

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, Allesley Park Medical Centre, 2 Whitaker Road, COVENTRY, CV5 9JE

**Pharmacy reference:** 1114405

**Type of pharmacy:** Community

**Date of inspection:** 26/02/2020

## Pharmacy context

This is a community pharmacy located next door to a Medical Centre in a residential area of Coventry in the West Midlands. The pharmacy dispenses NHS and private prescriptions. It offers Medicines Use Reviews (MURs), the New Medicine Service (NMS), a smoking cessation support service and seasonal flu vaccinations. The pharmacy also supplies multi-compartment compliance packs to people if they find it difficult to manage their medicines. And it provides medicines to residents in care 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
<b>1. Governance</b>	Standards met	1.2	Good practice	The pharmacy routinely monitors the safety and quality of its services. Staff regularly record, review and discuss incidents. This helps them to learn from their mistakes.
<b>2. Staff</b>	Good practice	2.2	Good practice	Pharmacy team members have the appropriate skills, qualifications and competence for their role and the tasks they carry out. The team works well together to ensure the pharmacy runs smoothly and effectively.
		2.4	Good practice	The pharmacy has adopted a culture of openness, honesty and learning. The company has provided the team with resources to keep their skills and knowledge up to date. And team members routinely ensure that they learn from incidents and mistakes.
<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

Overall, the pharmacy operates safely. Members of the pharmacy team regularly monitor the safety of their services by recording their mistakes and learning from them. The team can protect people's private information and the welfare of vulnerable people. The pharmacy also maintains its records in accordance with the law.

### Inspector's evidence

This was a busy and largely well-managed pharmacy. The staff managed the workload and walk-in trade well. A range of documented standard operating procedures (SOPs) were in place to support the pharmacy's services. They had been updated in 2019. Members of the pharmacy team had read the SOPs and staff were clear on their roles and responsibilities. They knew when to refer to the responsible pharmacist (RP) and which activities were permissible in the absence of the RP. The correct RP notice was on display. This provided details about the pharmacist in charge of operational activities on the day, but the details were not clearly visible from its current location. The team was advised to move this to a more prominent area.

There was a designated section to dispense prescriptions. This included a separate area for the RP to carry out the final accuracy check and a dedicated section for multi-compartment compliance packs to be assembled. A screen had been placed on one side of the workspace for this section which meant that distractions from the retail space were minimised. This helped reduce the likelihood of mistakes happening. The pharmacy's team members had routinely been adhering to the company's 'Safer Care' processes. The 'Safer Care' noticeboard was up to date with relevant bulletins for the team. Case studies, checklists and workbooks had been routinely completed. Staff explained that due to the high volume of prescriptions, they were more aware of making mistakes and tried to minimise distractions by concentrating on one task at a time. Staff regularly recorded and reviewed their near misses. A 'Safer Care' briefing took place every four weeks to update the team, discuss incidents, review details within newsletters and any trends seen. The pharmacy displayed information about its complaints process and the RP's process to handle them was in line with the company's expectations. Documented details about previous incidents were present to verify the process. The team routinely completed root cause analyses when incidents happened and reflective statements as well as an action plan to prevent the situation happening again.

The pharmacy displayed details about how it maintained people's privacy. Staff separated confidential waste before it was disposed of through the company. They ensured that all confidential material was contained within the dispensary, and dispensed prescriptions awaiting collection could not be seen from the front counter. The pharmacist had accessed people's Summary Care Records (SCR) by obtaining verbal consent and documenting details about the access. Staff had been trained on data protection. The company's information governance policy was also available as guidance for the team.

The team had been trained to safeguard the welfare of vulnerable people and provided examples of when this had happened. The pharmacist was trained to level two via the Centre for Pharmacy Postgraduate Education (CPPE). The pharmacy held contact details for the local safeguarding agencies, there was a policy to guide the team which staff had read and the pharmacy's chaperone policy was on display.

The pharmacy routinely maintained its records in accordance with statutory requirements. The records checked included the RP record, the pharmacy's registers for controlled drugs (CDs), records about private prescriptions, emergency supplies and unlicensed medicines. Balances for CDs were checked, and details recorded every week. On randomly selecting CDs held in the CD cabinet, their quantities corresponded to the balances stated in the registers. Records for the maximum and minimum temperatures of the pharmacy fridge, were kept every day to verify that medicines had been stored appropriately here. The pharmacy held a complete audit trail for CDs that had been destroyed by the team and the pharmacy's professional indemnity insurance was through the National Pharmacy Association. This was due for renewal after June 2020.

## Principle 2 - Staffing ✓ Good practice

### Summary findings

The pharmacy has suitable numbers of staff to provide its services safely. The team manages the workload efficiently. The pharmacy's team members are trained or are undertaking the appropriate training for their role. They are helpful. And, team members are encouraged to continually learn and develop. They use resources provided by the company to keep their skills and knowledge up to date as well as internal sessions about mistakes.

### Inspector's evidence

Staff present during the inspection included the regular pharmacist, four full-time dispensing assistants and a medicines counter assistant (MCA). Staff were trained through accredited routes and one member of the team present was undertaking appropriate training for their role. The team's certificates of qualifications were seen, and their competence was demonstrated during the inspection. There were rotas in place. Team members wore name badges. The pharmacy dispensed a high volume of prescriptions and the team was observed to manage the workload well. Staff asked relevant questions and used an established sales of medicine protocol before selling over-the-counter (OTC) medicines. They knew when to refer to the pharmacist. They also had the confidence to raise any concerns they may have had.

Team members in training were provided with set-aside time to complete their course material. To assist with ongoing training needs, staff completed online modules every month through a company provided resource. They also explained that training sessions were held alongside the 'Safer Care' briefings which helped them to learn from near misses. Formal appraisals to monitor the team's progress took place annually. They generally communicated verbally with updates provided by the pharmacy manager and there were noticeboards in place. Team meetings were held every month for the 'Safer Care' updates.

The RP stated that the pharmacy was required to complete the maximum number of Medicines Use Reviews (MURs). This was described as manageable and he did not feel pressurised to complete them. The pharmacy's team members were described as hard-working, they were observed to work well together and explained how they looked out for people who used their services. Examples provided included taking extra time with people who used their services, if staff saw people struggling outside the premises, they had gone outside to help them into the premises and had gone to the GP surgery on their behalf to resolve queries or collect prescriptions. When the pharmacy had previously supplied equipment to assist mobility, one member of staff of their own volition, had attended people's homes so that they could help them easily set this equipment in place.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises provide a professional environment to deliver healthcare services. And it has a separate space for private conversations and services to take place.

### Inspector's evidence

The pharmacy's premises consisted of a medium-sized retail area and spacious dispensary with staff areas at the very rear. There was plenty of workspace available to carry out the pharmacy's dispensing activities safely. The pharmacy overall, was bright and clean with modern fixtures and fittings. It was appropriately ventilated and professional in its appearance. There was a signposted consultation room available to provide services and private conversations. This was kept unlocked, cabinets and drawers here were locked and there was no confidential information accessible from this space. The size of the space was suitable for the services provided. Pharmacy (P) medicines were stored inside unlocked, Perspex units in the retail area. They were marked to ask staff for assistance.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy generally provides its services in a safe manner. It has suitable processes in place to deliver people's medicines. The pharmacy obtains its medicines from reputable sources. It stores and largely manages them appropriately. But the pharmacy's team members are now always making the relevant checks for everyone prescribed higher-risk medicines. This could mean that people are not always provided with the appropriate advice to take their medicines safely.

### Inspector's evidence

The pharmacy's opening hours were on display and there was seating available for people waiting for prescriptions. People could enter the pharmacy from the street through automatic doors. The pharmacy's retail space consisted of clear, open space and wide aisles. This helped people with wheelchair access to easily use the pharmacy's services. Staff described using representatives to help communicate with people that had different requirements. They also spoke clearly, slowly and faced people who were partially deaf so that they could lip-read.

In addition to the SOPs, the pharmacy held service level agreements for the services that it provided, service specifications as guidance for the team and paperwork for the patient group directions (PGDs). The latter had been signed by the RP. Staff explained that although a few quits had been seen, uptake on the smoking cessation service had reduced as the adjacent GP surgery also offered this. People could receive vaccinations for the human papillomavirus (HPV) as a private service from the pharmacy and the RP explained that a high proportion of university students in the area had accessed this. The RP had completed the appropriate training to provide the service, this included training about vaccination techniques and anaphylaxis. There was also suitable equipment to safely provide the service such as a sharps bin and adrenaline in the event of a severe reaction to the vaccine. The RP obtained informed consent from people before vaccinating.

Staff explained that the pharmacy ran campaigns and displayed information about healthy living. They had completed the necessary audits that the pharmacy was required to undertake. This included asking people with diabetes whether relevant checks for their feet and eyes had been carried out. According to the RP, not everyone had received the necessary checks, they were referred appropriately, and their awareness was raised about this. From an audit about people prescribed lithium, the pharmacy had found that people receiving this medicine had not always been suitably monitored. They were also referred and their understanding about this medicine was reinforced. Another audit completed had found that 100% of people prescribed non-steroidal anti-inflammatory drugs (NSAIDs) had been co-prescribed gastroprotection.

During the dispensing process, staff used baskets to hold prescriptions and associated medicines. This helped prevent any inadvertent transfer. They were also colour coded to help prioritise the workload. A dispensing audit trail was used through a facility on generated labels to identify the team's involvement in these processes. Dispensed prescriptions were held within an alphabetical retrieval system prior to hand-out. The team could identify fridge items and CDs (Schedules 2 to 4) from stickers. Assembled CDs and medicines stored in the fridge were held within clear bags, this helped to assist with accuracy and identification when they were handed out to people.

The pharmacy provided a delivery service and audit trails to verify this service were maintained. CDs and fridge items were highlighted and checked prior to delivery. The drivers obtained people's signatures when they were in receipt of their medicines. Failed deliveries were brought back to the pharmacy, notes were left to inform people about the attempt made and medicines were not left unattended.

The pharmacy supplied medicines inside multi-compartment compliance packs after the GP initiated this. When prescriptions were received, staff cross-referenced details on prescriptions against individual records for people. This helped them to identify any changes and records were maintained to verify this. The compliance packs were not left unsealed overnight. All medicines were de-blistered into them with none supplied within their outer packaging. Descriptions of medicines were provided and patient information leaflets (PILs) were routinely supplied. Mid-cycle changes involved retrieving the old compliance packs and amending them, re-checking and re-supplying them.

The pharmacy supplied medicines in either original packs for the residents in care homes or as compliance packs. The care homes were responsible for ordering prescriptions. Duplicate copies of the requests were provided to the pharmacy and once received, prescriptions were checked against this to help identify any changes or missing items. Interim or mid-cycle items were dispensed at the pharmacy. Staff explained that they had been approached by care home staff to provide advice on covert administration of medicines to the residents. However, the pharmacy had not retained information about this which could have helped verify the appropriateness of the supplies that had been made.

Prescriptions for higher-risk medicines were identified according to the RP; questions about relevant parameters were asked where possible and details documented. However, there were no records seen to confirm this. In addition, this process did not happen for people prescribed higher-risk medicines who received compliance packs or residents in the care homes. This included obtaining details about the International Normalised Ratio (INR) for people receiving warfarin. Staff were aware of the risks associated with valproates. These medicines had been placed into separate drawers and educational literature was available to provide upon supply. The RP explained that an audit had been completed to identify if anyone at risk had been supplied this medicine. They had been counselled accordingly.

The pharmacy obtained its medicines and medical devices through licensed wholesalers such as Alliance Healthcare and AAH. Unlicensed medicines were obtained through the latter. Staff had been trained on the European Falsified Medicines Directive (FMD), relevant equipment was present but not functioning. Hence, the pharmacy was not yet able to fully comply with the decommissioning process. There were no mixed batches or date-expired medicines seen. Short-dated medicines were identified using stickers. CDs were stored under safe custody and the keys to the cabinets were maintained in a manner that prevented unauthorised access during the day as well as overnight. Medicines were stored in an organised manner in the fridge and separated into baskets. However, although staff described date-checking medicines for expiry when the assembled prescriptions and regularly with stock counts, there was no schedule or matrix being used to help verify when this process had taken place for dispensary stock. This was discussed at the time.

Medicines returned for disposal were accepted and stored in designated containers. There were separate designated containers for hazardous or cytotoxic medicines along with a list to assist the team in identifying them. Staff checked for CDs and sharps, they referred people returning sharps for disposal to the GP surgery. Returned CDs were brought to the attention of the RP and stored appropriately before being destroyed. Drug alerts and product recalls were received by email, staff checked stock and acted as necessary. An audit trail was present to verify the process and staff ensured that information about the safety alerts were passed to the care homes. This helped ensure affected batches could be



traced.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has an appropriate range of equipment and facilities it needs to provide its services safely. And it keeps its equipment clean.

### Inspector's evidence

The pharmacy held the necessary equipment and clean facilities it required. This included current versions of reference sources, a clean sink for reconstituting medicines, counting triangles and standardised conical measures for liquid medicines. There was hand wash by the sink and hot as well as cold running water available. The CD cabinets were secured in accordance with statutory requirements and the medical fridge was operating at appropriate temperatures. Computer terminals were password protected and positioned in a manner that prevented unauthorised access. Staff used their own individual NHS smartcards when accessing electronic prescriptions and stored them appropriately overnight. There were cordless phones available to help private conversations take place.

### 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.