

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, The Library Site, Glebe Road, Bedlington, Northumberland, NE22 6JX

Pharmacy reference: 9010570

Type of pharmacy: Community

Date of inspection: 18/05/2022

Pharmacy context

This is a community pharmacy in Bedlington, Northumberland. It dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. The pharmacy offers a medicines' delivery service. And it provides substance misuse services and 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 not all 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 not all met	3.1	Standard not met	The pharmacy is cluttered and not adequately clean and tidy.
4. Services, including medicines management	Standards not all met	4.3	Standard not met	Patient returned and obsolete medicines are not stored appropriately or disposed of in a timely manner.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy mostly identifies and manages risks with its services. And it effectively manages the risks with infection control during the pandemic to help keep members of the public and team members safe. It maintains the records it needs to by law and correctly secures people's private information. The team act by reporting safeguarding concerns appropriately.

Inspector's evidence

The pharmacy had introduced processes to manage the risks and help prevent the spread of coronavirus. The pharmacy provided hand sanitizer for people to use. A plastic screen at the medicines counter protected people from cross infection. Team members knew to keep a safe distance from people. All team members wore face masks throughout the day. And they also used hand sanitizer to protect each other from infections. The pharmacy used documented working instructions to define the pharmacy's processes and procedures. And team members had recorded their signatures to show they had recently read and understood them. Sampling showed that the SOPs had been regularly updated within the past two years. Some SOPs had been amended and new ones added. The team had just completed training for the newly commissioned Hypertension service. The manager 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 and the trainee accuracy checking technician were able to identify dispensers to help them learn from their dispensing mistakes. The team had an error reporting system. And kept detailed records of near misses and dispensing errors. The team had consistently recorded and reviewed near miss errors. The team had recorded around eighteen near misses in April and the records included sufficient information so that a monthly safety review could be done which identified any patterns and trends. Team members demonstrated awareness of 'look alike and sound alike' medicines and packs. Such as Amlodine and Amitriptyline. The pharmacy team recorded dispensing errors on the company electronic system and then printed them out. The Responsible Pharmacist (RP) kept returned boxes and labels and detailed account of errors in a file. So the team could refer to them later if they needed to. The Records demonstrated that root cause analysis had been done to identify how the error had occurred. For example a recent error involved the supply of the wrong inhaler device to a person. The similarity of the packaging had contributed to the selection error. The RP had discussed with the team at the monthly patient safety review to raise awareness and the items had been separated.

The pharmacy had information leaflets on display in the retail area for self-selection. The pharmacy leaflet provided information to help people to make a complaint if they needed to. The pharmacy also had a documented procedure in place to deal with concerns raised by people. And the team knew when to use it.

The pharmacy maintained the records it needed to by law. It had public liability and professional indemnity insurances in place. The pharmacist displayed a responsible pharmacist notice, and it was visible from the waiting area. 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. They had last checked and verified the

CD stock balances on 18 May 2022. A random balance check of the stock amount against the CD balance in the register was correct. 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 if needed. And records of supplies against private prescriptions and supplies of 'specials' were up to date.

Team members knew how to protect people's confidential information. For example, they segregated confidential waste into bins for shredding off site. And they knew to keep personal information out of sight of people in the waiting area. Team members had been trained on safeguarding issues and what to look for. All registrants who worked in the pharmacy had completed CPPE level 2 and copies of the certificates were filed. 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. Concerns had been raised on two occasions and team members had acted promptly. The team kept detailed records of the concerns and the actions taken.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members have the necessary qualifications and skills for their roles and the services they provide. And they complete training to keep their knowledge and skills up to date.

Inspector's evidence

The pharmacy's workload had increased significantly. This was due in part to covid and the installation of a new computer system. Initially the system was overloaded and slow. The team's unfamiliarity of the system resulted in the workload building up and the team felt under extreme pressure. The team had worked their way through it and things had settled down a little. Turnaround time from receiving prescriptions to completion was around three days. The team consisted of one full-time pharmacist, one full time pharmacy technicians, one full-time trainee pharmacy technician one dispensary assistant, four part-time dispensary assistants, and a full-time delivery driver. A team member had transferred to another branch recently so they had a 16-hour vacancy. The pharmacy had reduced their contracted hours so team members hours had been reduced. Team members generally coped with the workload but housekeeping tasks had not been completed regularly due to other priorities.

The pharmacist supported team members to learn. And kept them up to date with new services and changes to established services. Team members ideally received 30 minutes a week to complete training such as reading new SOPs and learning about new products. But sometimes they were too busy to take the time. The team had recently completed training about new procedures to reduce hand out errors. For example, team members were instructed to use large yellow stickers to indicate that the pharmacy supplied services to other patients with a similar name. The pharmacy had an appraisal system but due to the workload during covid these had not been completed. The manager had planned them in the diary for June.

The team had discussions at the start of the day about the tasks that needed to be prioritised and supported each other to complete them. The team found the manager and pharmacist approachable and referred to them if they had an issue. They were also aware of the whistle blowing procedure if they needed to escalate a concern. The team had targets for services such as NMS and seasonal flu vaccinations.

Principle 3 - Premises Standards not all met

Summary findings

The dispensary and retail area are not adequately clean and tidy. The build-up of returned medicines in the walkway and toilet hinders access to staff facilities. And represents a trip hazard.

Inspector's evidence

The dispensary had limited space and the team worked in separate areas in the pharmacy when possible. The pharmacist had a checking bench to the front. The pharmacy had very little storage space. Some floors were cluttered especially those behind the counter in the retail area. The team stored bags of patient returned medicines in a small area outside of the toilet and more were stored inside the toilet. The inspector counted at least 35 large bags full. The manager advised that the waste collection company would only take three bags at a time so returns mounted up. The team had taken pictures of the waste which they sent to the area manager to make him aware of the extent of the problem. But no action had been taken to-date. The pharmacy had an adequately sized consultation room with a sink, chairs, computer, and a desk. This was sound proofed which allowed confidential conversations to be undertaken. Floors throughout the pharmacy were dirty and the mat at the front door hadn't been hovered for some time. The pharmacy had a cleaning rota but because of the workload they had not been able to clean as regularly as they would like.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy does not store patient returned medication appropriately or dispose of them in a timely manner. The pharmacy makes its services accessible to people. And generally, manages its services to help people look after their health.

Inspector's evidence

The pharmacy had a ramp, handrail, and double automatic doors to the front to help people to access the pharmacy. It advertised its services and opening hours in the window. Team members used various stickers as an alert before they handed out medicines to people. For example, to highlight interactions between medicines or the presence of a fridge line or a CD that needed handing out at the same time. 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. An experienced dispenser usually carried out all the associated tasks including the assembly and labelling of the packs. Other team members had been trained 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. A list of the person's current medication and dose times were kept up to date. Tablet descriptions were included on the backing sheet with the pack. So, people could easily identify each tablet. The team supplied Patient Information Leaflets (PILs) once a month with the first tray. Team members knew about valproate medication and the Pregnancy Prevention Programme. And guidance was available for them to refer to. The pharmacist knew to speak to people in the at-risk group about the associated risks. The team kept all the necessary information in the pharmacy drawer with the valproate. And team members knew to supply patient information leaflets and to provide warning information cards with every supply as they dispensed it.

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. Team members checked one line a week. And highlighted short-dated items. The team kept accurate records of when the process had been completed. The last recorded check took place in May. No out-of-date medicines were found after a check of around 10 randomly selected medicines in different areas of the pharmacy. The pharmacy team members recorded the date of opening on some 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. But medicinal waste had mounted up so they had more than 35 bags full of returned and obsolete medicines posing a risk and blocking access and taking up space. The same problem had been noted on a previous inspection.

Team members kept stock reasonably tidy on a series of shelves and pharmacy drawers. And they 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 a large glass-fronted larder 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

Team members had access to up-to-date reference sources. The pharmacy used a range of CE quality marked measuring cylinders. It stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. It suitably positioned computer screens to ensure people couldn't see any confidential information. The computers were password protected to prevent any unauthorised access. Team members had access to personal protective equipment including face masks and gloves.

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.