

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 226-228 Hertford Road, ENFIELD, Middlesex, EN3 5BH

Pharmacy reference: 1034871

Type of pharmacy: Community

Date of inspection: 27/08/2019

Pharmacy context

This community pharmacy is located on a high street in Enfield, London. It mainly dispenses NHS prescriptions that it receives from two local GP surgeries. It supplies some medicines to care homes. And it supplies some medicines in multi-compartment compliance packs to help people organise their medicines.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	2.1	Standard not met	The pharmacy's staffing level is not sufficient to provide efficient and effective services. The team struggles to manage the workload, and this may lead to unnecessary delays in medicines being supplied to people.
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 manages risks adequately. It mostly keeps the legal records required and generally makes sure these are accurate. The pharmacy's team members manage people's personal information. And they know how to protect vulnerable people.

Inspector's evidence

The pharmacy displayed a notice which stated the name and registration number of the responsible pharmacist on duty. The notice displayed the incorrect details, and this was changed when it was highlighted to the pharmacist.

The pharmacy had standard operating procedures (SOPs) which covered its services. The SOPs were kept up to date by the pharmacy's head office. The pharmacy kept records to show that team members had read the SOPs, but these had not been completed by most team members. The pharmacist confirmed that the team members had read the SOPs.

The pharmacy regularly asked people visiting the pharmacy to complete satisfaction surveys. The previous survey's results were generally positive. Team members received additional verbal feedback from people who visited the pharmacy. The pharmacy had received some negative feedback about its waiting times. The pharmacist said that waiting times for people's prescriptions were sometimes delayed if there were medicines to be checked for the care home. The pharmacy had a complaints process, and information about this process was in its practice leaflet.

The pharmacy had contact details for local safeguarding organisations which made it easier to escalate concerns. Team members said that there had been no previous safeguarding concerns. Team members had received safeguarding training from the pharmacy's SOPs and from the Centre for Pharmacy Postgraduate Education (CPPE).

The pharmacy had SOPs about information governance and confidentiality. Team members also received training about managing information through the company's e-Learning platform. Confidential waste was separated from other waste so that it could be appropriately destroyed. A statement that the pharmacy complied with the Data Protection Act and NHS code of conduct on confidentiality was in its practice leaflet. Electronic prescriptions were generally accessed using NHS smartcards belonging to some team members. Other team members were in the process of getting their own smartcards.

One team member was the 'Safer Care Champion' for the pharmacy. This involved discussing case studies and completing checklists that assessed risks in the pharmacy. The pharmacy made records about near misses in its dispensing process. The pharmacy had a process to complete monthly reviews about its near misses, but this hadn't been completed for several months. This meant that the pharmacy may have missed some learning opportunities. Team members said that this was because they didn't get enough time.

The pharmacy displayed certificates which showed that it had appropriate insurance. Records about unlicensed medicines and responsible pharmacist logs were kept and maintained adequately. The pharmacy kept required records about controlled drugs (CDs). The records included running balances,

and the pharmacy checked these regularly to make sure its records were correct. Three CDs were chosen at random and the physical stock matched the running balances. The pharmacy kept appropriate records about CDs which had been returned by people. Most private prescription records were recorded adequately. There were several prescriptions between June 2019 and 20 August 2019 which had not been recorded. These were highlighted to the pharmacist so that appropriate records could be made. The pharmacist said that these had not been entered due to staffing issues during the period that there had not been a regular pharmacist in the pharmacy.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy's staffing level is not sufficient to provide efficient and effective services. The team struggles to manage the workload, and this may lead to unnecessary delays in medicines being supplied to people. The pharmacy's team members do not always have time to complete non-urgent tasks. They have the right qualifications for their roles and they know when to escalate issues to the pharmacist.

Inspector's evidence

At the time of the inspection there was the responsible pharmacist (the acting pharmacy manager), a pharmacy technician, two dispensers (one was a locum dispenser) and two medicines counter assistants present. The locum dispenser was covering the absence of a regular team member. There were long queues at the counter at times, and there were some people who left the pharmacy because the wait was too long. Waiting times for prescriptions were sometimes an hour. People left their prescriptions at the pharmacy to pick up later and complained when they returned because they still weren't ready. Team members often took a long time to locate people's prescriptions. One person complained to team members that her medicines had not been delivered on time. The pharmacist said that she had been managing the pharmacy for around four months and said that there was no regular pharmacist for several months before that. She confirmed that there were no vacancies. Staff absences were covered with overtime or with locum staff. The pharmacist said that the pharmacy had improved but there was still some work to catch up on. She said that she received adequate support from senior managers.

There were two team members who were receiving training to achieve dispensing qualifications. Other team members already had achieved appropriate pharmacy qualifications. The pharmacy had an e-Learning platform to provide ongoing training, but some team members were not completing this training. Team members shared information with each other through informal discussions. They also used notes and a diary to communicate messages. Team members said that they received informal feedback about their performance.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides its services from suitable premises. There is enough space to deliver services. And the pharmacy has appropriate security arrangements to protect its premises.

Inspector's evidence

The pharmacy was mostly clean and tidy. There were some areas of the dispensary and storage areas that were cluttered. Its team members kept workbenches tidy so that there was enough space to complete tasks safely. There was adequate heating and lighting throughout the pharmacy. The pharmacy had hot and cold running water available. The pharmacy had two consultation rooms. One room was routinely used for consultations. The pharmacy had appropriate security arrangements to protect its premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy adequately manages its services. It sources its medicines from reputable suppliers, and it makes sure people can use their medicines safely. It has an organised process for assembling multi-compartment compliance packs and medicines for care homes.

Inspector's evidence

The pharmacy's layout and step-free access made it easier for people in wheelchairs to use the pharmacy. The pharmacy had leaflets that provided information about its services. The pharmacy ordered prescriptions for some people. It kept records about prescription orders it had made so that its team members could check the prescriptions included all the required medicines. Most people ordered prescriptions at the surgery themselves.

The pharmacy had invoices which showed that its medicines were obtained from licensed wholesalers. It used a fridge to store medicines that needed cold storage. The pharmacy's team members recorded daily fridge temperatures to make sure the fridge stayed at the right temperatures. CDs were stored appropriately. CDs which had gone past their 'use-by' date were separated from other stock to prevent them being mixed up.

The pharmacy checked its stock's expiry dates according to a schedule. The pharmacy was not up-to-date with the schedule but had completed some checks in August 2019. Some medicines which had passed their expiry date had been separated and put in a pharmaceutical waste bin. Medicines that were approaching their expiry date were highlighted to the team. Several medicines were checked at random and were in date. The pharmacy wrote the date onto medication bottles when they were first opened. This helped the team members to know that the medicine was suitable if they needed to use it again. Date-expired and medicines people had returned were placed in to pharmaceutical waste bins. These bins were kept safely away from other medicines. Team members were not sure if hazardous or cytotoxic medicines had to be separated.

The pharmacy had equipment to help verify the authenticity of its medicines in accordance with the Falsified Medicines Directive (FMD). The team had completed training about FMD and their head office was in the process of implementing the other processes and software needed. The pharmacy received information about medicine recalls. It kept records about the recalls it had received and the actions that had been taken.

Dispensers used baskets to make sure prescriptions were prioritised and medicines remained organised. Computer-generated labels contained relevant warnings and were initialled by the dispenser and checker to provide an audit trail. The pharmacy's dispensing software highlighted interactions to the team and they shared this information with the pharmacist. Prescriptions were kept with checked medicines awaiting collection. Team members said they would check prescription dates to make sure medicines were supplied while prescriptions remained valid. Stickers were used to highlight prescription dates to team members.

Stickers were used highlight dispensed medicines that needed more counselling from a pharmacist. This included methotrexate, lithium and warfarin. Team members said that they asked about relevant blood

tests for people supplied with warfarin, but they did not keep any records about the information they were given. The pharmacy team was aware about pregnancy prevention advice to be provided to people in the at-risk group taking sodium valproate. The pharmacy had up-to-date guidance materials to support this advice. The pharmacy delivered some people's medicines. It kept records about these deliveries, and its delivery drivers recorded the recipient's signature.

The pharmacy supplied medication in multi-compartment compliance packs to some people to help them organise their medicines. The frequency that the packs were supplied was decided by the prescription. The pharmacy kept records about medicines included in the packs, their administration times and changes to medicines. Patient information leaflets were supplied with the packs so that people could access up-to-date information about their medicines. The pharmacy kept records about prescription ordering and assembly of the packs. Assembled packs included descriptions which helped people to identify individual medicines.

The pharmacy supplied medicines to around five care homes. The pharmacy supplied medicines in multi-compartment compliance packs to around 70 people. It supplied medicines to five care homes. Some care homes received medicines in their original packaging, and others received medicines in multi-compartment compliance packs. The pharmacy kept appropriate records and included information about people's allergies. Patient information leaflets were supplied each month.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment and facilities to provide its services. Its team members generally make sure that equipment is kept in good condition. And they use up-to-date reference sources when they deliver services.

Inspector's evidence

The pharmacy's equipment appeared to be in good working order and maintained adequately. Team members had contact details to report maintenance issues. Confidential information was not visible to people visiting the pharmacy. Computers were password protected to prevent unauthorised access to people's medication records. Crown-stamped measures were used in the pharmacy to measure liquids. The inspector highlighted dirty glass measures to team members, so they could be regularly cleaned. The pharmacy had suitable equipment to count loose tablets. The pharmacy's team members used up-to-date reference sources.

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.