

Registered pharmacy inspection report

Pharmacy Name: Lincoln Co-operative Chemists Ltd, 15 Sincil Street,
Lincoln, Lincolnshire, LN5 7ET

Pharmacy reference: 9011420

Type of pharmacy: Community

Date of inspection: 03/06/2021

Pharmacy context

The pharmacy is in a pedestrianised area of Lincoln city centre. It relocated to its new premises approximately 10 months ago as part of the city's ongoing redevelopment project. The pharmacy's main services include dispensing NHS prescriptions and selling over-the counter medicines. It also offers advice and treatment to help people manage minor ailments. The pharmacy supplies some medicines in multi-compartment compliance packs, designed to help people to take their medicines. And it delivers some medicines to people's homes. The pharmacy was inspected 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	1.2	Good practice	The pharmacy has robust monitoring processes to help identify risks with the services it provides. It seeks to continually improve its learning from near miss errors, including using technology to record them. And it's team members act promptly to ensure the risks they identify are well managed.
2. Staff	Standards met	2.2	Good practice	The pharmacy encourages its team members to continually improve their knowledge by providing access to up-to-date and relevant training. It provides protected learning time for its team members. And team members are confident in demonstrating how they apply learning to support the safe delivery of pharmacy services.
3. Premises	Standards met	3.3	Good practice	The pharmacy is well designed with touch-free facilities which help to reduce the risk of spreading infection. Team members are committed to keeping the premises clean. And they are good at following all appropriate guidance relating to infection control.
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 manages the risks associated with providing its services. It has robust monitoring processes to help respond to changing risk. And it clearly advertises how people can provide feedback. The pharmacy keeps peoples information safe and secure. And it keeps the records it needs by law. Team members actively reflect on any mistakes made during the dispensing process. They engage in regular discussions about patient safety, and act swiftly to reduce the risk of making similar mistakes. Pharmacy team members have a sound understanding of how to act to safeguard vulnerable people.

Inspector's evidence

The pharmacy had a comprehensive risk assessment that related to providing its services during the pandemic. This included assessments of risk related to the physical premises, to team members and to members of the public. It also included information about how the pharmacy maintained a COVID-secure environment and details of its business continuity arrangements. The risk assessment was held electronically, this meant it was easy to update as the situation changed. Additional risk assessments took place as the route out of lockdown progressed. For example, a risk assessment of the consultation room was completed prior to the room being used again. The pharmacy limited the number of people allowed in the public area to two at any given time. Pharmacy team members could socially distance whilst working. They wore type IIR face masks routinely and had access to other personal protective equipment (PPE) if needed.

The pharmacy had two dispensaries. Both were well organised and clean, workflow was efficient. There was space dedicated for the assembly of medicines and for accuracy checking. The pharmacy had standard operating procedures (SOPs) to support the safe running of the pharmacy. These were reviewed every two years, and were due for review. The pharmacy stored its SOPs electronically and they covered responsible pharmacist (RP) requirements, controlled drug (CD) management, dispensary processes and services. And it made training records associated with the SOPs available for inspection. Team members were observed practicing safely throughout the inspection. For example, a team member picked medicines by taking the prescription and basket to stock locations, and referring to the prescription throughout the picking process. And another team member was observed liaising with the pharmacist prior to selling a pharmacy (P) medicine. A member of the team explained clearly what tasks could not be completed if the responsible pharmacist (RP) took absence from the premises.

A new electronic reporting system provided the opportunity for team members to report near misses at every stage of the dispensing process. And the SI reviewed information submitted to the system. Team members had started using the system in May 2021, and they were in the process of adjusting to using it. For example, team members could scan a 'Quick Response' (QR) code to begin the reporting process. But team members had so far only reported near misses using the pharmacy's tablet device. Evidence of reporting was available and records showed the details of the mistake made, reflection and actions taken to help reduce the risk of a similar near miss occurring. The RP explained the first patient safety review using the new system was due. The software was also used to record dispensing incidents, this feature had not yet been needed. There was evidence of incident reporting available on the pharmacy's old system. And this included details of the SI's review of the incident and actions taken to reduce risk.

The team were knowledgeable about the actions it had taken to manage risk following patient safety reviews. For example, different strengths of atorvastatin were clearly separated on the dispensary shelves. And the team had highlighted the stock locations of each strength. The team had also separated some 'look-alike and sound-alike' (LASA) medicines in the dispensary drawers following a patient safety review. And the pharmacy used tall-man lettering within the dispensary to help reduce the risks associated with LASA medicines. A team member demonstrated their dispensing process which included thorough checks of picked medicines against the prescription form and label prior to assembly taking place.

The pharmacy had a complaints procedure and it advertised how a person could provide feedback about the pharmacy or about one of its services. Team members were familiar with how to manage feedback. For example, the pharmacy stored less self-care products since its relocation due to the decreased size of the public area. A team member identified how this was managed by ordering specific products for people which were then made available for collection. The pharmacy held people's information securely. A team member explained confidently how she would manage a hypothetical situation involving a person leaving confidential information behind in the pharmacy. Team members completed mandatory information security training. The pharmacy held confidential waste in secure shredding bins. These were appropriately positioned and the contents were regularly collected for secure disposal.

The pharmacy had up-to-date indemnity insurance arrangements in place. A sample of pharmacy records inspected conformed to legal and regulatory requirements. These included the RP register, private prescription records, emergency supply records, records of patient returned CDs and the CD register. The pharmacy maintained running balances in the electronic CD register. The RP completed balance checks of stock upon receipt and supply of CDs and the register also prompted weekly balance checks, these were completed. A physical balance check of a CD was completed during the inspection, and this complied with the balance recorded in the register. The RP notice was changed to reflect the correct details of the RP on duty shortly after the inspection began.

Team members completed safeguarding training. The pharmacy had procedures in place to support the team in reporting any concerns relating to vulnerable people. It prominently advertised details of the government led 'Ask for Ani' (action needed immediately) codeword scheme. The scheme provided victims of domestic abuse with access to support from the safety of their local pharmacy. A team member discussed how they would respond if a person did ask for Ani, and was confident when discussing the steps they would take to ensure the person was kept safe whilst the team organised support for them. A team member demonstrated a sound understanding of the risks associated with supplying medicines which may be subject to misuse or abuse. They discussed both the company's and pharmacy's approach to managing requests for these medicines to help safeguard people.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy employs suitably skilled team members to effectively manage its workload. It monitors its workload and provides protected time to team members to support their continual development. Pharmacy team members show how they apply their learning to support the safe delivery of pharmacy services. They work well together and understand how to provide feedback about the pharmacy and feel comfortable to raise a professional concern if needed.

Inspector's evidence

On duty during the inspection was the pharmacist manager (RP), a qualified dispenser and a medicine counter assistant. The pharmacy also employed an apprentice and another qualified dispenser, this dispenser was currently on long-term planned leave. The pharmacy was not receiving extra support to cover the planned leave. But it was monitoring the workload and the team was aware additional support would be available when other team members were on leave. Job descriptions were available for the team to refer to and SOPs included the roles and responsibilities of team members.

The apprentice was enrolled on a GPhC accredited level two training course and received protected training time. The RP had regular meetings with the trainee to support them in their role. All team members engaged in regular learning at work. Training was completed through an e-learning platform and team members were supported by a structured appraisal process. Learning during the pandemic had focussed on relevant topics. For example, training related to correctly donning and doffing PPE. Team members also engaged in regular discussions to support their learning and development. For example, information related to the Ask for Ani campaign and managing requests for higher risk medicines. The RP raised no concerns related to targets in place to support the delivery of some pharmacy services.

The team received regular information from its head office, and the pharmacy encouraged team members to share feedback through their manager. The pharmacy had a whistleblowing policy and a team member explained how they would raise a concern at work if required. The team had adapted well to several changes within the last year. These included the changes brought on by the pandemic, the move to the new premises and a change in manager. Team members supported each other well and held regular discussions related to patient safety and workload. The team had acted to implement some minor changes to the layout of stock in the dispensary following these discussions, these changes had helped improve workflow.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a professional and hygienic environment for delivering healthcare services. And team members work well to keep all areas clean. The premises are well designed with some touch-free facilities that help to reduce the risks associated with spreading infection. The consultation facilities available give members of the public the opportunity to speak with a member of the pharmacy team in private.

Inspector's evidence

The pharmacy was secure and maintained to a good standard. Team members completed regular cleaning tasks throughout the day. A rota was in place to assist with cleaning and deep cleans twice a day were routine. On the day of inspection the premises were immaculate and very well presented throughout. Lighting was bright throughout and air conditioning both on the ground floor level of the premises and within the first-floor dispensary ensured the pharmacy stored medicines under 25 degrees Celsius. Hand sanitiser, antibacterial soap and paper towels were available throughout the pharmacy, including sinks in each consultation room and in the dispensary. Team members observed good hand hygiene practice throughout the working day. The antibacterial hand sanitiser unit in the public area was touch free to avoid the risk of cross contamination between people using it. The premises had suffered from minor flooding several times following the pharmacy opening. This was caused by a situation outside of the pharmacy's control. And it had been reported appropriately and dealt with swiftly when it had occurred. The situation had not affected the pharmacy's operations and the team was aware the issue had been escalated externally to the project's contract and design team.

On the ground floor there was a small open plan public area. The pharmacy had plastic screening fitted at the medicine counter to reduce the risk of spreading coronavirus. There were two consultation rooms. The first room provided separate access routes into the room for team members and members of the public. The room was secured by a touch free lock system. The team had positioned chairs in the room to allow for maximum social distancing between team members and members of the public. The second consultation room was smaller. And due to the risks associated with the pandemic it was not currently in use. The dispensary was a suitable size for the level of activity taking place. The first-floor level of the pharmacy provided access to staff facilities, storage and a large second dispensary. Team members used this dispensary to complete tasks associated with the supply of medicines in multi-compartment compliance packs.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy ensures its services are easily accessible to people. And it adapts the way it provides some of its services to help support people's individual needs. The pharmacy has procedures to support its team in delivering its services safely and pharmacy team members follow these well. The pharmacy obtains its medicines from reputable sources. It stores medicines safely and securely, and it keeps records of the checks it makes to ensure medicines remain safe to use and fit for supply.

Inspector's evidence

People accessed the pharmacy through a power assisted door from street level. Information on an A-board outside the pharmacy advised people of the pharmacy's access arrangements. The board also reminded people of other arrangements in place to help reduce the spread of the virus. This included the need to wear face coverings in the pharmacy unless exempt. Health promotion posters displayed were relevant and up to date. And the pharmacy had a range of health information leaflets ready to supply to people.

Team members were aware of signposting requirements if the pharmacy was not able to supply a medicine or provide a service. The pharmacy had engaged with some people accessing its smoking cessation service remotely during the pandemic. This helped to ensure people received continued support with their quit attempt. The RP was observed completing a NHS 111 Community Pharmacist Consultation Service referral. And provided examples of how the service supported people with emergency access to medicines, particularly on a Saturday afternoon. The RP also demonstrated the steps taken to manage inappropriate referrals through the service to ensure the person received the support they required. The pharmacy also provided free emergency hormonal contraception through a Patient Group Direction and maintained full records associated with this service.

The pharmacy protected P medicines from self-selection as it displayed them behind the medicine counter. The RP explained how she would provide verbal counselling to people when handing out some prescriptions for higher risk medicines. The pharmacy did have some records of monitoring checks associated with higher risk medicines, but the records indicated that checks may not always be recorded. For example, one record showed a check in September 2020 and the pharmacy had supplied the medicine several times since this date. Team members were aware of the requirements of the Valproate Pregnancy Prevention Programme (PPP). The RP confirmed the pharmacy had not supplied valproate to anybody within the high-risk group to date. A stock of patient cards associated with the programme were available.

Team members used baskets throughout the dispensing process. This kept medicines with the correct prescription form and helped to inform workload priority. Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on medicine labels to form a dispensing audit trail. The pharmacy also had audit trails to support the medicines sent through the company's centralised delivery service. And to support the management of medicines which it owed to people when stock was not immediately available.

The pharmacy provided some medicines in multi-compartment compliance packs. The service was managed well using a work planner and diary. The pharmacy engaged people in individual assessments

used to identify if a person was likely to benefit from having their medicines supplied in this way. It had reviewed the service at the beginning of the pandemic. This review had resulted in some people being contacted and with their agreement changing the way their medicines were supplied to original packs. The pharmacy had monitoring processes in place to ensure people were coping with the changes made. The pharmacy had also generally stopped providing patient information leaflets (PILs) with the packs during the pandemic. A team member explained how these were now being provided again at the beginning of each dispensing cycle. The pharmacy used patient profiles to record key information about the service. This included details of current medicine regimens, comprehensive audit trails relating to changes and an audit trail of collection/delivery dates. Assembled packs contained full dispensing audit trails and clear descriptions of each medicine inside the pack. Backing sheets associated with the medicines inside some larger packs dispensed by the pharmacy were not physically attached to these packs as required. A discussion took place about this requirement and general practice related to how to attach the backing sheets safely was shared with a team member.

The pharmacy sourced medicines from licensed wholesalers. It stored medicines in an orderly manner, within their original packaging, on shelves and in dispensary drawers. A date checking matrix confirmed team members carried out regular checks. The pharmacy identified short-dated medicines with stickers and segregated those expiring within the next few months. This practice prompted additional checks of the suitability to supply the medicines. The team annotated open bottles of liquid medicines with the date of opening. Medicines storage inside the CD cabinet was orderly with minimal stock kept. The pharmacy's fridge was clean and a good size for stock held. The team recorded fridge temperatures daily (Monday-Saturday). And it investigated recordings outside of the accepted temperature range of 2 and 8 degrees Celsius to ensure any concerns could be raised in a timely manner.

The pharmacy had appropriate medicinal waste bins and CD denaturing kits available . It received medicine alerts through its new electronic reporting system. The system included an electronic audit trail of alerts actioned by the team. The pharmacy also maintained a complete handwritten register of alerts it received. This record included the unique alert reference number and details of the action taken to respond to the alert. The electronic reporting system also included the ability to report concerns via the Yellow Card scheme.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it requires to provide its services. Pharmacy team members use this equipment appropriately and in a way which protects people's privacy.

Inspector's evidence

The pharmacy had up-to-date written reference resources available. These included the British National Formulary (BNF) and BNF for children. Pharmacy team members could also access the internet and intranet to help resolve queries and to obtain up-to-date information. Computers were password protected, and the layout of the pharmacy protected information displayed on computer monitors from unauthorised view. The pharmacy stored bags of assembled medicines in a numbered retrieval system to the side of the dispensary. It stored the prescription forms for the retrieval system in a filing unit within the dispensary. This meant details on bag labels and prescriptions could not be read from the public area of the pharmacy. Members of the pharmacy team used cordless telephone handsets. This allowed them to 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. And equipment for counting capsules and tablets was also available. Separate equipment was used for counting higher risk medicines to reduce any risk of cross contamination. Equipment associated with the supply of medicines in compliance packs was single use.

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.