

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 111 West Street, ALFORD,
Lincolnshire, LN13 9DJ

Pharmacy reference: 1104292

Type of pharmacy: Community

Date of inspection: 16/03/2022

Pharmacy context

The pharmacy is close to a medical practice on a busy through road in the market town of Alford, Lincolnshire. Its main services include dispensing NHS prescriptions and selling over-the-counter medicines. The pharmacy offers a medicine delivery service and a blood pressure testing service. It provides some medicines in multi-compartment compliance packs, designed to help people remember to take their medicines. And it supplies medicines to people living in a local care home. The inspection took place during the COVID-19 pandemic.

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 effectively identifies and manages the risks associated with providing its services. It keeps people's private information secure. And it generally maintains all records required by law. The pharmacy advertises how people can provide feedback about its services. And it responds appropriately to the feedback it receives. Pharmacy team members understand how to recognise and respond to safeguarding concerns. They have a good understanding of their roles and responsibilities. And they are committed to sharing learning to help reduce risk following mistakes made during the dispensing process.

Inspector's evidence

The pharmacy had appropriately addressed the risks of managing its services during the COVID-19 pandemic. A sign on the pharmacy door advised people to wear a face covering when entering. And the pharmacy had plastic screening at the medicine counter. This helped to reduce the risks associated with contracting COVID-19. All team members had access to personal protective equipment (PPE).

The pharmacy had standard operating procedures (SOPs) to support the safe running of the pharmacy. These covered responsible pharmacist (RP) requirements, controlled drug (CD) management, dispensary processes and services. The SOPs had been reviewed in the last two years by the pharmacy's superintendent pharmacist's (SI's) office. Training records confirmed team members had read and understood the SOPs. And all members of the pharmacy team were observed working in accordance with dispensing SOPs. For example, applying their signature to medicine labels after checking their own work to confirm they had assembled a medicine.

The pharmacy had clear processes for recording mistakes made during the dispensing process. This included the completion of dispensing incident reports submitted to the SI's office. And the routine completion of near miss records. The RP discussed the importance of explaining the reporting and continual learning process to people who had experienced a dispensing incident. Team members recorded their own near misses and were keen to demonstrate the actions they took to reduce risk. These actions included separating medicines more likely to be involved in a near miss, such as 'look-alike' and 'sound-alike' (LASA) medicines in drawers marked 'careful' and 'caution' to prompt additional checks during the dispensing process.

The pharmacy team also engaged in regular 'Safer Care' checks, designed to support a safe and effective working environment. Records of these checks provided an honest account of what had been found. For example, the need to ensure doorways were clear of clutter was identified on a recent record. Pharmacy team members engaged in a monthly Safer Care meeting. And they also used this time to review details of near misses and other patient safety events. The pharmacy kept records of these briefings. A sample of these records identified areas of improvement identified, alongside recognition of what the team was doing well. For example, there had been a recent reduction in near misses involving LASA medicines.

The pharmacy had a complaints procedure and this was advertised in its practice leaflet. The team had experienced a large increase in complaints during the pandemic. These had largely been related to

unexpected closures and team members struggling to keep up with workload. Team members identified that the pharmacy was in a much better place now. And complaint rates had reduced in recent months. Pharmacy team members were observed being attentive to people's needs throughout the inspection. For example, one team member immediately arranged for a delivery of medicines to a person self-isolating.

The pharmacy had up-to-date indemnity insurance arrangements in place. It kept most of the records required by law up to date. But the inspection identified that the pharmacy had not recorded the private prescriptions it dispensed for around five months. This had been due to a communication incident which had led the current team to believe the record was stored electronically, and populated at the point of dispensing. The pharmacy team acted immediately to locate the private prescription book. And the pharmacy's regional manager started the process of bringing the records up to date during the inspection. The pharmacy maintained running balances in the CD register. But the pharmacy did not undertake full balance checks of stock against the register in accordance with the timescale stated within its SOPs (weekly). A balance check had taken place in March 2022, but the check prior to this had taken place three months previously. A random physical balance check conducted during the inspection complied with the running balance in the register. The pharmacy held records associated with unlicensed medicines in accordance with the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA).

The pharmacy held most personal identifiable information in staff-only areas of the premises. The pharmacy held confidential waste in designated bags. And the team sealed these bags and held them securely prior to them being collected for safe disposal. The pharmacy had procedures relating to safeguarding vulnerable adults and children. And team members had completed some learning on the subject to support them in identifying and reporting concerns. A dispenser provided some examples of sharing concerns over medicine compliance with the local surgery. The pharmacy team knew how to access contact information for local safeguarding teams.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy employs a small, dedicated team of people who have the appropriate skills and knowledge to deliver its services effectively. Pharmacy team members demonstrate enthusiasm for their roles. They are confident in sharing their ideas. And they know how to raise a professional concern if needed. Pharmacy team members engage in some continual learning at work. But they have not yet had an opportunity to engage in structured appraisals intended to support their learning and development needs.

Inspector's evidence

Working alongside the RP on the day of inspection was the non-pharmacist manager, who was a qualified dispenser, two further qualified dispensers and a trainee dispenser. This was the current pharmacy team as there were two part-time vacancies, both in the process of being recruited to. The pharmacy's regional manager was also present for part of the inspection. The pharmacy team had experienced a difficult period during the pandemic with a high turnover of staff, including pharmacists and managers. But the current manager had been in post for around six months. And the RP on duty had recently joined the team to become the full-time regular pharmacist. The pharmacy had been receiving additional support from its regional manager and another local Lloydspharmacy. Workload on the day of inspection was up to date.

Pharmacy team members had not had an appraisal within the last year. Learning during the pandemic had focussed on accredited training courses and mandatory e-learning. And no protected training time had been provided on a regular basis. All team members had access to e-learning modules through 'My Learn'. One team member reflected on the last module they had completed, this focussed on the launch of an over-the-counter oral contraceptive pill launched in 2021. Training records confirmed that each team member had around five modules requiring completion. The pharmacy did have some targets associated with the services it delivered. The RP described a supportive approach in managing these with the current focus on managing essential NHS services and the NHS New Medicine Service. The RP was in the process of mapping current training experience against training requirements for locally commissioned services. This was designed to identify any further training required.

Pharmacy team members engaged in ongoing discussions at work through regular team briefings. The briefings focussed on the Safer Care process and workload management. The pharmacy had a whistle blowing policy to support team members in raising and escalating concerns at work. And its team members knew how to raise a concern and put forward ideas for improvement. For example, one team member had been supported in applying changes to the way the pharmacy managed the multi-compartment compliance pack service. The new system involved enhanced audit trails. And this supported all team members in identifying the stage of dispensing of each prescription.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitably maintained and secure. They provide an appropriate space for the delivery of healthcare services. People using the pharmacy can speak with a member of the pharmacy team in a private consultation room.

Inspector's evidence

The pharmacy was secure and maintained to an appropriate standard. It was generally clean and organised with some minor areas of attention required. For example, the build-up of dust on some shelves in the public area. The premises consisted of an open plan public area, a consultation room, offices, storerooms and staff facilities. The dispensary was an adequate size for the work activity taking place. Strategic use of tables in the centre of the room helped to support workflow. A separate work area in a storeroom provided quiet and protected space for higher risk dispensing activities associated with the supply of multi-compartment compliance packs. A large storeroom at the back of the premises was used to store bulky items and equipment. For example, archiving, bags of sealed confidential waste and medical waste. The pharmacy's consultation room was located to the side of the medicine counter. It was observed being used with people to help maintain their privacy when they accessed some pharmacy services.

Lighting was bright and ventilation was appropriate with air conditioning used to maintain an ambient temperature in the dispensary and public area. A portable heater helped to provide a suitable working environment in the storeroom. But cabling to the heater ran across a floor and was not suitably secure through the use of cable covers. Pharmacy team members had access to hand washing facilities, including antibacterial hand wash and hand sanitiser. The dispensary sink was primarily used for the reconstitution of liquid medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people. It has written procedures to support its team in managing its services safely. The pharmacy appropriately identifies higher risk medicines. And its team members provide supportive information to people when supplying these medicines. The pharmacy obtains its medicines from reputable sources. And it stores its medicines safely and securely. But it does not regularly record the checks it makes to ensure medicines remain safe and fit to supply.

Inspector's evidence

People accessed the pharmacy through a power-assisted door at street level. Floors in the public area were sloped, this ensured they were accessible to people using wheelchairs and pushchairs. The pharmacy had some leaflets associated with the services it provided. And team members were aware of how to signpost a person to another pharmacy or healthcare provider if they required a service which the pharmacy could not provide.

The pharmacy protected Pharmacy (P) medicines from self-selection as it displayed them behind plastic screening in the public area. Signage indicated that these medicines were not for self-selection. The RP was able to supervise activity in the public area from the dispensary. And they were observed providing guidance and support to people when handing out medicines. The pharmacy team identified higher risk medicines by using 'Pharmacist' stickers to prompt additional verbal counselling when handing out these medicines. The pharmacy had a variety of tools available to support people taking these medicines. For example, steroid treatment cards and INR monitoring booklets. The RP was familiar with the requirements of the valproate pregnancy prevention programme. And the pharmacy had patient cards and counselling materials available to support it in supplying medicines containing valproate.

Pharmacy team members completed full dispensing audit trails to identify who had assembled and who had checked a medicine. The pharmacy held part-assembled medicines in baskets on designated shelving in the dispensary. It held prescription forms associated with these medicines in the baskets alongside the medicines. This ensured the prescription was available throughout the whole dispensing process. The team also retained prescriptions for owed medicines, and dispensed from the prescription when later supplying the owed medicine. The pharmacy utilised the company's hub dispensing facility. This provided off-site dispensing for approximately a third of its NHS items. A team member confidently demonstrated the offsite dispensing process in full. This included appropriate clinical checks of prescriptions and accuracy checks of the information sent to the hub. The pharmacy clearly identified 'exception' items which could not be dispensed at the hub. And it had good processes for locally dispensing these items and matching them with bags of assembled items arriving from the hub. This helped to reduce the risk of only supplying part of a prescription. The pharmacy held records associated with the delivery of medicines to people's homes. This supported the team in answering any queries relating to the service.

The pharmacy made supplies of medicines to the care home in original boxes with medication administration records (MARs) provided. This supported the safe administration of medicines and the re-ordering of prescriptions. It managed prescription queries directly with prescribers to help ensure timely supply of medicines to the home. Workload associated with the supply of medicines in multi-

compartment compliance packs was well managed. An audit trail identified each step in the process, from ordering the prescription to supply of the medicine. And the pharmacy used individual patient record sheets to record people's medication regimens. A sample of record sheets included clear information and tracked changes. And these records included acknowledgement of the change by a pharmacist. A sample of assembled weekly compliance packs contained full dispensing audit trails and clear descriptions of each medicine inside the packs. The pharmacy routinely supplied patient information leaflets alongside compliance packs.

The pharmacy sourced medicines from licensed wholesalers. It stored medicines in an orderly manner, within their original packaging, on shelves and in dispensary drawers. The pharmacy stored CDs appropriately within secure cabinets. It stored assembled CDs and high-risk cold chain medicines in clear bags. This prompted additional checks when handing out the medicine. The pharmacy's fridge was clean and a good size for stock held. The pharmacy maintained an electronic fridge temperature record. This helped to ensure that the fridge was operating within the correct temperature range of two and eight degrees Celsius.

There was no current date checking matrix in place to support the completion of regular checks of dispensary stock. This meant it was more difficult for the pharmacy team to ensure it carried out date checking tasks at regular intervals. A random check of dispensary stock found no out-of-date medicines. And the team annotated liquid medicines with details of their shortened shelf-life once opened. The pharmacy had appropriate medicinal waste bins and CD denaturing kits available. It received and actioned medicine alerts electronically.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the required equipment for providing its services. It maintains its equipment to ensure it remains fit for purpose and safe to use. And it's team members use the equipment in a way which protects people's privacy.

Inspector's evidence

The pharmacy had up-to-date written and electronic reference resources available. Written reference resources included the British National Formulary (BNF). Pharmacy team members had access to the internet and intranet. It protected its computers from unauthorised access through the use of passwords and NHS smart cards. The computer in the consultation room was locked when not in use. The pharmacy stored bags of assembled medicines on designated shelving within the dispensary. This protected information on bag labels from unauthorised view. Pharmacy team members used cordless telephone handsets. This meant they could move out of earshot of the public area if the phone call required privacy.

The pharmacy team used crown-stamped measuring cylinders for measuring liquid medicines. Equipment for counting capsules and tablets was also available. There was separate equipment available for counting and measuring higher risk medicines. This mitigated any risk of cross contamination when dispensing these medicines. Equipment used to support the delivery of pharmacy services was appropriately maintained. For example, the pharmacy's blood pressure machine was replaced at regular intervals. Electrical equipment was subject to regular portable appliance testing.

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.