

Registered pharmacy inspection report

Pharmacy Name: Lunts Pharmacy, Lunts Healthcare Ltd, The Tannery,
Barker Street, Shrewsbury, Shropshire, SY1 1QJ

Pharmacy reference: 9011423

Type of pharmacy: Community

Date of inspection: 18/05/2021

Pharmacy context

The pharmacy is situated next door to a GP medical centre, in the town centre of Shrewsbury. The pharmacy premises are accessible for people, with open space in the retail area. The pharmacy sells a range of over-the-counter medicines, and it dispenses private and NHS prescriptions. The pharmacy has two consultation rooms available for private conversations.

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 records and analyses adverse dispensing incidents to identify learning points which are then incorporated into day to day practice to help manage future risk.
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 generally manages the risks associated with its services and protects peoples' information. Members of the pharmacy team 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 pharmacy generally keeps the records required by law.

Inspector's evidence

The pharmacy had a full range of written SOPs in place which were signed and dated by the pharmacist to indicate they had been reviewed in 2020. There were training records for each SOP which had been signed by all members of the team to confirm they had read and understood the document. Dispensing errors were fully documented, and examples were available. A written near miss log was kept in the dispensary. A detailed review of near misses took place at the end of each month and was documented by the pharmacist. The pharmacist demonstrated that sildenafil and sertraline had been separated as stock because of a dispensing error. Other examples of how the pharmacy team had learnt from near miss incidents were provided.

The pharmacy had a screen installed in front of the medicines counter where people could interact with team members. Strict social distancing measures were in place for people entering and leaving the premises, including, a limit on the number of people allowed into the retail area at any one time, and Covid-19 information posters were displayed. All team members wore personal protective equipment (PPE) throughout the day, which included a facial mask. And they had access to alcohol hand gel. A Covid-19 premises risk assessment, and individual team member risk assessments had been carried out by the superintendent pharmacist.

A complaints procedure was available and practice leaflets provided information about how to make complaints and give feedback. A pharmacy team member demonstrated they had received positive feedback through a comments section of the pharmacy website. A current professional indemnity insurance certificate was on display. A Responsible Pharmacist (RP) notice was conspicuously displayed. The RP record was generally in order but had the time the RP ceased their duty missing on some occasions. This could lead to uncertainty about who was responsible if there was a concern or query. The private prescription record, emergency supply record, specials procurement record and electronically held CD register were all in order. CD running balances were recorded. Methadone balances were checked and adjusted weekly. Balances of other CDs were normally checked and initialled at the time of dispensing and a full audit of CD balances was carried out each month. Patient returned CDs were appropriately recorded.

All team members had read and signed the Information Governance SOP and had also signed confidentiality agreements. Confidential waste was placed into clearly marked designated bins, and a contractor was used for disposal. A leaflet was available in the retail area providing details about how the pharmacy handled information to protect confidentiality. A safeguarding SOP was in place and child protection information and guidance was also available, including details of local safeguarding contacts. The pharmacy team members said they would report any concerns to the pharmacist, who had completed a CPPE training course. The pharmacist provided examples of safeguarding concerns she had

dealt with for children and vulnerable adults.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. And the team members are comfortable about providing feedback to the pharmacist. The pharmacy enables its team members to act on their own initiative and use their professional judgement, but they lack a structured approach to ongoing training which could mean their skills and knowledge may not always be up to date.

Inspector's evidence

The pharmacy employed two accuracy checking pharmacy technicians (ACPT) and three dispensing assistants. All team members had undergone the required training. There were also three delivery drivers employed to deliver medicines from this pharmacy and other local branches. The pharmacy team were able to manage their workload during the inspection and the pharmacist said the staffing level was normally adequate to handle the volume of work.

A dispenser described the questions she would ask when selling a medicine and was aware that codeine products might be abused. She said she would always ask the pharmacist to approve the sale if she was in any doubt. The pharmacist said she felt free to use her professional judgement. For example, to refuse a sale if she felt it was inappropriate.

The pharmacy team members periodically completed online training modules. Individual staff training records were kept and included copies of training certificates. A member of the pharmacy team explained that she had not received an appraisal during her employment at the pharmacy but that the pharmacist sometimes gave her feedback informally. The pharmacy team were able to raise concerns or make suggestions at any time and appeared to work well as a team. A whistleblowing policy was in place if team members needed to raise concerns outside of the branch. No specific targets were set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is safe, clean, and properly maintained. The layout is appropriate for the services provided.

Inspector's evidence

The pharmacy was clean and tidy and was fitted to a good standard and well maintained. There was a dispensary sink for medicines preparation and a separate sink in the toilet for hand washing. Both had hot and cold running water. Soap, towels and cleaning products were available. Air conditioning was available to control room temperature and the dispensary was well lit.

Two consultation rooms were available for private consultations and counselling. The dispensary was screened to allow the dispensing process to be carried out in privacy. Access behind the medicines counter and into the dispensary was restricted by a movable barrier, that helped prevent unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to most people and they are generally well managed, so people receive their medicines safely. The pharmacy takes extra care when supplying some higher-risk medicines. The pharmacy team sources and generally stores medicines safely and carries out some checks to help make sure that medicines are in good condition and suitable to supply.

Inspector's evidence

Access to the pharmacy was via an automatic door. The pharmacy team were aware of the need to signpost patients requiring services not available at the pharmacy. Practice leaflets gave details of the range of services available. And various leaflets and posters provided information about different healthcare topics. Large print dispensing labels were provided for patients with visual impairment.

The delivery driver explained the process for delivering prescriptions to people. The pharmacy used an online mobile application to help provide a robust audit trail for delivery. Due to Covid-19 restrictions, with verbal consent of the patient, the delivery driver was adding their electronic signature to the mobile application when a delivery had taken place. If nobody was available to accept a delivery a note was left, and the medicines were returned to the pharmacy. The pharmacy team was aware of the risks associated with supplying valproate. An audit of valproate had been carried out and patient information resources for the supply of valproate were available.

The ACPT explained that the pharmacist identified the assembled repeat prescriptions that she was able to accuracy check. She said all prescriptions were clinically checked by the pharmacist before she completed an accuracy check, but they were not highlighted in any way to indicate this, which may increase the possibility of supplying a prescription that had not been clinically assessed by the pharmacist. Prescriptions were retained with dispensed medicines awaiting collection. Warning stickers were attached to the bags to highlight important information such as the presence of high-risk medicines or CDs. Multi-compartment compliance aids were used to dispense medicines for patients with compliance difficulties. They were labelled with descriptions to enable identification of the individual medicines. Patient Information Leaflets were always supplied. Each compliance aid patient had their own record sheet which was used to record current medication and document any changes so that prescriptions could be checked before they were dispensed. The computer patient medication record (PMR) was used to record any significant conversations with patients or prescribers. Baskets were used to separate different prescriptions to avoid them being mixed up during dispensing.

Medicines were obtained from licensed wholesalers and specials were obtained from a special's manufacturer. No extemporaneous dispensing was carried out. Dispensary stock was arranged tidily in alphabetical order. Regular expiry date checks were carried out and documented and stickers were used to highlight short dated stock. There were three medicines fridges, all equipped with maximum/minimum thermometers and temperatures were checked daily and recorded. The records showed the temperatures had remained within the required range. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled. Controlled Drugs were stored appropriately. Drug alerts and recalls were received by e-mails, which were checked daily, then documented in the drug alert record, printed and filed as evidence they had been actioned.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. It is generally appropriately maintained, and it is used in a way that protects privacy.

Inspector's evidence

Various reference books were available including a current BNF. A range of crown stamped conical measures were available including some that were used only for the measurement of methadone mixture.

All electrical equipment appeared to be in good working order and had been PAT tested previously. A blood pressure meter was available which the pharmacist said was replaced every two years and the replacement date was indicated on the label. Patient Medication Records were stored on the pharmacy computer, which was password protected. The dispensary was clearly separated from the retail area and afforded good privacy for dispensing and any associated conversations or telephone calls. The consultation rooms were used to enable confidential discussion and consultation. The pharmacist confirmed one of these rooms was always used to supervise methadone consumption.

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.