

Registered pharmacy inspection report

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

Pharmacy reference: 1036443

Type of pharmacy: Community

Date of inspection: 20/01/2020

Pharmacy context

A 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 people who use it live nearby. The pharmacy sells a range of over-the-counter medicines and some health and beauty products. It dispenses NHS and private prescriptions. It offers a stop smoking service and blood pressure checks. It provides multi-compartment compliance packs (compliance packs) to help people take their medicines. And it delivers medicines to people who can't attend its premises in person. It also offers winter influenza (flu) vaccinations and a substance misuse treatment service.

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 has written procedures to help make sure its team works safely. It adequately monitors the safety of its services. It has appropriate insurance to protect people if things do go wrong. It mostly keeps all the records it needs to by law. And it asks people using its services for their views. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They identify and manage risks appropriately. They review the mistakes they make and learn from them to try and stop them happening again. They understand their role in protecting vulnerable people. And they generally keep people's private information safe.

Inspector's evidence

The pharmacy had written standard operating procedures (SOPs) for the services it provided. And these were reviewed regularly. The pharmacy's team members were required to read, sign and follow the SOPs relevant to their roles. The team members responsible for making up people's prescriptions tried to keep the dispensing workstations tidy. They used baskets to separate people's prescriptions and to help them prioritise the dispensing workload. They referred to prescriptions when labelling and picking products. And they initialled each dispensing label. Assembled prescriptions were not handed out until they were checked by the responsible pharmacist (RP) who also initialled the dispensing label. The pharmacy had systems to record and review dispensing errors, near misses and patient safety incidents. Members of the pharmacy team discussed 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 highlighted and separated look-alike and sound-alike drugs to help reduce the risks of them picking the wrong product.

The pharmacy displayed a notice that identified the RP on duty. Staff were required to wear name badges which identified their roles within the pharmacy. And their roles and responsibilities were described within the SOPs. Members of the pharmacy team knew what they could and couldn't do, what they were responsible for and when they might seek help. They explained that they wouldn't hand out prescriptions or sell medicines if a pharmacist wasn't present. And they would refer repeated requests for the same or similar products to the pharmacist. A complaints procedure was in place and patient satisfaction surveys were undertaken annually. The pharmacy displayed the results of a recent patient satisfaction survey. The pharmacy's 'Customer Charter Standards of service' pamphlet told people how they could provide feedback about the pharmacy. The pharmacy team asked people for their views. People's feedback led to the pharmacy trying to keep people's preferred makes of prescription-medicines in stock.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, through the National Pharmacy Association. The pharmacy's RP records were adequately maintained. The controlled drug (CD) register was generally kept in order. Its running balance was checked regularly. But occasionally the address from whom a CD was received from wasn't always included in it. The pharmacy's records for emergency supplies and private prescriptions were up to date. But sometimes the nature of the emergency was not included in the records for emergency supplies made at the request of patients. And occasionally the prescriber's details in the private prescription records were incomplete. The date an unlicensed medicinal product was obtained wasn't always included in the pharmacy's 'specials' records.

An information governance policy was in place and staff were required to complete online training on it. The pharmacy had arrangements in place to make sure confidential waste was collected and then sent to a centralised point for secure destruction. Its team stored prescriptions in such a way so people's names and addresses couldn't be seen by someone who shouldn't see them. But people's details weren't always removed or obliterated before patient-returned waste was disposed of. A safeguarding policy was in place and contacts for safeguarding concerns were available too. Staff were required to complete safeguarding training. And they 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 enough people in its team. Members of the pharmacy team keep their skills and knowledge up to date. So, they can deliver safe and effective care. They use their judgement to make decisions about what is right for the people they care for. They're comfortable about giving feedback on how to improve the pharmacy's services. They know how to raise a concern if they have one. And their professional judgement and patient safety are not affected by targets.

Inspector's evidence

The pharmacy opened for 58 hours a week. It dispensed about 8,250 NHS prescription items a month. The pharmacy team consisted of a full-time pharmacist, four full-time dispensing assistants and three part-time trainee dispensing assistants. One of the dispensing assistants was also the pharmacy's manager. A locum pharmacist (the RP), the manager, a dispensing assistant and a trainee dispensing assistant were working at the time of the inspection. They were joined by another dispensing assistant part way through the inspection. The pharmacy relied upon its team, team members from nearby branches and locum staff to cover absences. The pharmacy's team members occasionally struggled to do all the things they were expected to do when colleagues were away. But they supported each other so prescriptions were processed in a timely manner and people were served promptly.

The RP supervised and oversaw the supply of medicines and advice given by staff. A sales of medicines protocol was in place which the pharmacy team needed to follow. A member of staff described the questions she would ask when making over-the-counter recommendations and when she would refer people to a pharmacist; for example, requests for treatments for animals, infants, people who were pregnant or breastfeeding, elderly people or people with long-term health conditions. The pharmacy had an induction training programme for its team. And newer team members were often mentored by more experienced staff. Team members needed to complete mandatory training during their employment. And they were required to undertake accredited training relevant to their roles. They discussed their performance and development needs with their line manager throughout the year and at colleague reviews. They were encouraged to ask questions and familiarise themselves with new products. They were also asked to complete online training to make sure their knowledge was up to date. Staff could train while they were at work when the pharmacy wasn't busy. But they often chose to train in their own time. Team meetings were held to update staff and share learning from mistakes or concerns.

The pharmacy's team members weren't under pressure to complete tasks. And they were adequately managing the pharmacy's workload at the time of the inspection. They didn't feel their professional judgement or patient safety were affected by targets. 'Medicines Use Reviews' and 'New Medicine Service' consultations were only provided by a suitably qualified pharmacist when it was clinically appropriate to do so and when the workload allowed. Members of the pharmacy team felt comfortable about making suggestions on how to improve the pharmacy and its services. The pharmacy had a whistleblowing policy in place. And staff knew who they should raise a concern with if they had one. The team's feedback led to changes to changes being made to the way certain tasks were rostered.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable and secure environment for people to receive healthcare. And its premises are clean and tidy. The pharmacy has a room where people can have private conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy was bright, clean, secure and appropriately presented. The pharmacy team was responsible for keeping the registered pharmacy premises clean and tidy. But the dispensary's sink and its tap required de-scaling. 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 the stockroom's temperature to make sure these items were stored appropriately. The pharmacy had the workbench and storage it needed for its current workload. It also had a consultation room if people needed to speak to a team member in private. The consultation room couldn't be locked when it wasn't being used. And a member of the pharmacy team removed some of its contents, such as pharmacy equipment and anaphylaxis treatments, during the inspection to make sure these were kept secure.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy tries to help people access its services. Its working practices are generally safe and effective. It offers flu vaccinations and keeps records to show that it has given the right vaccine to the right person. It gets its medicines from reputable sources and it stores them appropriately and securely. Members of the pharmacy team mostly dispose of people's waste medicines properly. They generally carry out the checks they need to. So, they can make sure people get medicines or devices which are safe.

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 were included in its practice leaflet. Staff knew where to signpost people to if a service wasn't provided. The pharmacy offered a delivery service to people who couldn't attend its premises in person. It kept an audit trail for each delivery. And people were asked to sign an electronic delivery record to say they had received their medicines safely.

The pharmacy provided a winter flu vaccination service. It had valid, and up-to-date, patient group directions and appropriate anaphylaxis resources in place for this service. It kept a record for each flu vaccination. This included the details of the person vaccinated and their written consent, an audit trail of who vaccinated them and the details of the vaccine used. But the pharmacist didn't always get another appropriately trained team member to check that the vaccine they selected was the correct one before administering it. The pharmacy team made sure the sharps bin was kept securely when not in use. Some people chose to be vaccinated at the pharmacy rather than their doctor's surgery for convenience or because they were not eligible for the NHS service. The pharmacy's dispensing workflow was carefully managed to reduce the chances of staff making mistakes. The pharmacy team explained that some prescriptions were assembled off-site at a centralised dispensary. But only when people agreed to this happening first. This had freed up members of the pharmacy team. So, they could spend more time talking to people about their medicines and prioritising the assembly of urgent prescriptions during peak times. The pharmacy used a disposable and tamper-evident system for people who received their medicines in compliance packs. The pharmacy team checked whether a medicine was suitable to be repackaged into a compliance pack. The pharmacy kept an audit trail of the person who had assembled and checked each prescription. Its team provided a brief description of each medicine contained within the compliance packs. And patient information leaflets needed to be supplied. But cautionary and advisory warnings about the medicines contained within the compliance packs weren't included on the backing sheets. So, sometimes people didn't have all the information they needed to make sure they took their medicines safely. The pharmacy used clear bags for dispensed CDs and refrigerated lines to allow the pharmacy team member handing over the medication and the person collecting the prescription to see what was being supplied and query any items. Prescriptions were highlighted to alert staff when these items needed to be added or if extra counselling was required. But a few CD prescriptions weren't marked with the date the 28-day legal limit would be reached to help make sure supplies were made lawfully. And one or two assembled CD prescriptions awaiting collection were found to be over the 28-day legal limit. 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. The pharmacy had some valproate educational materials available.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It stored its stock, which needed to be refrigerated, appropriately between two and eight degrees Celsius. It also kept its medicines and medical devices in an organised fashion within their original manufacturer's packaging. Its stock was subject to date checks. But its team didn't always document these. 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. The pharmacy team was required to keep patient-returned and out-of-date CDs separate from in-date stock. Members of the pharmacy team were aware of the Falsified Medicines Directive (FMD). They've recently completed some FMD training. And they could check the anti-tampering device on each medicine was intact during the dispensing process. But they weren't decommissioning stock despite the pharmacy having the appropriate equipment to do so. They didn't know when the pharmacy would become FMD compliant. The pharmacy had procedures for the handling of patient-returned medicines and medical devices. Patient-returned waste was checked for CDs or prohibited items. People attempting to return prohibited items, such as spent sharps, were appropriately signposted. The pharmacy had suitable waste receptacles for the disposal of hazardous and non-hazardous waste. But some hazardous waste, such as methotrexate and a product containing estradiol, was found in a pharmaceutical waste bin intended for non-hazardous waste. The pharmacy had a process for dealing with alerts and recalls about medicines and medical devices. And its team members described the actions they would take when the pharmacy received a concern about a product. But they didn't always keep a record of the actions they took.

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. It uses its equipment to make sure people's data is kept secure.

Inspector's evidence

The pharmacy had a range of glass measures. It had equipment for counting loose tablets and capsules too. The pharmacy team had access to up-to-date reference sources. And it could contact the superintendent pharmacist's office to ask for information and guidance. The pharmacy provided blood pressure (BP) checks on request. And the pharmacy team needed to replace the BP monitor every year. The pharmacy's monitor used in the stop smoking service was replaced about a year ago. The pharmacy had two medical refrigerators to store pharmaceutical stock requiring refrigeration. And its team checked and recorded the refrigerators' maximum and minimum temperatures regularly. Access to the pharmacy's computers and the patient medication record system was restricted to authorised team members and password protected. The computer screens were positioned so only staff could see them. A cordless telephone system was installed at the pharmacy to allow staff to have confidential conversations when necessary. The team members responsible for the dispensing process each had their own NHS smartcard. And they made sure it was stored securely when they weren't working.

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.