an audit trail of staff involved in the dispensing process. They used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. The pharmacist counselled people receiving prescriptions for valproate if appropriate. And he checked if the person was aware of the risks if they became pregnant while taking the medicine, giving them appropriate advice and counselling. And referring them back to their GP if necessary. The pharmacy had supply of printed information material to give to people to help them understand the risks. The pharmacy supplied medicines in multi-compartment compliance packs when requested. The pharmacy attached backing sheets to the packs, so people had written instructions of how to take their medicines. Pharmacy team members included descriptions of what the medicines looked like, so they could be identified in the packs. And they provided people with patient information leaflets about their medicines each month. Pharmacy team members documented any changes to medicines provided in packs on the patient's electronic record. The pharmacy delivered medicines to people. It recorded the deliveries made. But it did not ask people to sign for their deliveries. So, there was no robust audit trail of the delivery service. The pharmacy did ask people to sign when they received a controlled drug (CD). There was no evidence of these records during the inspection because the delivery driver had the records with him. The delivery driver left a card through the letterbox if someone was not at home when they delivered. The card asked people to contact the pharmacy. The team highlighted bags containing CDs with a sticker on the bag and on the driver's delivery sheet.

The pharmacy obtained medicines from licensed wholesalers. It stored most medicines tidily on shelves. And all stock was kept in restricted areas of the premises where necessary. The pharmacy had some bottles and boxes on the shelves that contained medicines that had been removed from their original containers by mistake. And this had happened when pharmacy team members were dispensing multi-compartment compliance packs. Pharmacy team members had labelled the containers to identify

the medicine. But their labels did not include the batch number or expiry date of the medicines. The inspector also found white cartons containing loose tablets that had been removed from their original blister packaging. This was discussed. And the packages found were removed. Pharmacy team members were aware of the new requirements under the Falsified Medicines Directive (FMD). They were aware that they were going to receive training on the subject but did not know when this would be. They explained some of the features of compliant products, such as the 2D barcode and the tamper evident seal on packs. The pharmacy did not have any equipment in place to scan compliant products. And pharmacy team members didn't know when the rollout of the system would be completed. It had adequate disposal facilities available for unwanted medicines, including CDs. Pharmacy team members kept CDs in locked cabinets. But some areas inside one of the cabinets was untidy. Pharmacy team members segregated out of date and patient returned CDs. The inspector checked the physical stock against the register running balance for three products. And they were found to be correct. The pharmacy team kept the contents of the pharmacy fridge tidy. But the fridge was very full. Pharmacy team members monitored minimum and maximum temperatures in the fridge every day. And they recorded their findings. The temperature records seen were within acceptable limits.

The pharmacy had a documented procedure which instructed pharmacy team members to check the expiry date of medicines every three months. Pharmacy team members recorded their checks. The last documented check had been completed in August 2019. Pharmacy team members explained they had checked medicines since. But they had not recorded their checks. They highlighted any short-dated items with a sticker on the pack up to six months in advance of its expiry. And they recorded expiring items on a monthly stock expiry sheet, for removal during the month before their expiry. In the sample seen, some items were found that had been highlighted but not recorded on relevant monthly expiry sheet.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment available, which it properly maintains. And it manages and uses the equipment in ways that protect people's confidentiality.

Inspector's evidence

The pharmacy had the equipment it needed to provide the services offered. The resources available included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and use of the internet. The pharmacy had a set of clean, well maintained measures available for medicines preparation. It positioned computer terminals away from public view. And, these were password protected. The pharmacy stored medicines waiting to be collected in the dispensary, also away from public view. It had a dispensary fridge that was in good working order. And pharmacy team members used it to store medicines only. They restricted access to all equipment. And they stored all items securely.

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.