

Registered pharmacy inspection report

Pharmacy Name: Lloyds pharmacy, Portakabin Unit, on the Battle Hill
Walk In Centre Site, Belmont Close, WALLSEND, Tyne and Wear,
NE28 9DX

Pharmacy reference: 1101045

Type of pharmacy: Community

Date of inspection: 26/05/2022

Pharmacy context

This pharmacy is community pharmacy in Battlehill, Wallsend. It dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. The pharmacy offers a medicines' delivery service. It dispenses private prescriptions. The pharmacy team advises on minor ailments and medicines' use. And supplies a range of over-the-counter medicines. The inspection was completed during the COVID-19 pandemic.

Overall inspection outcome

✓ Standards met

Required Action: Improvement Action Plan

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 adequately manages the risks associated with the services it provides. And it keeps the records it needs to by law. The team discusses ways to improve when errors in the dispensing process happen. But they don't always record details of each error. So, they may miss opportunities to learn and make specific changes to the way they work. The pharmacy generally protects people's private information. And team members are equipped to appropriately help safeguard vulnerable adults and children.

Inspector's evidence

The pharmacy had some procedures in place to manage the risks of the services it offered during the COVID-19 pandemic. Team members wore face coverings in line with current guidance for those working in health care settings. A poster displayed in the retail area reminded people to socially distance while waiting to be attended to. A Perspex screen protected people from cross infection.

The pharmacy used documented working instructions to define processes and procedures. And team members signed to show they had read and understood them. Sampling showed that the SOPs had been updated within the past two years. Some SOPs had been amended and new ones added. The pharmacy kept up-to-date training records and signed sheets confirming competence for each team member. Pharmacy team members signed medicine labels to show who had 'dispensed' and who had 'checked' prescriptions. This meant the pharmacist was able to identify dispensers to help them learn from their mistakes. The team had an error reporting system. And kept records of some near misses and dispensing errors. Some months no near misses had been recorded so the team may have missed out on the opportunity to learn from specific errors and make changes to the way they work to improve patient safety. The team members described some changes they had made such as separating different pack sizes of codeine tablets. Pharmacy team members demonstrated awareness of 'look-alike and sound-alike' medicines and packs. And used shelf edge warnings to highlight these. The pharmacy recorded details of dispensing errors electronically. And completed a Root cause analysis to identify how the error had occurred. For example, one error involved the supply of the wrong beclomethasone inhaler to a person. The similarity of the packaging had contributed to the selection error. The RP had discussed the error with the team and it had been agreed to separate the inhalers.

The Pharmacy Leaflet provided information to help people to provide feedback if needed. The pharmacy also had a documented procedure in place to deal with concerns raised by people. And team members knew when to use it. Complaints that couldn't be resolved in branch were reported through the company electronic portal. People sometimes complained when their prescriptions weren't ready when they called to collect them. The recently introduced LS system had made it easier to see acute medicines on the system so the team prioritised these. On the day, the team were dispensing prescriptions from the previous day.

The pharmacy maintained the records it needed to by law. It had public liability and professional indemnity insurances in place. The pharmacy displayed the wrong responsible pharmacist details. The RP replaced the notice with their own details. The RP record was up to date and showed which pharmacist had been on duty when the pharmacy was operating. Team members maintained the

controlled drug registers and kept them up to date. A weekly check was done on CD balances. A balance check of three CDs in the cabinet tallied with the register balance. Patients returned CDs they no longer needed for safe disposal. The pharmacy had a book to record these. It showed that patient returned CDs had been destroyed promptly. Team members filed prescriptions so they could be easily retrieved. And records of supplies of private prescriptions and 'specials' were up to date.

The pharmacy held records containing personal identifiable information in areas of the pharmacy that only team members could access. And they placed confidential waste into a separate bin to avoid a mix up with general waste and this was collected this for destruction off site. Team members completed information governance training annually and demonstrated ways in which they kept people's confidential information private. The pharmacist had completed level 2 training on safeguarding vulnerable adults and children via the Centre of Pharmacy Postgraduate Education. Team members had been trained on safeguarding issues and what to look for. They knew how to access contact details for key people within the company and local agencies in the event they needed to make a referral.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members work well together. And complete some training to keep their knowledge and skills up to date. But they do not have regular performance reviews so any gaps in their knowledge and skills may not be identified.

Inspector's evidence

The pharmacist was supported by the newly appointed manager who was a dispensary assistant, a second dispensary assistant and a trainee counter assistant who had been with the company since November and a driver. A new computer system had been installed last month which relied on a wi-fi signal. Team members had been given some training on its use. Sometimes the system was slow and overloaded which was frustrating. The previous manager left around this time and the team struggled to cope as the workload mounted up. Housekeeping tasks and cleaning had not been completed regularly due to other priorities.

The new manager and team members worked closely together and consulted with each other about the tasks that needed prioritising. Team members received some time to complete mandatory training but most team members completed training in their own time. Team members provided evidence of training they had completed such as the new system training, antibacterials, annual mandatory Information Governance training, and IT security. The team hadn't received appraisals during the pandemic. The manager had informal chats with people and the new starter had performance reviews as part of their probationary period. The trainee enjoyed the work and felt supported by the rest of the team.

The team members discussed tasks that needed to be prioritised and supported each other to complete them. They found the manager approachable and referred to them if they had an issue. They were aware of the whistle blowing procedure if they needed to escalate a concern. The team had targets for services such as NMS but it had been difficult to identify eligible patients because the new system identified every patient as suitable for an NMS consultation.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy has a room where people can have private conversations with members of the pharmacy team. But the pharmacy' doesn't always store stock appropriately.

Inspector's evidence

The team provided pharmacy services from a Portakabin so, the premises had limitations. The pharmacy had a small waiting area and a narrow dispensary with one bench and a smaller one for checking prescriptions. The pharmacy team kept the shelves as tidy as they could but they were overcrowded. The pharmacy had very little storage space and the team stored excess stock in the toilet area because they had nowhere else to store it. The pharmacy had very little natural light. A large air conditioning unit restricted access to the pharmacy shelves. The pharmacy had a small consultation room which allowed confidential conversations to be undertaken. Floors throughout the pharmacy were dirty.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy has some safeguards in place for the team to manage and deliver its services safely but it doesn't always provide people taking high risk medicines with all the information they need to take their medication safely. The pharmacy obtains its medicines from recognised sources, but it doesn't always store them appropriately.

Inspector's evidence

The pharmacy had a step-free entrance and provided unrestricted access for people with mobility difficulties. They used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up with other people's medicines. Team members gave owing slips to people on occasions when the pharmacy could not supply the full quantity prescribed. They gave one slip to the person and kept one 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. The delivery driver used a handheld device to obtain people's signature and asked people to sign a sheet on receipt of their CDs so the pharmacy had a paper copy.

The pharmacy supplied medicines in multi-compartment compliance packs to people. The pharmacy had a procedure for team members to refer to. The manager set up people's records on the new system and carried out associated tasks including the assembly and labelling of the packs. The manager was in the process of training other team members to assist and provide cover when necessary. Team members used trackers to manage the dispensing process. This helped them to order new prescriptions and ensure they had sufficient time to process subsequent supplies. Team members kept a list of the person's current medication and dose times. Team members included tablet descriptions on the backing sheet with the pack. So, people could easily identify each tablet. They supplied Patient Information Leaflets (PILs) once a month with the first tray. The pharmacist knew about valproate medication and the Pregnancy Prevention Programme. And knew to speak to people in the at-risk group about the associated risks. But the rest of the team were unsure of what they needed to do when dispensing valproate and what information they should provide. And they didn't always use the pharmacist stickers when dispensing high-risk drugs such as warfarin and methotrexate. So, opportunities may be missed to counsel people about the safe and effective use of their medicines.

The pharmacy stored pharmacy (P) medicines behind the pharmacy counter so people were not able to self-select them. The pharmacy had a process to check the expiry dates of its medicines. And highlighted short-dated items. The team kept accurate records of when the process had been completed. The last recorded check took place in April. No out-of-date medicines were found after a check of around 20 randomly selected medicines in different areas of the pharmacy. The pharmacy team members recorded the date of opening on liquid medicines that had a short shelf life. The pharmacy had medical waste bags and CD denaturing kits available to support the team in managing pharmaceutical waste.

Team members used controlled drug cabinets that had adequate space to safely segregate stock items. The pharmacy purchased medicines and medical devices from recognised suppliers. The pharmacy used an under counter fridge to store items at the recommended temperature. Team members monitored

and documented the temperatures daily. They were able to evidence it had been operating within the accepted range of 2 and 8 degrees Celsius. The team received drug alerts and recalls daily through the pharmacy 'hub'. The alerts flash up the screen and the user must complete the record to confirm if they had actioned the alert before they can proceed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services and it uses its facilities to suitably protect people's private information.

Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the British National Formulary (BNF). Team members used crown-stamped measuring cylinders, and they used a separate measure for methadone. The pharmacy stored prescriptions for collection out of view of the waiting area. And it positioned the dispensary computers in a way to prevent disclosure of confidential information. The computers were password protected to prevent any unauthorised access. A portable phone allowed team members to carry out conversations in private if needed. The pharmacy sink was suitable for dispensing purposes. Team members had access to personal protective equipment including face masks.

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.