

Registered pharmacy inspection report

Pharmacy Name: Lloyd George Pharmacy, 63-65 Whitehorse Road,
CROYDON, Surrey, CR0 2JG

Pharmacy reference: 1036521

Type of pharmacy: Community

Date of inspection: 05/11/2019

Pharmacy context

This is a community pharmacy set within a parade of shops next to a busy road on the outskirts of Croydon. The pharmacy opens six days a week. And most people who use it live or work close by. The pharmacy sells a range of over-the-counter medicines and health and beauty products. It dispenses NHS and private prescriptions. It provides multi-compartment compliance packs (blister packs) to help people take their medicines. And it delivers medicines to people who can't attend its premises in person. The pharmacy also offers winter influenza (flu) vaccinations and a paid-for travel clinic.

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	N/A	N/A	N/A
2. Staff	Good practice	2.4	Good practice	Staff work well together as a team and have a work culture of openness, honesty and learning. And they learn from their own and other people's mistakes.
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 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 record 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 keep people's private information safe.

Inspector's evidence

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, through the National Pharmacy Association (NPA). It had written standard operating procedures (SOPs) for the services it provided. And these have been reviewed since the last inspection. 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 plastic baskets to separate people's prescriptions and to help them prioritise the dispensing workload. They referred to prescriptions when labelling and picking products. They initialled each dispensing label. And assembled prescriptions were not handed out until they were checked by a pharmacist who also initialled the dispensing label. The pharmacy had systems to record and review dispensing errors and near misses. Members of the pharmacy team discussed and recorded individual learning points when they identified a mistake. They also reviewed their mistakes periodically to help spot the cause of them. And they tried to stop them happening again; for example, a review of a mistake where a product was labelled with the wrong dosage led to the pharmacy team strengthening its dispensing process.

The pharmacy displayed a notice that identified the responsible pharmacist (RP) on duty. Members of the pharmacy team explained what they could and couldn't do and when they might seek help; for example, they would refer repeated requests for the same or similar products to a pharmacist. Staff roles and responsibilities were described within the pharmacy's SOPs.

A complaints procedure was in place and patient satisfaction surveys were undertaken annually. And the pharmacy team asked people for their views. The results of a recent patient satisfaction survey were available online. The pharmacy's practice leaflet told people how they could provide feedback about the pharmacy or its services. Staff tried to keep people's preferred makes of medicines in stock when they were asked to do so.

The pharmacy's controlled drug (CD) register, its emergency supply records, its private prescription records and its RP records were adequately maintained. The CD register's running balance was checked at least every two months as required by the pharmacy's SOPs. The date an unlicensed medicinal product was obtained wasn't routinely included in the pharmacy's 'specials' records.

An information governance policy was in place. Staff were required to read and sign a confidentiality agreement. Arrangements were in place for confidential waste to be destroyed securely onsite. People's details were routinely removed or obliterated from patient-returned pharmaceutical waste

before being disposed of. And prescriptions awaiting collection were stored in such a way to prevent people's names and addresses being visible to the public.

The pharmacy had safeguarding guidance and a list of key contacts if its team needed to raise a safeguarding concern. Pharmacy professionals were required to complete level 2 safeguarding training. The pharmacy's team members were trained dementia friends. 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 ✓ Good practice

Summary findings

The pharmacy has enough suitably qualified team members to provide its services safely and effectively. And it encourages its team members to give feedback. Staff work well together as a team and have a work culture of openness, honesty and learning. And they learn from their own and other people's mistakes. The pharmacy team makes appropriate decisions about what is right for the people it cares for. Staff 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 56 hours a week. It dispensed about 9,000 NHS prescription items a month. The pharmacy team consisted of a full-time pharmacist (the RP), a full-time pharmacy technician, a full-time trainee dispensing assistant, a full-time medicines counter assistant, a full-time shop assistant and a part-time delivery driver. The RP managed the pharmacy and its team. The pharmacy relied upon its team, its superintendent pharmacist and staff from one of the company's other branches to cover absences. The RP, the superintendent pharmacist, the pharmacy technician and the trainee dispensing assistant were working at the time of the inspection.

The pharmacists led by example. Staff supported each other so prescriptions were processed in a timely manner and people were served promptly. The pharmacists 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 he would ask when making over-the-counter recommendations and when he would refer people to a pharmacist; for example, requests for treatments for infants, people who were pregnant or breastfeeding, elderly people or people with long-term health conditions.

The pharmacy's team members needed to undertake accredited training relevant to their roles. They regularly discussed their performance and development needs with the RP or the superintendent pharmacist. And they helped each other learn. They were encouraged to ask questions and familiarise themselves with new products. They were also encouraged to complete training or attend training events to make sure their knowledge was up to date. Staff could train while they were at work when the pharmacy wasn't busy or during their own time. They were comfortable talking about their own mistakes and weaknesses with their colleagues. And team meetings were held to update them and share learning from mistakes or concerns. 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. Staff knew how to raise a concern if they had one. And their feedback led to changes being made to the way blister packs were labelled.

The pharmacy team was encouraged to promote the pharmacy's services. But the company didn't set targets nor incentives for its staff. 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.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides an adequate and secure environment for people to receive healthcare. It has a room where people can have private conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy was organised, adequately lit and appropriately presented. But some parts of the building were starting to show signs of wear. The pharmacy had the workbench and storage space it needed for its current workload. But it wasn't air-conditioned. So, staff relied upon fans to keep the premises and themselves cool during hot weather. The pharmacy team was responsible for keeping the registered pharmacy premises clean and tidy. A suitably sized consultation room was available if people needed to speak to a team member in private. And it was locked when it was not being used to make sure its contents were kept secure. But, it had two large panes of unobscured glass. So, people using it could be easily identified. The pharmacy's sinks were clean. And the pharmacy had a supply of hot and cold water. It also had appropriate handwashing facilities for its staff.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective. The pharmacy helps people access its services. 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's team members check stocks of medicines to make sure they are fit for purpose. And they usually dispose of people's waste medicines safely too.

Inspector's evidence

The pharmacy's automated door was broken. But its entrance was level with the outside pavement and staff opened the doors when necessary. So, people with mobility difficulties, such as wheelchair users, could access the premises. The pharmacy's services were advertised in-store and were included within the pharmacy's practice leaflet. Staff were helpful and 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 a delivery record to say they had received their medicines.

The pharmacy provided a winter flu vaccination service. Its paid-for travel clinic offered people travel vaccinations and malaria prevention medicines following a consultation with a suitably trained pharmacist. The pharmacy had valid, and up-to-date, patient group directions and appropriate anaphylaxis resources in place for these services. It kept a record for each 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. 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. People didn't need to make an appointment for the travel clinic or for a flu vaccination. So, sometimes people needed to wait for their prescriptions to be checked when the pharmacist was busy delivering these services. The pharmacy used a disposable and tamper-evident system for people who received their medicines in blister packs. The pharmacy team checked whether a medicine was suitable to be repackaged into a blister pack. And it had a process to assess if a person was eligible for the service. The pharmacy kept an audit trail of the person who had assembled each blister pack and who had checked it. The pharmacy team provided a brief description of each medicine contained within the blister packs. And patient information leaflets were routinely supplied to people too. But cautionary and advisory warnings about the medicines contained within the blister packs weren't always included on the backing sheets. So, sometimes people didn't have all the information they needed to make sure they took their medicines safely. 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, Alliance Healthcare, B&S and OTC Direct, to obtain its pharmaceutical stock. It kept its medicines and medical devices in an organised fashion within their original manufacturer's packaging. Its stock was subject to date checks which were documented. The pharmacy stored its stock, which needed to be refrigerated, appropriately between two and eight

degrees Celsius. And it also 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. But out-of-date CDs have been allowed to accumulate and needed to be destroyed in the presence of an authorised witness. 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. And they were decommissioning stock at the time of the inspection as the pharmacy had the appropriate equipment and computer software to do so. The pharmacy's SOPs had been revised to reflect the changes FMD brought to the pharmacy's processes. Procedures were in place 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. But the pharmacy didn't have a receptacle for the disposal of hazardous waste, such as cytostatic and cytotoxic products. A process was in place for dealing with recalls and concerns about medicines or medical devices. Drug and device alerts were received electronically and actioned by the pharmacy team. And they were annotated with the actions the team took 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. And, it uses these to keep people's private information safe.

Inspector's evidence

The pharmacy had a range of clean glass measures. It also 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 NPA to ask for information and guidance. The pharmacy had a medical refrigerator to store pharmaceutical stock requiring refrigeration. And its team regularly checked and recorded the refrigerator's maximum and minimum temperatures.

Access to the pharmacy 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.