

Registered pharmacy inspection report

Pharmacy Name: Lloyds Pharmacy, Outpatients Pharmacy, Coventry University Hospital, The Atrium, Coventry, West Midlands, CV2 2DX

Pharmacy reference: 9011494

Type of pharmacy: Hospital

Date of inspection: 26/04/2022

Pharmacy context

This is an outpatient pharmacy located within University Hospital Coventry and Warwickshire. The pharmacy relocated into new premises about a year ago and it serves people from a wide geographical area. It mainly dispenses hospital prescriptions issued by outpatient clinics. And it sells a small range of over-the-counter medicines. This inspection was undertaken during Covid-19 pandemic.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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 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

Overall, the pharmacy manages risks appropriately to help ensure its services are delivered safely and effectively. The pharmacy has procedures in place for the services it offers. It keeps the records it needs to by law, to show that medicines are supplied safely. Members of the pharmacy team record and review their mistakes so that they can learn and improve from these events. The pharmacy keeps people's private information securely and its team members know how to protect vulnerable people.

Inspector's evidence

A range of current standard operating procedures (SOPs) and Trust policies were available in the pharmacy, and these had been read and signed by team members. The pharmacy manager explained the procedure members of the pharmacy team would follow to record and report dispensing mistakes. Dispensing mistakes which were identified before the medicine was handed out to a person (near misses) were routinely recorded and reviewed. A report of near misses, incidents and complaints was generated and discussed during team meetings. Incorrectly dispensed medicines that had reached people (dispensing errors) were reported to the Hospital Trust via Datix and to the superintendent pharmacist on the company's intranet. And action points to prevent recurrence were identified and discussed amongst team members. Higher risk medicines like valproates and cytotoxics had all been well separated and large caution stickers were used to alert team members to select with care during the dispensing process.

The pharmacy had appropriate indemnity insurance arrangements and the correct responsible pharmacist (RP) sign was on display. Members of the pharmacy team understood the tasks they could or could not undertake in the absence of the RP. Records about the RP and controlled drugs (CDs) were kept in line with requirements. Running balances of CDs were kept and audited regularly. The pharmacy did not dispense private prescriptions or provide emergency supplies. A random check of a CD showed that the quantity of stock matched the recorded balance.

A privacy policy detailing about how the company collected and stored people's private information was on display in the retail area of the pharmacy. The pharmacy's computers were password protected. Confidential information was kept securely and prescriptions awaiting collection were stored appropriately and people's personal details were not visible to the public. Confidential waste was separated and placed in designated bags which were collected by a waste disposal company.

Members of the pharmacy team were familiar with the pharmacy's complaints procedure. People using the pharmacy's services could feedback or raise concerns online or by contacting the superintendent's office (SI). A QR coded leaflet was also supplied on hand-out to encourage people to provide feedback about the services. People could also provide feedback via NHS Patient Advice and Liaison Services (PALS). The pharmacy had previously received quite a few complaints about its service and its waiting times. The pharmacy manager said that the waiting times in the pharmacy had significantly improved in the last three months and the pharmacy had recently received positive feedback about the waiting time and the professionalism of team members via PALS.

Members of the pharmacy team had completed safeguarding training relevant to their roles and responsibilities. The pharmacists had completed Level 2 safeguarding training. Members of the

pharmacy team had access to the Trust’s safeguarding contact details to escalate any safeguarding concerns. The pharmacy had not had any safeguarding concerns to report to date.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy had adequate staffing levels for its current workload. Members of the pharmacy team work well together, and they are able to raise concerns or make suggestions to help improve pharmacy services. And they have access to training resources to help keep their skills and knowledge up to date.

Inspector's evidence

At the time of the inspection, the pharmacy was very busy. Members of the pharmacy appeared to work well together, and they were managing their workload adequately. There were two pharmacists, one trainee technician, four qualified dispensers, four qualified healthcare assistants and a foundation trainee pharmacist. The pharmacy manager had been in post for about three months. An Accuracy Checking Technician had recently successfully completed her training and was in the process of completing her registration paperwork. The foundation trainee pharmacist said that she was very well supported by her tutor and was due to write her qualifying exams in June. Members of the pharmacy team received protected time each month to complete their on-going training.

Members of the pharmacy team shared a good rapport with hospital staff to ensure patients received good and effective care. The pharmacy manager attended regular meetings with the Hospital Trust to provide updates about medicine management, stock availability and complaints.

Members of the pharmacy team were well supported with on-going training and regular updates from the head office to help keep their skills and knowledge up to date. A whistleblowing policy was available and team members could provide feedback or raise concerns about the pharmacy's services. There were no targets or incentives set for team members. But the company had agreed some key performance Indicators (KPIs) with the Hospital trust such as waiting times, dispensing accuracy, and stock availability. Members of the pharmacy team did not feel that their professional judgement or patient safety was compromised by KPIs.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are kept clean and they are suitable for the provision of healthcare services. And they are kept secured from unauthorised access.

Inspector's evidence

The premises were clean, bright, and fitted to a good standard. Its fixtures and fittings were well maintained. The public area of the pharmacy was clean, tidy and it was clear of slip or trip hazards. The dispensary was clean and well organised. There was adequate space available to work and store medicines safely. The workflow in the pharmacy was well organised and there were designated areas for dispensing and checking prescriptions. Workbenches were kept clean and clutter free. The sink for preparing liquid medicines was clean and there was a supply of hot and cold running water. The pharmacy stocked a small range of healthcare products and pharmacy-only medicines couldn't be self-selected. There was good lighting throughout the premises and the room temperature was suitable for the storage of medicines. The premises were secured against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely and manages them adequately. It obtains its medicines from reputable sources, and it takes the right action in response to safety alerts and medicines recalls so that people get medicines and medical devices that are safe to use. Members of the pharmacy team identify higher-risk medicines and take appropriate steps to make sure these are supplied to people safely. People with different needs can access the pharmacy's services.

Inspector's evidence

The pharmacy was located on the ground floor of the hospital's main entrance, and it had a step free access. The space in the retail area was very limited and this at times became somewhat congested with people waiting for services. There was seating available in the atrium where people could wait for their prescriptions. People not wishing to wait for their prescriptions were given the option of collecting their medicines from a branch near their home. There were designated areas in the reception area where people could hand in and collect prescriptions. Real-time live screens were located outside the pharmacy and in several other locations including in the outpatients department to inform people when their prescriptions were ready.

Colour coded trays were used during the dispensing process to help prioritise workload and minimise the risk of medicines getting mixed up. Outpatient prescriptions were clinically screened by the RP, assembled by dispensers and a final check was undertaken by a second pharmacist. Team members involved in the dispensing process initialled prescriptions and dispensing labels to keep an audit trail. The pharmacy kept good records of clinically significant interventions and the RP said that he recorded between 20 to 30 interventions each day. And these were discussed during monthly Hospital Trust's meeting. People receiving high risk medicines such as methotrexate, valproate, Insulin and cytotoxics were identified to ensure that they received the necessary counselling and appropriate information to help them take their medicines safely. Members of the pharmacy team were aware of the valproate Pregnancy Prevention Programme. The RP said that he routinely checked to make sure that the hospital consultant prescribing valproate had completed appropriate risk assessment for the person and the pharmacy ensured that people in the at-risk group were counselled appropriately and supplied with relevant information to help them take their medicines safely.

The pharmacy obtained its stock medicines from licensed wholesalers, and medicines were stored tidily on the shelves. Pharmacy-only medicines were restricted from self-selection. Stock medicines were date checked at regular intervals and short-dated medicines were marked for removal at an appropriate time. Medicines requiring cold storage were kept in several refrigerators and these were stored between 2 and 8 degrees Celsius. The maximum and minimum temperatures were recorded twice a day. And records showed that the temperatures had been maintained within the required range. All CDs were stored in line with requirements and the pharmacy had denaturing kits to dispose of waste CDs safely. The pharmacy had a process to deal with safety alerts and medicine recalls to make sure the medicines it supplied were fit for purpose. Records about these and the action taken by team members were kept, providing an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And it maintains these appropriately.

Inspector's evidence

Members of the pharmacy team had access to current reference sources including a British National Formulary and internet access. All electrical equipment appeared to be in good working order. The pharmacy had a range of calibrated glass measures available for measuring liquid medicines. And it had equipment for counting loose tablets and capsules. The pharmacy had access to items of personal protective equipment, such as gloves, face masks and hand sanitisers.

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.