

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, Crich Medical Centre Site,  
Oakwell Drive, Crich, MATLOCK, Derbyshire, DE4 5PB

**Pharmacy reference:** 1108287

**Type of pharmacy:** Community

**Date of inspection:** 21/07/2022

## Pharmacy context

This community pharmacy is located next to a medical centre. Most people who use the pharmacy are from the local area. The pharmacy dispenses NHS prescriptions and it sells a range of over-the-counter medicines. It supplies a large number of medicines in multi-compartment compliance aid packs to help people take their medicines at the right time.

## 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     | 1.2                          | Good practice    | The pharmacy team records and analyses adverse dispensing incidents to identify learning points which it incorporates into day-to-day practice to help manage future risks.                      |
| <b>2. Staff</b>                                    | Standards met     | 2.2                          | Good practice    | The team members have the appropriate skills, qualifications and competence for their roles, and the pharmacy effectively supports them to address their ongoing learning and development needs. |
|  |                   | 2.4                          | Good practice    | The pharmacy team works well together. Team members communicate effectively, and openness, honesty and learning are encouraged.  |
| <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 effectively manages the risks associated with its services to ensure it keeps people safe. Members of the pharmacy team work to professional standards and they are clear about their roles and responsibilities. They record their mistakes so that they can learn from them and act to help stop the same sort of mistakes from happening again. The team members complete all the records that they need to by law and they keep people's private information safe. And they complete training so they know how to protect children and vulnerable adults.

### Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services provided, with signatures showing that all members of the pharmacy team had read and accepted them. Pharmacy team members and locum pharmacists could access the SOPs electronically. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their roles. They were wearing uniforms and name badges showing their role. The name of the responsible pharmacist (RP) was displayed but it could not be clearly seen from the majority of the retail area. This means people might not know who the RP was, which might cause confusion in the event of a problem or query.

A 'safer care checklist' was completed weekly which involved checking the pharmacy's environment, people and processes. Dispensing incidents were reported to the pharmacist superintendent (SI) via an incident reporting system on the intranet. The team received safer care case studies and shared learnings sent by the SI office. Near misses were reported in a log. Learnings and actions taken to prevent a re-occurrence were recorded. A review of near misses and other patient safety incidents took place on the fourth week of every month. This was discussed in monthly team meetings and a safer care notice board was used to share learnings and highlight the focus for the coming month. Children's prescriptions were currently being flagged if they contained antibiotics so the pharmacist would double check the strength was appropriate for the child's age and weight. Team members confirmed that they felt comfortable reporting errors and could give examples of actions they had taken to avoid re-occurrences such as separating ramipril capsules from the tablet form. Alert stickers were in front of look-alike and sound-alike drugs (LASAs) and posters were on display highlighting the most common LASAs, so extra care would be taken when selecting these. Clear plastic bags were used for assembled CDs and insulin to allow an additional check at hand out. Safer care mini audits were carried out every quarter. A new patient medication record (PMR) system had been introduced which included an additional safety feature. Dispensed medicines were scanned and the dispenser alerted if they were different to the medicine on the prescription. A dispenser explained that quantity errors were now the most common error, since the scanning meant that the wrong medicine, strength or form being dispensed rarely happened.

There was a customer complaint SOP. Leaflets were available with details of how to leave feedback and who to complain to in the pharmacy and also at head office. There were also leaflets on display with the details of the local Patient Advice and Liaison Service (PALS). A current certificate of professional indemnity insurance was on display. Private prescription records, the RP record, and the controlled drug

(CD) register were appropriately maintained. Records of CD running balances were kept and these were regularly audited. A CD balance was checked and found to be correct. The percentage of manufacturer's overage for methadone solution was calculated so members of the team knew when a discrepancy needed to be investigated. Patient returned CDs were recorded and disposed of appropriately.

Members of the team had completed training on information governance (IG) which included patient confidentiality. Confidential waste was collected in designated bags which were sealed when full and collected by a waste disposal company for destruction. A dispenser correctly described the difference between confidential and general waste. The delivery driver had a basic understanding of patient confidentiality. Assembled prescriptions and paperwork containing patient confidential information were stored appropriately so that people's details could not be seen by members of the public. A statement that the pharmacy complies with the Data Protection Act and the NHS Code of Confidentiality was given in 'Your data matters' leaflets. A privacy statement was on display, in line with the General Data Protection Regulation (GDPR).

The RP and pharmacy technician (PT) had completed level 2 training on safeguarding. Other staff had completed training relevant to their role. The pharmacy's safeguarding policy and procedures were on display along with the contact numbers of who to report concerns to in the local area. A dispenser said she would voice any concerns regarding children and vulnerable adults to the pharmacist working at the time. The pharmacy had a chaperone policy. This was highlighted to people on a notice inside the consultation room, so some people might not realise this was an option. There was a notice explaining that members of the pharmacy team had completed Dementia Friends training, so had a better understanding of people living with this condition. The pharmacy team were aware of the ask for ANI (Action Needed Immediately) code word scheme, which had been developed to allow victims of domestic abuse to access support from the safety of their local pharmacy. There were posters highlighting this in the pharmacy and the staff area.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's team members are well trained, and they work effectively together. The pharmacy encourages them to keep their skills up to date and supports their development. They are comfortable providing feedback to their manager and they receive feedback about their own performance.

### Inspector's evidence

There was a locum pharmacist, a PT, an NVQ2 qualified (or equivalent) dispenser and a trainee dispenser on duty at the time of the inspection. The staffing level was adequate for the volume of work and the team were observed working collaboratively with each other and the people who visited the pharmacy. Planned absences were organised so that not more than one person was away at a time. Staff absences were covered by re-arranging staff hours. The pharmacy was currently recruiting for a dispenser and so the manager was allowed to spend some additional salary until the vacancy had been filled. The pharmacy had a part time regular delivery driver who worked between two branches. There was an agency delivery driver on duty.

Staff carrying out the services had completed the appropriate training. All members of the team completed a monthly eLearning training programme, and training which had been carried out was recorded on this. Modules had been recently completed on health and safety and pharmacovigilance. The manager was alerted if a team member's training was outstanding. Team members were given regular protected training time. One weeks' induction training was carried out for new members at a neighbouring branch where they read and signed the SOPs. Team members received informal feedback from the manager and supervisor. One-to-ones were held if there was an issue which needed dealing with more formally. An appraisal and review system was used to monitor managers and pharmacists' performance, training and development.

Informal staff meetings were held daily where a variety of issues were discussed, and concerns could be raised. A weekly wall chart was used to record messages and information needed for the week ahead. Team members confirmed that they were comfortable admitting errors and felt that learning from mistakes was the focus. A member of the team said they would feel comfortable talking to the supervisor or manager about any concerns they might have. The staff worked well as a team and could make suggestions or criticisms informally. There was a whistleblowing policy and a notice was on display explaining this.

The pharmacist confirmed he was empowered to exercise his professional judgement and could comply with his own professional and legal obligations. For example, refusing to sell a pharmacy medicine because he felt it was inappropriate. He was carrying out New Medicine Service (NMS) consultations during the inspection but said he had not been put under any pressure to achieve targets whilst he was working at the pharmacy. He said he would never allow targets to compromise patient safety, but he would always help the team when he could.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a professional environment for people to receive healthcare services. It has a private consultation room that enables it to provide members of the public with the opportunity to receive services in private and have confidential conversations.

### Inspector's evidence

The pharmacy premises, including the shop front and fascia, were well maintained and in a good state of repair. The retail area was free from obstructions, professional in appearance and had a waiting area with two chairs. There was an additional chair outside the consultation room. The temperature and lighting were adequately controlled. The pharmacy was fitted out to a high standard, and the fixtures and fittings were in good order. Maintenance problems were reported to the maintenance department at head office, and the response time was appropriate to the nature of the issue.

Staff facilities included an office, a small kitchen area and a WC with a wash hand basin and hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water. Hand washing notices were displayed above the sinks. Hand sanitizer gel was available. There was a consultation room equipped with a sink, which was uncluttered, clean and professional in appearance. The availability of the room was highlighted by a sign on the door. This room was used when carrying out services such as flu vaccinations, and when customers needed a private area to talk.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy offers a range of healthcare services which are easy for people to access. Services are well managed, so people receive appropriate care. The pharmacy generally sources, stores and supplies medicines safely. And it carries out some checks to ensure medicines are in good condition and suitable to supply.

### Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including people with mobility difficulties and wheelchair users. The pharmacy entrance had an automatic door. There was a hearing loop in the pharmacy and a sign indicating this.

Services provided by the pharmacy were outlined in the 'Look what we have in store for you' leaflets. Some of the services were advertised in the pharmacy along with the opening hours. Team members were clear what services were offered and where to signpost people to a service not offered such as Emergency Hormone Contraception (EHC) when their pharmacist was not accredited to supply this. A folder was available containing relevant signposting information which could be used to inform people of services and support available elsewhere. There was a range of healthcare leaflets on display in the consultation room. Some of these were on chronic conditions such as asthma and diabetes. There was a large healthy living display dedicated to weight loss. There was a home delivery service with associated audit trails. The delivery driver confirmed the safe receipt in their records. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

Space was quite limited in the dispensary, but the workflow was organised into separate areas with a designated checking area. The dispensary shelves were well organised, neat and tidy. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available.

Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. 'Pharmacist' stickers were used to highlight when counselling was required and high-risk medicines such as warfarin, lithium and methotrexate were targeted for extra checks and counselling. The team were aware of the requirement for a pregnancy prevention programme when prescribed valproate. The pharmacist explained that he would counsel people in the at-risk group about pregnancy prevention. The valproate information pack and care cards were available to ensure people were given the appropriate information and counselling.

Multi-compartment compliance aid packs were well organised with an audit trail for communications with GPs and changes to medication. Packaging leaflets were included so people were able to easily access additional information about their medicines. A dispensing audit trail was completed and medicine descriptions were usually included on the labels to enable identification of the individual medicines. Disposable equipment was used. There was a SOP for new people requesting a compliance aid pack. An assessment was made by the pharmacist as to the appropriateness of a pack or if other

adjustments might be more appropriate to the person's needs.

The trainee dispenser explained what questions she asked when making a medicine sale and when to refer the person to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and understood what action to take if she suspected a customer might be abusing medicines such as a codeine containing product. A sales of medicines protocol was on display to remind the pharmacy team of the procedure when selling medicines.

CDs were stored in a CD cabinet which was securely fixed to the floor. The keys were under the control of the responsible pharmacist during the day and stored securely overnight. A CD key log was used. Date expired, and patient returned CDs were segregated and stored securely. Patient returned CDs were destroyed using denaturing kits. P medicines including medicines containing codeine and dihydrocodeine were stored in Perspex boxes in the retail area which could be easily accessed by people. DOOP bins and bags of returned or date expired medicines were stored in the WC which was a security risk. There was a large quantity of date expired CDs, which were taking up valuable space in the CD cabinet.

Recognised licensed wholesalers were used to obtain medicines and appropriate records were maintained for medicines ordered from 'Specials'. No extemporaneous dispensing was carried out. Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and documented. Short-dated stock was highlighted. Dates had been added to opened liquids with limited stability. Expired medicines were segregated and placed in designated bins. Alerts and recalls were received via electronic messages from head office. These were read and acted on by the pharmacist or member of the pharmacy team. A record of the action taken was recorded electronically so the team were able to respond to queries and provide assurance that the appropriate action had been taken.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe and they use it in a way that protects privacy.

### Inspector's evidence

The pharmacist could access approved professional websites for the most up-to-date reference sources. For example, the electronic British National Formulary (BNF) and medicines compendium (eMC) websites. There was a clean medical fridge. The minimum and maximum temperatures were being recorded daily and had been within range throughout the month. All electrical equipment appeared to be in good working order and had been PAT tested. There was a large selection of clean glass liquid measures with accuracy stamps. Separate measures were marked and used for methadone solution. The pharmacy also had a range of clean equipment for counting loose tablets and capsules, with a separately marked tablet triangle that was used for cytotoxic drugs. Medicine containers were appropriately capped to prevent contamination. Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. Patient medication records (PMRs) were password protected. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted privacy.

### 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.  |