

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 1 Weir Road, CHERTSEY, Surrey,
KT16 8NF

Pharmacy reference: 1036443

Type of pharmacy: Community

Date of inspection: 08/07/2019

Pharmacy context

A busy community pharmacy set in a stand-alone position on a main road close to Chertsey Health Centre. The pharmacy opens six days a week. And most of the people who use it live nearby. It dispenses NHS and private prescriptions and it sells a range of over-the-counter medicines. It provides multi-compartment compliance packs to help people take their medicines. And it delivers medicines to people who can't attend its premises in person.

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 not all met	1.6	Standard not met	The pharmacy doesn't keep all the records it needs to by law.
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 not all met

Summary findings

The pharmacy does not keep all the records it needs to by law although it adequately monitors the safety of its services. It has appropriate insurance to protect people if things do go wrong and people who work in the pharmacy can explain what they do, and what they're responsible for and when they might seek help. They work to professional standards and identify and manage risks appropriately. And they usually keep people's private information safe. The pharmacy team logs, reviews and learns from the mistakes it makes. And it understands its role in protecting vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) in place for the services it provided. And these have been reviewed since the last inspection. The pharmacy's team members were required to read and sign the SOPs relevant to their roles.

The team members responsible for the dispensing process tried to keep the dispensing workstations tidy. They used plastic baskets to separate people's prescriptions and to help them prioritize the dispensing workload. The pharmacy had systems to record and review dispensing errors and near misses. The pharmacy's staff discussed and documented individual learning points when they identified a mistake. They reviewed their mistakes periodically to help spot the cause of them. And they tried to stop them happening again; for example, they separated and highlighted look-alike and sound-alike drugs to help reduce the risks of them picking the wrong product from the dispensary shelves.

The pharmacy displayed a notice that identified the responsible pharmacist (RP) on duty. And its staff were required to wear name badges which identified their roles within the pharmacy. Members of the pharmacy team explained what they could and couldn't do, what they were responsible for and when they might seek help; for example, a member of the pharmacy team explained that repeated requests for the same or similar products were referred to a pharmacist.

A complaints procedure was in place and patient satisfaction surveys were undertaken annually. Details on how people could provide feedback about the pharmacy were published within the 'Customer Charter Standards of service' pamphlet. The results of last year's patient satisfaction survey were on display. People's feedback led to changes in the way the pharmacy team managed its dispensing workload to reduce prescription waiting times.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, through the National Pharmacy Association (NPA). The pharmacy's RP records were adequately maintained. The address from whom a controlled drug (CD) was received from wasn't always included in the pharmacy's CD register. But the pharmacy team usually checked the CD register's running balance regularly. The date a 'specials' line was obtained at the pharmacy wasn't included in the pharmacy's 'specials' records.

The pharmacy team hasn't routinely recorded the details of the emergency supplies it has made through the 'NHS Urgent Medicine Supply Advanced Service' (NUMSAS) as required by law and the pharmacy's SOPs. And it hasn't kept the pharmacy's private prescription records up to date too. Some entries within the prescription-only medicine (POM) register weren't in chronological order. Several private prescription transactions over several months haven't been entered in the POM register at all.

And transactions weren't routinely recorded on the day they were made or the next day. The pharmacy team started a new POM register a few weeks ago to try and address this. But private prescription transactions since 12 June 2019 haven't been recorded in it.

An information governance policy was in place which staff were required to read and sign. Arrangements were in place for confidential waste to be collected and sent to a centralised point for secure destruction. Prescriptions awaiting collection were stored in such a way to prevent people's names and addresses being visible to the public. But sometimes people's details weren't removed or obliterated from patient-returned pharmaceutical waste before disposal.

A safeguarding policy was in place and contacts for safeguarding concerns were available online. The pharmacy's team members were required to complete safeguarding training and could explain what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has just enough staff to deliver its services safely. And it encourages its team to provide feedback. The pharmacy's team members make appropriate decisions about what is right for the people they care for. They know how to raise a concern if they have one. And their professional judgement and patient safety are not affected by targets. But they didn't always have time set aside so they can carry out training during working hours. And sometimes they didn't get time to do all the tasks they're expected to do as they were busy serving people.

Inspector's evidence

The pharmacy opened for 58 hours a week and it dispensed about 8,400 NHS prescription items a month. The pharmacy team consisted of a full-time pharmacist (the RP), a full-time store manager, a full-time supervisor, a full-time dispensing assistant, three part-time trainee dispensing assistants, a part-time medicines counter assistant (MCA) and a part-time delivery driver. The pharmacy's team members were required to complete or undertake accredited training relevant to their roles. The store manager and the supervisor were trained MCAs and dispensing assistants. The pharmacy was reliant upon its team, locum staff and staff from nearby branches to cover absences; for example, the short-term or the long-term absence of a member of staff and when the store manager was working at another branch.

The RP, the store manager, the supervisor, a dispensing assistant and a trainee dispensing assistant were working at the time of the inspection. A locum dispenser arrived part-way through the inspection. The pharmacy's team members occasionally struggled to cope with the pharmacy's workload; for example, a dispensing backlog of five days had only recently been cleared. They often concentrated on serving people and delivering the pharmacy's core dispensing service. So, some routine tasks, such as cleaning, date-checking and completing paperwork, weren't always done when they needed to be.

Staff performance and development needs were discussed informally throughout the year and at six-monthly appraisals. Members of the pharmacy team were encouraged to ask the RP questions, familiarise themselves with new products and complete their accredited training or online training to ensure their knowledge was up to date. But they didn't always get time to train nor read the company's newsletters when they were at work as they were often too busy. Some staff completed training in their own time.

Team meetings were held to update staff and share learning from mistakes or concerns. Members of the pharmacy team felt comfortable in providing suggestions about the pharmacy during team meetings. And they knew how to raise a concern with the persons nominated within the company's whistleblowing policy. Their feedback led to changes in the way that tasks were rostered.

The pharmacy's team members sometimes felt under pressure to cope with the workload. But they didn't feel their professional judgement or patient safety were affected by targets. Medicines Use Reviews (MURs) and New Medicine Service (NMS) consultations were only provided by suitably qualified pharmacists when it was clinically appropriate to do so and when the workload allowed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe and professional environment for people to receive healthcare.

Inspector's evidence

The pharmacy was bright, clean and appropriately presented. A small section of shelving in the pharmacy's dispensary was broken and needed to be repaired. The pharmacy team was responsible for keeping the registered pharmacy area clean and tidy. But the dispensary's sink and tap needed to be de-scaled. The pharmacy had a supply of hot and cold water. And antibacterial hand wash was available too.

The public area of the premises and the dispensary were air-conditioned. But there was no air conditioning within the stockroom where some people's prescriptions and pharmaceutical stock were kept. So, staff needed to monitor its temperature to make sure these items were stored appropriately.

The pharmacy had the workbench and storage space it needed for its current workload. But several baskets, containing assembled prescriptions, cluttered up a section of workbench and some were stored on the dispensary's floor.

A consultation room was available if people needed to speak to a team member in private. But it couldn't be locked. So, the pharmacy team needed to make sure its contents were appropriately secure when not in use.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy tries to make sure its services are accessible to people. And it makes sure people have the information they need to take their medicines safely. It delivers prescription medicines to people's homes and keeps records to show that it has delivered the right medicine to the right person. It gets its medicines from reputable sources and it stores them appropriately and securely. The pharmacy team usually checks stocks of medicines to make sure they are fit for purpose. The pharmacy generally disposes of people's waste medicines safely too. But it could do more to make sure medicines requiring special handling are disposed of appropriately.

Inspector's evidence

The pharmacy didn't have an automated door and its entrance wasn't level with the outside pavement. But it had an assistance bell for people to use to get the attention of a pharmacy team member. And it had a portable ramp that could be placed outside. So, people with mobility difficulties, such as wheelchair users, could access the pharmacy. The pharmacy's services were advertised in-store and within its practice leaflet. The pharmacy team knew where to signpost people to if a service was not provided.

The pharmacy offered a delivery service to people who couldn't attend its premises in person. An audit trail was maintained for each delivery and people were asked to sign an electronic delivery record to say they had received their medicines.

There wasn't much demand for the pharmacy's commissioned emergency hormonal contraception service. The pharmacy provided about 30 MURs a month and two to three NMS consultations were undertaken a week. People were required to provide their written consent when recruited for these services.

The pharmacy used disposable and tamper-evident multi-compartment compliance packs for its Monitored Dosage System (MDS) dispensing service. A dispensing audit trail was maintained for the compliance packs seen. A brief description of each medicine contained within the packs was provided. Patient information leaflets were routinely supplied with people's medication. Prescriptions were highlighted to alert staff when a pharmacist needed to counsel people and when CDs or refrigerated items needed to be added. Members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that people in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. Valproate educational materials were available at the pharmacy.

The pharmacy used recognised wholesalers, such as AAH and Alliance Healthcare, to obtain its medicines and medical devices. It stored its stock, which needed to be refrigerated, appropriately between two and eight degrees Celsius. But the pharmacy team had recently quarantined and wrote-off the contents of one of the refrigerators as the refrigerator had been accidentally switched off since its temperature was last checked. The pharmacy's medicines and medical devices were kept within their original manufacturer's packaging and were stored tidily on the dispensary's shelves. Pharmaceutical stock was subject to date checks at the point of dispensing and periodically when staff got time to do so.

The pharmacy stored its CDs, which were not exempt from safe custody requirements, securely. A record of the destruction of patient-returned CDs was maintained. Staff were required to keep patient-returned and out-of-date CDs separate from in-date stock. But some intact patient-returned tramadol capsules were found in a pharmaceutical waste receptacle.

Staff were aware of the Falsified Medicines Directive (FMD). They could check the anti-tampering device on each medicine was intact during the dispensing process. But they weren't verifying or decommissioning stock at the time of the inspection despite the pharmacy having the appropriate equipment to do so. The pharmacy's SOPs hadn't been revised to reflect the changes FMD would bring to the pharmacy's processes. And the pharmacy team didn't know when the pharmacy would become FMD compliant.

Procedures were in place for the handling of patient-returned medicines and medical devices. Patient-returned waste was emptied into a plastic tray and was checked for CDs or prohibited items. People attempting to return prohibited items, such as spent sharps, were appropriately signposted. Suitable pharmaceutical waste receptacles were available and in use.

A process was in place for dealing with recalls and concerns about medicines and medical devices. Drug and device alerts were retained and annotated with the actions taken following their receipt.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and the facilities it needs to provide its services safely.

Inspector's evidence

The pharmacy had up-to-date reference sources available and it had access to information from the superintendent pharmacist's office. It had a range of clean glass measures including separate measures for CD liquids. And it had equipment for counting loose tablets and capsules too.

The pharmacy provided blood pressure (BP) checks on request. And the pharmacy team needed to replace the BP monitor every year. The pharmacy started to provide a stop smoking service towards the end of last year. And it obtained a new monitor for this service around that time. The pharmacy had two medical refrigerators to store pharmaceutical stock requiring refrigeration. And their maximum and minimum temperatures were checked and recorded regularly.

Access to the pharmacy computers and the patient medication record system was restricted to authorised personnel and password protected. The computer screens were out of view of the public. A cordless telephone system was installed at the pharmacy to allow staff to have confidential conversations when necessary.

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.