

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 9 The Green, Newick, LEWES, East Sussex, BN8 4LA

Pharmacy reference: 1036238

Type of pharmacy: Community

Date of inspection: 08/08/2022

Pharmacy context

This is a small rural pharmacy in the village of Newick, in East Sussex. It dispenses people's prescriptions, sells over-the-counter medicines and offers healthcare advice. It supplies some medicines in multi-compartment compliance aids and delivers to those who can't visit the pharmacy in person.

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

People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They work to professional standards and identify and manage risks appropriately, including those related to the spread of airborne viruses. They understand their role in protecting vulnerable people, and they keep people's private information safe. The pharmacy has appropriate insurance to protect people if things do go wrong. It keeps the records it needs to by law, but some of them are not complete with all the necessary details.

Inspector's evidence

There were standard operating procedures (SOPs) in place to underpin all professional standards, some dated October 2021 and due for a review in October 2023. Others, including the responsible pharmacist (RP) SOPs, were dated July 2019 and due to have been reviewed in July 2021. There were separate records of competence which had been signed by staff members between January and April 2022. The inspector was subsequently informed that all of those staff had since left the pharmacy. A workplace risk assessment had been completed and all staff were wearing face masks in accordance with current government guidance for health and care settings.

Errors and near misses were recorded to show possible causes and to provide evidence of reflection and learning. If there had been no near misses on any particular day, then this was also noted on the record so that there was an entry on every working day. Most of the entries were for no near misses. There had been no monthly 'safer care' briefings for several months so any learnings from their errors and near misses weren't being formally discussed and documented. The inspector reminded the team of the importance of learning from their mistakes and then documenting that learning. They had identified some items that were prone to error, such as amitriptyline and amlodipine which had been separated on the shelves. There was a 'safer care' notice board in the dispensary, but this had not been updated for some time.

Staff were able to clearly explain what they do, what they were responsible for and when they might seek help. The correct responsible pharmacist notice was clearly displayed for people to see. Details of the RP on duty each day were recorded on the main dispensary computer. Those questioned correctly described what they could and could not do in the absence of the RP. There were pharmacy practice leaflets available which included details of how people could provide feedback about the pharmacy's services, and the pharmacy's complaints procedure.

A certificate of professional indemnity and public liability insurance from the National Pharmacy Association (NPA) valid until June 2023 was on display by the medicines counter. Private prescription records were maintained in a book and were mostly complete apart from the dates of dispensing. The dates of prescribing had been correctly recorded, and the relief manager made a note to add the dispensing dates. Records of unlicensed 'specials' were complete apart from the prescriber's details which should be included on the Certificates of Conformity (CoC). The relief manager made a note to add those details.

The CD register was seen to be correctly maintained, with alterations being made with asterisked notes

at the bottom of the page. They were initialled with the pharmacist's registration number and date. Running balance checks were carried out at regular weekly intervals until 4 June 2022. There were no further checks after that date. Running balances of two randomly selected CDs were checked and both found to be correct.

Completed prescriptions in the prescription retrieval system were out of public view in the dispensary. Confidential waste was kept separate from general waste in a designated sack and removed for shredding by an appropriately licensed contractor. There was a privacy notice on the Healthy Living Pharmacy (HLP) notice board.

There were safeguarding procedures in place, but the contact details of local safeguarding agencies were not immediately visible to the team. The RP knew she could find them online, and the inspector signposted everyone in the team to the NHS Safeguarding app. There was a notice by the consultation room door explaining the pharmacy's chaperone policy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has barely enough staff to manage its workload safely, although they do work well together as a team. Those team members support one another in providing the pharmacy's services in a professional and caring manner under challenging circumstances.

Inspector's evidence

There was one newly appointed member of staff on duty whose role combined the duties of medicines counter assistant (MCA) and dispensing assistant. She had only joined the pharmacy two weeks before the inspection and had qualified as a dispensing assistant some years previously. There was also a relief manager on duty who was a qualified dispensing assistant. There was a locum pharmacist on duty as RP during the inspection. This appeared to be barely sufficient for the workload, but they were working very well together. They informed the inspector that all the previous members of the pharmacy team had left and that they were struggling to replace them. Another person was due to join the team the following week.

Training records were not examined as two out of the three staff present were not permanent members of the pharmacy's team, and the third had only joined two weeks previously. Staff were able to demonstrate an awareness of potential medicines of abuse and could identify patients making repeat purchases. They described how they would refer to the pharmacist if necessary but had not identified any particular issues recently.

All three members of the team were seen serving people and asking appropriate questions when responding to requests or selling medicines. They were patient and helpful with people who wanted to know where their prescriptions were, and nobody was kept waiting longer than necessary. There were targets in place although the figures had not been updated on the notice board suggesting that they were not being used. There was a professional atmosphere within the pharmacy and team members seemed able to speak freely about their mistakes and learning from them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are very small and appear cluttered. But the team keeps them suitably clean so they provide a professional environment for people using the pharmacy's services. The pharmacy has left some sensible adaptations in place to help reduce the spread of airborne viruses.

Inspector's evidence

The pharmacy premises were on the green in the centre of the village. They were clean and in a reasonable state of repair although very cluttered owing to the lack of space. There was an automatic door with step-free access into the small retail sales area. There was just enough space for two or three people to wait inside. The dispensary had three main workbenches, one for labelling and assembling prescriptions, one facing the front where the pharmacist carried out the accuracy checks. The third was towards the rear and used for assembling multi-compartment compliance aids. All the benches had baskets of prescriptions awaiting completion, or items of stock on them. Team members explained that a delivery had just arrived, and they hadn't yet put the stock away. The dispensary sink was clean with hot and cold running water, and handwash was available. There was a weekly cleaning rota in place.

A Perspex screen helped to prevent unauthorised access to medicines stored behind the counter and also helped to prevent the spread of airborne viruses. There was a consultation room available for confidential conversations and the provision of services, with a seat near its entrance door. The consultation room door was open when the inspector arrived, so the inspector advised the team to keep it closed when it wasn't in use. Inside the room, there were unlocked cupboards containing stock and paperwork, but no confidential information was visible. The inspector advised the team to keep the cupboards locked.

Staff toilet facilities were clean and tidy. There was also a small rest area for staff. Room temperatures were suitable for the safe storage of medicines and comfortable for staff. There was an air-conditioning unit available, but it wasn't working so the doors were left open to allow air to circulate.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy has sensibly limited the range of services it offers while it is still building its new team. It delivers its remaining services safely, so that people with a range of needs can access them without having to wait for too long. The pharmacy sources, stores and generally manages its medicines safely, and so makes sure that the medicines it supplies are fit for purpose.

Inspector's evidence

A list of pharmacy services was displayed in the pharmacy and there was a range of health information leaflets by the entrance to the consultation room and also inside the room. The pharmacy was currently limiting its services to dispensing prescriptions and assembling multi-compartment compliance aids. Some of which were delivered to people's homes.

The pharmacy had recently installed a new PMR system for its prescriptions. Team members scanned the barcode on the medicines during the labelling process. If they scanned an incorrect barcode the system would not allow them to proceed until they had scanned the correct item. There was also a facility to enable staff to overcome barcodes unknown by the system. They found the system much slower than they were used to, so were currently assembling prescriptions that had been received approximately a week beforehand. However, people waiting appeared to be patient and all of the team members were calm and reassuring despite the pressure.

The pharmacy dispensed a few online private prescriptions issued by the Lloyds online doctor service (formerly known as Dr Thom). The records of supplies made through this service were kept in the private prescription book and those examined appeared to be in order.

Controls were seen to be in place to reduce the risk of picking errors, such as the use of baskets to keep individual prescriptions separate, and scanning each item when labelling. Prescription labels were initialled to show who had dispensed and checked them. Owings tickets were being used for those items that couldn't be supplied at the time.

The pharmacy dispensed some medicines in multi-compartment compliance aids for people who have difficulty managing their medicines. There were four files labelled by week containing details of each patient, together with their medication, the dosage times and other relevant information such as any additional items that were supplied outside of the compliance aids. The service was organised on a four-weekly cycle with a schedule to ensure everyone received their medicines on time. Some people collected their compliance aids and others were delivered by a delivery driver shared with other local branches of Lloyds.

Completed prescriptions for all CDs (including schedules 3 and 4) were highlighted with a CD sticker, complete with an expiry date, so that staff would know that they needed to look for a bag in the CD cupboard. This also helped to ensure that they weren't inadvertently handed out after the 28-day expiry of the prescription. Fridge lines in retrieval awaiting collection were also highlighted with a sticker so that staff would know that there were items to be collected from the fridge. The relief manager explained that the codes written on the bags helped the team clear the shelves on a continuous four-weekly cycle so that uncollected medicines didn't accumulate. People were sent a text

to remind them about their prescription a week before it would be removed from the shelf, items returned to stock and the Electronic Prescription Service (EPS) token returned to the NHS spine.

The dispensing assistant confirmed that she was aware of the risks involved in dispensing valproates to females in the at-risk group. There were leaflets and warning cards available, and they knew not to cover any warnings on the packaging with their dispensing label. People taking warfarin were asked if they knew their current dosage, and whether their INR levels had been recently checked. The INR was then recorded on the Patient Medication Record System (PMR). People taking methotrexate and lithium were also asked about blood tests.

Medicines were obtained from licensed wholesalers including AAH and Alliance. Unlicensed 'specials' were obtained from AAH Specials. Routine date checks were seen to be in place, although they were not currently being recorded. No out-of-date stock was found.

Fridge temperatures for both fridges were recorded daily, and all those seen were within the required temperature range. But there were no records for either fridge between 14 June 2022 and 19 July 2022.

The dispensing assistant explained the process for receiving patient-returned medicines. People were asked if their returns included any needles or other sharps, and any CDs. Patients with sharps were signposted to the local council for their safe disposal. The pharmacy received drug alerts and recalls from the MHRA via the company's internal hub. Those that had been acted upon were moved to a different folder and annotated with the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has most of the right equipment for the limited range of services it provides. It also uses its facilities and equipment appropriately to keep people's private information safe. But the pharmacy doesn't do enough to make sure that all of its team members can make appropriate use of all of its systems.

Inspector's evidence

The pharmacy had the necessary resources required for the services it provided. It had a limited range of crown stamped measuring flasks and counting triangles (including a separate triangle for cytotoxics). The smallest measure available was 50ml. Reference sources included the BNF and BNF for children. The pharmacy also had internet access and used this as an additional reference source.

Access to PMRs was controlled through individual passwords, which had been changed from the original default password. Computer screens were positioned so they were not visible to the public. Only one NHS smartcard was being used as the recently appointed dispensing assistant didn't have one and the relief manager's wasn't coded for use in all pharmacies. The inspector signposted her to the relevant authority who could add the necessary code. Confidential information was kept secure and items awaiting collection were not visible from retail area.

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.