

Registered pharmacy inspection report

Pharmacy Name: The Lighthouse Pharmacy Ltd, 19-21 The Street,
Little Clacton, CLACTON-ON-SEA, Essex, CO16 9LQ

Pharmacy reference: 1031061

Type of pharmacy: Community

Date of inspection: 19/06/2019

Pharmacy context

The pharmacy is in the village centre of Little Clacton in Essex. The pharmacy dispenses NHS prescriptions. And it provides Medicines Use Reviews (MURs) and occasional New Medicine Service (NMS) consultations. The pharmacy can assemble medication in multi-compartment compliance packs for people who need help managing their medicines. People can ask to have their blood pressure tested. The pharmacy provides an erectile dysfunction service under a patient group direction. It administers flu vaccinations during the winter season. It is planning to introduce a travel vaccination service in the future.

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	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

The pharmacy generally has safe and effective working practices. It manages its risks well by recording mistakes that occur during the dispensing process and learning from them. This helps it make its services safer for people to use. The pharmacy keeps people's private information safe. It regularly asks people for their views. It generally keeps the records required by law to ensure that its medicines are supplied safely and legally.

Inspector's evidence

The pharmacy kept near miss and error logs and these were informally reviewed to identify any trends or patterns. Following dispensing incidents, the mistake was discussed with the individual concerned on a one-to-one basis, with any learnings shared with the dispensary team. They said that a regular review would be useful to more accurately identify trends. The dispenser had only recently joined the team and therefore the pharmacists frequently self-checked prescriptions. The pharmacist said that she routinely took a mental break between dispensing and checking to reduce the risk of mistakes. The trainee dispenser was encouraged to identify their own errors and was comfortable about feeding back to the pharmacist.

The superintendent said that people were complimentary about the friendly and helpful team. They were encouraged to take part in an annual survey. The pharmacy had current professional indemnity insurance in place. The pharmacy had the right responsible pharmacist (RP) notice on display and RP records were correctly completed. Roles and responsibilities were identified in the standard operating procedures (SOPs). When asked, members of the pharmacy team clearly understood what they could and couldn't do when the pharmacist was not present.

The pharmacy had a range of SOPs which covered, for example, dispensing processes, information governance, controlled drugs (CDs), RP activities, sale of medicines, high-risk medicines, dispensing incidents and services the pharmacy provided. There was evidence that members of staff had read and signed SOPs relevant to their roles. The SOPs were in the process of being reviewed and the pharmacy team were involved in this process.

The records examined were generally maintained in accordance with legal and professional requirements. These included: the electronic private prescription register (for private prescriptions and emergency supplies) and the RP record. The CD registers were generally appropriately maintained but some registers contained different forms of medication. As there was only a small stockholding of CDs, the pharmacist said that they were planning to open new registers to address this. CD balance checks were done each week. There was also a book where patient returned CDs were recorded but some of these had been denatured without the entry being completed in the book.

The pharmacy had a cordless phone to facilitate private conversations and the correct NHS smartcards were in use. The patient medication record (PMR) was password protected and sensitive waste was securely disposed of. Prescriptions were stored securely in the dispensary. The pharmacist was in the process of reviewing and implementing training on the General Data Protection Regulation.

The pharmacy had safeguarding procedures in place and team members described the actions that

would be taken in the event of a safeguarding concern. There were contact details available for the local safeguarding team.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload safely. They are appropriately trained or on training courses. They make suggestions to improve safety and workflows where appropriate.

Inspector's evidence

There were two part-time regular pharmacists to support the superintendent who had semi-retired. There was one part-time trainee dispenser and two part-time medicines counter assistants (one of whom was still in training). The pharmacy team were up-to-date with prescriptions and routine pharmacy tasks. They had completed or were undertaking accredited training courses.

The pharmacy team used training materials provided by pharmaceutical companies to keep their knowledge up to date and were actively involved in helping to review and develop the SOPs. Team members did not have protected training time in the pharmacy. The pharmacy did not have a system for performance reviews or appraisals. The superintendent said that they would investigate this to provide a structure to help the team learn and develop.

The team were encouraged to make suggestions and had changed the way in which part-dispensed prescriptions were handled and filed in the pharmacy and this had improved efficiency and safety. Targets and incentives were not used in the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy team keeps the pharmacy secure, clean and generally tidy.

Inspector's evidence

The pharmacy had carpeted floors throughout, laminated worktops and a dedicated sink for the preparation of medicines. These were clean. There were clear workflows in place and a designated checking area which was generally kept tidy to reduce the risk of mistakes. The pharmacy had good levels of lighting throughout and used a thermometer to make sure that medicines were kept at the right temperature.

There was a clean, bright and appropriately-maintained consultation room (with handwashing facilities in the adjacent toilet area) and a reasonable level of soundproofing where people could consult pharmacy team members in private. The carpet in the consultation room had several unsightly stains. As these were carpet tiles, the superintendent said they could be easily replaced. The room was kept locked when not in use. The pharmacy premises were kept secure

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy gets its medicines from reputable suppliers and it stores them properly. It takes the right action if any medicines or devices need to be returned to the suppliers. This means that people get medicines and devices that are safe to use. The team members follow safe practice when assembling compliance packs which help people to take their medication.

Inspector's evidence

The pharmacy was accessed via a single door with a step. The pharmacy team said that they routinely went to the door to assist wheelchair users to access services. There was a magnifying glass and large-print labels were generated on request to assist people with visual impairment. Team members had trained as Dementia Friends.

The pharmacy obtained stock from a range of licenced wholesalers and it was stored in a neat and tidy manner in the dispensary. Stock was date checked quarterly and there were some records to support this. The pharmacy team were aware of the Falsified Medicines Directive and had equipment and software in place. The system was in a testing stage in the pharmacy but there was a plan to achieve compliance.

The pharmacy counselled people taking higher-risk medicines such as lithium, warfarin and methotrexate and the pharmacists routinely enquired about blood test results related to these medicines. But, the results were not always recorded on the PMR which may make it harder for the pharmacy team members to monitor the results. The pharmacy team members were aware of the risks associated with dispensing valproate containing products, and the Pregnancy Prevention Programme.

The pharmacy kept medicines requiring cold storage in a domestic fridge. The maximum and minimum temperatures were continually monitored and recorded daily. The records confirmed that stock was consistently stored between 2 and 8 degrees Celsius. The pharmacy stored its CDs securely. The pharmacy team members wrote on each CD prescription to help ensure that medicines were not issued after the prescription was no longer valid.

The pharmacy team dispensed medication into a multi-compartment compliance pack for one person. The packs were disposable and tamper evident. They had descriptions of the medication on the label to help the person to identify their medicines. The packs were routinely supplied with patient information leaflets. Team members described the process they followed to ensure that any mid-cycle changes to the packs were rechecked to make sure that these were supplied safely. The pharmacy had record sheets to record any changes to medication in the packs and allow effective team communication.

The pharmacists had undertaken anaphylaxis training. Pharmacy staff described a safe procedure for handling needles in the pharmacy. Patient returns were clearly segregated into designated bins and disposed of appropriately. Drug alerts were received electronically and recorded in the pharmacy. There was evidence that the pharmacy team members had appropriately actioned recent alerts.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment for its services and generally makes sure that it is looked after properly. It uses its equipment to keep people's private information safe.

Inspector's evidence

The pharmacy had up-to-date reference sources, and testing equipment from reputable suppliers. It used stamped glass measures (with designated labelled measures for liquid methadone), and labelled equipment for dispensing cytotoxic medication such as methotrexate. This helped to avoid any cross-contamination. One of the glass measures had a build-up of limescale and the pharmacy team said they would clean it promptly.

There was a new blood pressure monitor which was replaced every two years. There was a range of infection control and anaphylaxis materials. Fire extinguishers had been replaced since the previous inspection and were due for a service. All electrical equipment appeared to be in good working order. Sensitive records were stored securely in the dispensary and the patient medication record was password protected. Confidential waste was disposed of using a strip-cut shredder and an incinerator.

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.