

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Heath Road, Coxheath,
MAIDSTONE, Kent, ME17 4EH

Pharmacy reference: 1032829

Type of pharmacy: Community

Date of inspection: 13/02/2020

Pharmacy context

The pharmacy is located on a small parade of shops in large village near to Maidstone. The people who use the pharmacy are mainly older people. The pharmacy receives around 85% of its prescriptions electronically. The pharmacy provides a range of services, including Medicines Use Reviews, the New Medicine Service, blood pressure checks and offers medicines as part of the minor ailments scheme. It also provides medicines as part of the Community Pharmacist Consultation Service. It also supplies medications in multi-compartment compliance packs to a large number of people who live in their own homes to help them manage their medicines. And it provides substance misuse medications to a small number of people.

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	1.2	Good practice	The pharmacy records and regularly reviews any mistakes that happen during the dispensing process. It uses this information to help make its services safer and reduce any 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

Overall, the pharmacy adequately identifies and manages the risks associated with its services to help provide them safely. It records and regularly reviews any mistakes that happen during the dispensing process. And it uses this information to help make its services safer and reduce any future risk. The pharmacy protects people's personal information and it regularly seeks feedback from people who use the pharmacy. Team members understand their role in protecting vulnerable people. And the pharmacy largely keeps the records it needs to keep by law, to show that its medicines are supplied safely and legally.

Inspector's evidence

The pharmacy adopted adequate measures for identifying and managing risks associated with its activities. These included; documented, up-to-date standard operating procedures (SOPs), near miss and dispensing incident reporting and review processes. Team members had signed to show that they had read and understood the SOPs. Near misses were highlighted with the team member involved at the time of the incident; they identified and rectified their own mistakes. Near misses were recorded and reviewed regularly for any patterns. Items in similar packaging or with similar names were separated where possible to help minimise the chance of the wrong medicine being selected. And the outcomes from the reviews were discussed openly during the regular team meetings. Dispensing incidents where the product had been supplied to a person were recorded on a designated form and a root cause analysis was undertaken. The pharmacy manager said that she was not aware of any recent dispensing incidents. The pharmacy received a weekly newsletter from the pharmacy's head office. A recent newsletter had included information about how the pharmacy can minimise the chance of mistakes with medicines which 'look alike or sound alike (LASA)'. The received some 'LASA' stickers during the inspection and these were used promptly to highlight areas where these medicines were kept. The pharmacy kept a record of any interventions where the team had had to contact the prescriber about a prescription. This helped team members to show why prescriptions had been changed.

Workspace in the dispensary was free from clutter. There was an organised workflow which helped staff to prioritise tasks and manage the workload. Baskets were used to minimise the risk of medicines being transferred to a different prescription. The team members signed the dispensing label when they dispensed and checked each item to show who had completed these tasks.

Team members' roles and responsibilities were specified in the SOPs. The healthcare partner said that the pharmacy would not open if the pharmacist had not turned up in the morning. She said that a notice would be displayed to inform people and the pharmacy's head office would be informed. She knew that she should not sell any medicines or hand out any dispensed items until the pharmacist had arrived. And she knew that she should not sell any pharmacy-only medicines or hand out dispensed items if the pharmacist was not in the pharmacy. The dispensers knew that they should not carry out any dispensing tasks if the pharmacist had not turned up in the morning.

The pharmacy had current professional indemnity and public liability insurance. All necessary information was recorded when a supply of an unlicensed medicine was made. The private prescription records and emergency supply records were completed correctly. Controlled drug (CD) registers

examined were largely filled in correctly, but the address of the suppliers was not always recorded. The pharmacy manager said that she would ensure that this was recorded in the future. The CD running balances were checked at regular intervals and any liquid overage was recorded in the registers. The recorded quantity of one CD item checked at random was the same as the physical amount of stock available. The right responsible pharmacist (RP) notice was clearly displayed and the RP record was largely completed correctly. But the RP was not in the pharmacy at the start of the inspection and she had not recorded the time she had left. She said that she would ensure that the record was updated contemporaneously in the future.

Confidential waste was removed by a specialist waste contractor, computers were password protected and the people using the pharmacy could not see information on the computer screens. Smartcards used to access the NHS spine were stored securely and team members used their own smartcards during the inspection. Bagged items waiting collection could not be viewed by people using the pharmacy. The pharmacy team members had completed training about the General Data Protection Regulation.

The pharmacy carried out yearly patient satisfaction surveys; results from the 2019 survey were displayed in the shop area and were available on the NHS website. The complaints procedure was available for team members to follow if needed and details about it were available in the pharmacy leaflet. The pharmacy manager said that there had not been any recent complaints.

The pharmacist had completed the Centre for Pharmacy Postgraduate Education training about protecting vulnerable people. Other team members had undertaken safeguarding training provided by the pharmacy's head office. The healthcare partner could describe potential signs that might indicate a safeguarding concern and would refer any concerns to the pharmacist or the pharmacy manager. The pharmacy manager said that there had not been any safeguarding concerns at the pharmacy. The pharmacy had contact details available for agencies who dealt with safeguarding vulnerable people.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained team members to provide its services safely. And they are provided with ongoing and structured training to support their learning needs and maintain their knowledge and skills. They can raise any concerns or make suggestions and have regular meetings. The team members can take professional decisions to ensure people taking medicines are safe. These are not affected by the pharmacy's targets. They do the right training for their roles. But they are not always enrolled on accredited course in a timely manner.

Inspector's evidence

There was one locum pharmacist, four part-time trained dispensers (healthcare partners) and one medicine counter assistant (MCA) working during the inspection. Some of the dispensers were only present for part of the inspection. The pharmacy manager was also qualified as a dispenser and could provide assistance where needed. A dispenser was due to finish working at the pharmacy on the day of the inspection. The pharmacy manager explained that a regular pharmacist had been employed last year, but they had left and the pharmacy was relying on locum pharmacists. The pharmacy manager said that one of the trainee MCAs had been working at the pharmacy for around eight months and she had not been enrolled on an accredited course for her role. She said that the pharmacy had requested her enrolment, but had been informed that this was not possible due to the pharmacy not having a regular pharmacist. The pharmacy manager contacted the pharmacy's head office during the inspection and they confirmed that they MCA had been enrolled on a course in December 2019. Other team members had completed accredited courses for their roles. Team members wore smart uniforms with name badges displaying their role. They worked well together and communicated effectively to ensure that tasks were prioritised and the workload was adequately managed.

The healthcare partners and dispensers appeared confident when speaking with people. One, when asked, was aware of the restrictions on sales of pseudoephedrine containing products. And she said that she would refer to the pharmacist if a person regularly requested to purchase medicines which could be abused or may require additional care. Team members used effective questioning techniques to establish whether the medicines were suitable for the person. The WWHAM questions were at the medicines counter for team members to refer to if needed.

Team members completed a monthly 'knowledge check' about various topics, including various different medicines. These were multiple choice questions and answers and the pharmacy manager monitored staff training. She said that team members should be allowed 30 minutes each week to carry out their training. But, due to the slow internet connection at the pharmacy, this was not usually possible. So, team members usually completed the training at home in their own time. They also had regular reviews of any dispensing mistakes and discussed these openly in the team each month as part of the pharmacy's 'Safer Care' review process.

The pharmacist was aware of the continuing professional development requirement for the professional revalidation process. The pharmacist said that she had undertaken sepsis and 'look alike and sound alike (LASA)' training which was provided by the CPPE. She said that she felt able to take professional decisions while working at the pharmacy.

The pharmacy manager carried out bi-annual appraisals and performance reviews with team members. Team members felt comfortable about discussing any issues with the pharmacy manager or making any suggestions. The pharmacy manager said that she had a good working relationship with the cluster lead and that he regularly visited the pharmacy. She explained about a weekly conference call she had with other pharmacy managers within the cluster. She said that they discussed targets and any ongoing issues. She explained that there was a messaging group and any issues could also be raised there.

Targets were set for Medicines Use Reviews (MUR) and the New Medicine Service. The pharmacist said that she did not feel under pressure to achieve the targets and carried out these services for the benefit of the people who used the pharmacy. And she confirmed that she would not let the targets affect her professional judgement. She explained about a recent MUR that she had carried out and the person had told her that they were not taking all of their medicines as prescribed. She said that she had referred the person to their GP and she had informed the person that she would be sending a referral form to their GP to inform them.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises provide a safe, secure, and clean environment for the pharmacy's services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was secured from unauthorised access. It was bright, clean and tidy throughout; this presented a professional image. Pharmacy-only medicines were kept behind the counter. There was a clear view of the medicines counter from the dispensary and the pharmacist could hear conversations at the counter and could intervene when needed. Air conditioning was available; the room temperature was suitable for storing medicines.

There were three chairs in the shop area and these had arms to aid standing. The chairs were positioned away from the medicines counter to help minimise the risk of conversations at the counter being heard. The pharmacy's toilet area and hand washing facilities were clean and not used for storing pharmacy items.

The consultation room was accessible to wheelchair users and it was located in the shop area. It was suitably equipped and well-screened. But it was not kept secured at all times during the inspection. A coded lock was available to use and team members said that they would ensure that it was kept secured in the future. Low-level conversations in the consultation room could not be heard from the shop area. The computer screen was not kept locked when not in use. The MCA used it to look for people's prescriptions during the inspection and this helped her to assist people promptly.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and manages them well. And people with a range of needs can access its services. It gets its medicines from reputable suppliers and stores them properly. It responds appropriately to drug alerts and product recalls. This helps make sure that its medicines and devices are safe for people to use. The pharmacy highlights prescriptions for higher-risk medicines so that there is an opportunity to speak with people when they collect these medicines. It responds appropriately to drug alerts and product recalls, so that people get medicines and medical devices that are safe to use. And it dispenses medicines into multi-compartment compliance packs safely.

Inspector's evidence

There was step-free access to the pharmacy through a wide entrance. Team members had a clear view of the main entrance from the medicines counter and could help people into the premises where needed. Services and opening times were clearly advertised and a variety of health information leaflets was available. The induction hearing loop appeared to be in good working order.

The pharmacist said that she checked monitoring record books for people taking higher-risk medicines such as methotrexate and warfarin. And a record of blood test results was kept on the person's medication record. This made it easier for the pharmacy to check that the person was having the relevant tests done at appropriate intervals. Prescriptions for higher-risk medicines were highlighted, so there was the opportunity to speak with these people when they collected their medicines. Prescriptions for Schedule 3 and 4 CDs were highlighted and the 'date not to be handed out after' was recorded on the sticker on the bag. This helped to minimise the chance of these medicines being supplied when the when the prescription was no longer valid. Dispensed fridge items and CDs were kept in clear plastic bags to aid identification. The dispenser said that they checked CDs and fridge items with people when handing them out. The pharmacy manager said that the pharmacy supplied valproate medicines to one person. But the person did not need to be on the Pregnancy Prevention Programme. The pharmacy had the relevant patient information leaflets and warning cards available.

Stock was stored in an organised manner in the dispensary. Expiry dates were checked regularly, but this activity was not always recorded. Short-dated items were not always marked as per the pharmacy's procedures. The pharmacy manager said that she would remind team members mark these items. There were no date-expired items found in with dispensing stock and medicines were kept in their original packaging.

Part-dispensed prescriptions were checked daily. 'Owings' notes were provided when prescriptions could not be dispensed in full and people were kept informed about supply issues. Prescriptions for alternate medicines were requested from prescribers where needed. Prescriptions were kept at the pharmacy until the remainder was dispensed and collected. Uncollected prescriptions were checked monthly. The pharmacy manager said that uncollected prescriptions were annotated on the NHS electronic system to show that they had not been dispensed and the prescriptions were placed in the confidential waste bin. Any items were returned to dispensing stock where possible.

The pharmacy manager said that assessments for people who received their medicines in multi-compartment compliance packs were carried out by people's GPs. Prescriptions for people receiving

their medicines in these packs were received in batches from the surgery. The pharmacy manager said that surgeries sent prescriptions for any changes or additional medicines to the pharmacy, but they did not usually inform them so the pharmacy routinely checked with the surgeries when new prescriptions were received for these people. Prescriptions for 'when required' medicines were not routinely requested; the pharmacy manager said that people usually contacted the pharmacy if they needed them when their packs were due. The pharmacy kept a record for each person which included any changes to their medication and they also kept any hospital discharge letters for future reference. Packs were suitably labelled and there was an audit trail to show who had dispensed and checked each pack. Medication descriptions were put on the packs to help people and their carers identify the medicines and patient information leaflets were routinely supplied.

CDs were stored in accordance with legal requirements and they were kept secure. Denaturing kits were available for the safe destruction of CDs. CDs that people had returned and expired CDs were clearly marked and segregated. Returned CDs were recorded in a register and destroyed with a witness; two signatures were recorded.

Deliveries were made by a delivery driver. The pharmacy obtained people's signatures for deliveries where possible and these were recorded on a hand-held electronic device so that another person's information was protected. When the person was not at home, the delivery was returned to the pharmacy before the end of the working day. A card was left at the address asking the person to contact the pharmacy to rearrange delivery.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Drug alerts and recalls were received from the pharmacy's head office. Any action taken was recorded and kept for future reference. This made it easier for the pharmacy to show what it had done in response.

The pharmacy had the equipment to be able to comply with the EU Falsified Medicines Directive but it was not yet being used. The pharmacy manager said that the pharmacy had tried to use the equipment, but it had disabled the internet at the pharmacy. She said that the issue had been raised with the pharmacy's head office. Team members had undertaken training on how the system worked and there were written procedures available.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy largely has the equipment it needs to provide its services safely. It uses its equipment to help protect people's personal information.

Inspector's evidence

Suitable equipment for measuring liquids was available but not for volumes less than ten millilitres. The pharmacy manager said that she would order a suitable measure. A separate liquid measure was marked for methadone use only. Triangle tablet counters were available and clean; a separate counter was marked for cytotoxic use only. This helped avoid any cross-contamination.

Up-to-date reference sources were available in the pharmacy and online. The blood pressure monitor had been in use since November 2018 and this was annotated on the monitor. This helped team members to know when it was due to be replaced or calibrated. The weighing scales were in good working order. And the phone in the dispensary was portable so it could be taken to a more private area where needed.

Fridge temperatures were checked daily; maximum and minimum temperatures were recorded. Records indicated that the temperatures were consistently within the recommended range. The fridges were suitable for storing medicines and were not overstocked.

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.