

# Registered pharmacy inspection report

**Pharmacy Name:** Lloyds pharmacy, 127 High Street, EPSOM, Surrey, KT19 8EF

**Pharmacy reference:** 1036557

**Type of pharmacy:** Community

**Date of inspection:** 06/08/2020

## Pharmacy context

A community pharmacy set in a pedestrianised area of Epsom town centre. The pharmacy opens six days a week. It sells a range of over-the-counter (OTC) medicines. It dispenses NHS and private prescriptions. It offers substance misuse treatments. And it provides multi-compartment compliance packs (compliance packs) to help people take their medicines. The pharmacy delivers medicines to people who can't attend its premises in person. The pharmacy offers Medicines Use Reviews (MURs) and the NHS New Medicine Service (NMS). It also offers winter influenza (flu) vaccinations. And it can supply the morning-after pill, chlamydia testing kits and condoms for free. This inspection took place during the coronavirus (COVID-19) pandemic.

## 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
<b>1. Governance</b>	Standards met	1.1	Good practice	The pharmacy identifies and manages its risks very well.
		1.2	Good practice	The pharmacy continually monitors the safety of its services to protect people and further improve patient safety.
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy identifies and manages its risks very well. And it continually monitors the safety of its services to protect people and further improve patient safety. Its team members log and review the mistakes they make. So, they can learn from these and act to avoid problems being repeated. The pharmacy 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 understand their role in protecting vulnerable people. And they keep people's private information safe.

### Inspector's evidence

A business continuity plan was in place and members of the pharmacy team knew where to find it and what it was for. It identified the potential risks to the pharmacy, the pharmacy's services and the team in the event of an emergency. The responsible pharmacist (RP) had completed a risk assessment of the impact of COVID-19 on the pharmacy and its services. And, as a result, the pharmacy suspended some of its face-to-face services during the peak of the pandemic. So, its consultation room could be cordoned off and used to store people's prescriptions in. The pharmacy offered to undertake an occupational risk assessment for each team member to help identify and protect those at increased risk in relation to COVID-19. And, for example, a team member, who was identified as being at greater risk, tended to work in a separate area to the main dispensary to minimise their contact with other people.

The pharmacy had up-to-date written standard operating procedures (SOPs) which were tailored to its activities and context. The pharmacy's team members were required to read, sign and follow the SOPs relevant to their roles. And they could access other corporate procedures and policies online if they needed to. The pharmacy's head office team regularly reviewed the SOPs. And some SOPs were recently reviewed or introduced to support the pharmacy team in managing its workload safely during the pandemic.

The pharmacy's dispensing workflow was carefully managed to reduce the chances of staff making mistakes. The pharmacy team explained that most repeat prescriptions were assembled off-site at a centralised dispensary. But only when people agreed to this happening first. This had led to a reduction in the pharmacy's dispensing error rate and 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. People's compliance packs were dispensed in a separate area to the main dispensary to minimise distractions and interruptions to the team members assembling them. The pharmacy team carefully considered the start date before initiating any new compliance pack to make sure the workload remained manageable and evenly distributed.

Pharmaceutical stock was generally stored alphabetically and tidily. And the pharmacy team had separated and highlighted look-alike and sound-alike drugs to reduce the risks of them selecting the wrong product. The team members responsible for the dispensing process kept 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 the RP who was also seen initialling the dispensing label.

The pharmacy had robust systems for its team to record and review dispensing errors, near misses and patient safety incidents. And the safety and the quality of its services were periodically monitored during company compliance audits. Members of the pharmacy team discussed and documented individual learning points when they identified a mistake. They reviewed their mistakes regularly to help spot the cause of them and any trends. They also had regular team meetings to share learning from these reviews. So, they could try to stop the same types of mistakes happening again and improve the safety of the dispensing service they provide. The pharmacy team recently highlighted and separated the different pack sizes of glyceryl trinitrate sprays after the wrong one was selected during the dispensing process.

The pharmacy displayed a notice that identified the RP on duty. Team members wore name badges which identified their roles within the pharmacy. And their roles and responsibilities were described within the SOPs. Members of the pharmacy team explained 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 a pharmacist. A complaints procedure was in place and patient satisfaction surveys were generally undertaken yearly. The results of a recent patient satisfaction survey were available online. The pharmacy team asked people for their views. And the pharmacy's 'Customer Charter Standards of service' pamphlet told people how they could provide feedback about the pharmacy. People's feedback during the pandemic led to a chair being made available for people with limited mobility to use when waiting for their prescriptions.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, for the services it provided. The pharmacy's controlled drug (CD) register, its emergency supply records, and its RP records were appropriately maintained. And the CD register's running balance was checked regularly. The pharmacy's private prescription records were mostly in order. But occasionally the date of supply wasn't recorded. The pharmacy's records for the supply of unlicensed medicinal products ('specials') didn't always include the date the product was obtained.

An information governance (IG) policy was in place. And members of the pharmacy team were required to complete IG training. The pharmacy had arrangements to make sure confidential waste was collected and destroyed securely. It displayed a notice that told people how it, and its team, gathered, used and shared their personal information. 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. 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. The pharmacy was able to provide a safe space to help people experiencing domestic abuse access support.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough people in its team. Members of the pharmacy team undergo training for the jobs they do. So, they can deliver safe and effective care. They work well together and make decisions about what is right for the people they care for. They're comfortable about giving feedback on how to improve the pharmacy and its 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 team consisted of a full-time pharmacist manager (the RP), a part-time pharmacist, two full-time dispensing assistants, a full-time trainee dispensing assistant, a part-time dispensing assistant and a part-time medicines counter assistant. Three pharmacy undergraduate students and a medical student also worked at the pharmacy when needed. They've covered absences and provided additional support at the pharmacy during the pandemic. The pharmacy generally had four team members working alongside the pharmacist at any given time. The RP, three dispensing assistants and a trainee dispensing assistant were working at the time of the inspection. The pharmacy's Regional Manager also arrived during the inspection to provide support.

The pharmacy's leadership had changed since the last inspection. And the RP now managed the pharmacy and its team. Members of the pharmacy team worked well together and supported each other. So, prescriptions were processed efficiently, but safely, and people were served promptly. The RP supervised and oversaw the supply of medicines and advice given by the pharmacy team. The pharmacy had a sales of medicines protocol which its team needed to follow. A team member described the questions they would ask when making OTC recommendations. They explained that they would refer requests for treatments for animals, infants, people who were pregnant or breastfeeding, elderly people or people with long-term health conditions to a pharmacist.

Team members needed to complete mandatory training during their employment. And they, including the medical student, were required to undertake accredited training relevant to their roles. They discussed their performance and development needs with their line manager when they could. 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. But most training activities were suspended during the peak of the pandemic. So, the pharmacy team could concentrate on serving people and the pharmacy's workload. The pharmacy's team members 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. The pharmacy only provided MURs and NMS consultations when a suitably qualified pharmacist decided 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 a change in the prescription bagging-up process to remind the pharmacy team member filing the prescription to text or phone the person to tell them that their medication was ready to collect.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides an adequate 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 located within a listed building and was subject to strict planning conditions. The company had completed most of the remedial works it promised to do following the pharmacy's last inspection. The pharmacy's exterior paintwork had been partially completed due to the pandemic. But an assurance was given that this would be promptly addressed. The public area of the pharmacy's premises was tidy and adequately lit.

The pharmacy was partially air-conditioned. The dispensary was narrow and had limited workbench and storage space available for its current workload. But the dispensing benches were uncluttered, and the floors were kept clear. A consultation room was available if people needed to speak to a team member in private. Its contents were kept secure when it wasn't being used. And it was large enough for people to easily socially distance from each other.

The pharmacy's sink had a supply of hot and cold water. The pharmacy's team members were responsible for keeping the premises clean and tidy. And, since the beginning of the pandemic, they've cleaned the pharmacy and the consultation room at least once a day. They frequently wiped and disinfected the surfaces they and other people touched. They washed or sanitised their hands regularly. The pharmacy had plenty of handwash and alcoholic hand sanitiser for people to use. The pharmacy's floors were thoroughly cleaned at least twice a week.

## 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 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 mostly stores them appropriately and securely. Members of the pharmacy team generally carry out the checks they need to. So, they can make sure the pharmacy's medicines are safe and fit for purpose. And they dispose of waste medicines properly too.

### Inspector's evidence

The pharmacy didn't have an automated door. And its entrance wasn't level with the outside pavement. But it had a portable ramp that could be placed outside. And a member of the pharmacy team would open the door when necessary. So, people with mobility difficulties, such as wheelchair users, could access the pharmacy. The pharmacy displayed a notice asking people to keep two metres apart when inside. And not to enter if they had a continuous cough or fever. The pharmacy's services were advertised in-store and were included in its practice leaflet. The pharmacy team knew where to signpost people to if a service wasn't provided. The pharmacy offered a 'contactless' delivery service to people who couldn't attend its premises in person. It kept an electronic audit trail for each delivery.

The pharmacy was preparing to deliver the upcoming winter flu vaccination service. And, for example, the pharmacy team had thought about how it could reduce the time people spent in the consultation room. People were already able to book appointments in-store or online for their flu jabs. So, the pharmacy could make sure it had enough vaccines and the right people working at the right time to deliver the service.

The pharmacy had a valid, and up-to-date, patient group direction for the supply of the morning after pill. It offered people accessing this service free condoms and a chlamydia testing kit. The pharmacy suspended its paid-for health check service because of COVID-19. But it recently reintroduced blood pressure (BP) checks. The pharmacy wasn't currently supervising the consumption of substance misuse treatments by its clients as this service had also been suspended due to COVID-19.

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. 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 assembled and checked each prescription. It provided a brief description of each medicine contained within the compliance packs. And patient information leaflets were supplied. So, people had the information they needed to help them take 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.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept most of its

medicines and medical devices in an organised fashion within their original manufacturer's packaging. But a few pharmacy (P) medicines were stored on open shelving. And people could self-select these without team members being able to intervene. But the pharmacy team quickly removed these P medicines from sale when it was made aware.

The pharmacy's pharmaceutical stock was subject to date checks, which were documented, and short-dated products were marked. The pharmacy team marked containers of liquid medicines with the date they were opened. The pharmacy stored its stock, which needed to be refrigerated, appropriately between two and eight degrees Celsius. And it also stored its CDs, which weren't exempt from safe custody requirements, securely. The pharmacy kept a record of the destruction of patient-returned CDs. The pharmacy team was required to keep patient-returned and out-of-date CDs separate from in-date stock. But these had been allowed to build up and needed to be destroyed.

Members of the pharmacy team 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 decommissioning stock despite the pharmacy having the equipment to do so. And 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.

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 and demonstrated what records they kept when the pharmacy received a concern about a product.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and the facilities it needs to provide its services safely. And its team makes sure the equipment it uses is clean.

### Inspector's evidence

The pharmacy had reviewed the equipment its team needed as a result of the pandemic. It had erected two free-standing plastic screens upon its counter. It had floor markings to encourage people to keep two metres apart. The pharmacy's team members wore appropriate face masks when they couldn't socially distance from people or each other. They also had face visors too.

The pharmacy had a range of clean glass measures. It had equipment for counting loose tablets and capsules too. And its team members made sure the equipment they used to measure, or count, medicines was clean before using it. 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 had two medical refrigerators to store pharmaceutical stock requiring refrigeration. And its team regularly checked and recorded the refrigerators' maximum and minimum temperatures.

The pharmacy provided BP checks on request. And its BP monitor was replaced last year. The pharmacy's diagnostic equipment used in the health check service had been put into storage. And the pharmacy team planned to check its accuracy before health checks could be reintroduced. Access to the pharmacy's computers and 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
✓ <b>Excellent practice</b>	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.
✓ <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.