

Registered pharmacy inspection report

Pharmacy Name: Lightwater Pharmacy, 48 Guildford Road,
LIGHTWATER, Surrey, GU18 5SD

Pharmacy reference: 1036668

Type of pharmacy: Community

Date of inspection: 08/10/2019

Pharmacy context

A community pharmacy set in a parade of shops in the centre of Lightwater. The pharmacy opens six days a week. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. 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 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	1.1	Good practice	The pharmacy identifies and manages its risks very well. So, people receive safe and effective care.
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

Members of the pharmacy team are clear about their roles and responsibilities. They work to professional standards and identify and manage risks very well. So, people receive safe and effective care. The pharmacy has adequate insurance to protect people if things do go wrong. It usually keeps all the records it needs to by law. Its team monitors the safety of its services. And its staff record the mistakes they make and learn from them to try and stop them happening again. The pharmacy team understands its role in protecting vulnerable people. And it generally keeps 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 also 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 pharmacy's dispensing workflow was carefully managed to reduce the chances of its team making mistakes. People's multi-compartment compliance packs were dispensed within an area separate to the main dispensary to minimise distractions and interruptions to the team members assembling them. Pharmaceutical stock was stored alphabetically and tidily on the dispensary's shelves. And staff have 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 responsible pharmacist (RP) who was also seen initialling the dispensing label.

The pharmacy had systems to record and review dispensing errors and near misses. The pharmacy's team members 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 stocks of gabapentin and pregabalin following a few picking errors.

The pharmacy displayed a notice that identified the RP on duty. And its team members wore 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.

The pharmacy had a complaints procedure in place. And its practice leaflet told people how they could provide feedback about the pharmacy or its services. Patient satisfaction surveys were undertaken each year. And the results of a recent survey were published online. People's feedback led to the pharmacy obtaining more chairs for its waiting area. And 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 and most of its RP records were adequately maintained. The pharmacy team checked the CD register's running balance regularly as required by the SOPs. The prescriber's details were sometimes incomplete within the pharmacy's private prescription records. The date an unlicensed medicinal product was obtained wasn't 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. 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's patient medication record (PMR) terminal in the consultation room had been left opened when the inspector arrived at the pharmacy. But it was promptly secured when the pharmacy team was told about it.

A safeguarding policy was in place and contacts for safeguarding concerns were available. The RP has completed level 2 safeguarding training. And staff 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 51½ hours a week. It dispensed about 7,500 NHS prescription items a month. The pharmacy team consisted of a full-time pharmacist (the RP), two full-time dispensing assistants, a part-time dispensing assistant, a part-time trainee dispensing assistant, two part-time medicines counter assistants (MCAs), a part-time trainee MCA and a part-time delivery driver. The RP was the superintendent pharmacist and he managed the pharmacy and its team. The pharmacy relied upon its team and locum pharmacists to cover any absences. The RP, two dispensing assistants, the trainee dispensing assistant and one of the MCAs were working at the time of the inspection.

The RP led by example. And staff 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 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, 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. And they helped each other learn. They were encouraged to ask questions and familiarise themselves with new products. They were also encouraged 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 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. Staff knew how to raise a concern if they had one. Their feedback led to changes to the dispensary's layout, its workflow and its ordering process.

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 (MURs) and New Medicine Service (NMS) 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. And it had the workbench and storage space it needed for its current workload. But it wasn't air-conditioned. So, staff relied upon fans and opening the pharmacy's doors to keep the premises and themselves cool during hot weather. The pharmacy team was responsible for keeping the registered pharmacy premises clean and tidy. The pharmacy was bright and appropriately presented. But some parts of the building were starting to show signs of wear.

The pharmacy had a consultation room for the services it offered and if people needed to speak to a team member in private. But it couldn't be locked. So, the pharmacy team made sure its contents were appropriately secure when it wasn't being used. 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 tries to make sure its services are accessible to people. It gets its medicines from reputable sources and it stores them appropriately and securely. Its team disposes of people's waste medicines safely too. The pharmacy's team members check stocks of medicines to make sure they are fit for purpose. And they make sure people have all the information they need to take their medicines safely.

Inspector's evidence

The pharmacy didn't have a step-free entrance. So, its team needed to make reasonable adjustments to help some people, such as wheelchair users, access the pharmacy's services. The pharmacy advertised its services in its practice leaflet. Staff knew what services the pharmacy offered. They were helpful and knew where to signpost people to if a service couldn't be 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. The pharmacy provided 25 MURs and five to ten NMS consultations a month. People were required to provide their written consent when recruited for these services. The pharmacy used a disposable and tamper-evident system for people who received their medicines in multi-compartment compliance packs. The pharmacy team checked whether a medicine was suitable to be repackaged into a compliance pack. And it had started to review the eligibility of people using this service. The pharmacy kept an audit trail of the person who had assembled each compliance pack and who had checked it. The pharmacy team provided a brief description of each medicine contained within the compliance packs.

Prescriptions were highlighted to alert staff when a pharmacist needed to counsel people and when CDs or refrigerated items needed to be added. The pharmacy team took the time to explain to people how to take their medicines safely. And patient information leaflets were routinely supplied to people too. 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, Phoenix and Sigma, 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, and products nearing their expiry dates were appropriately marked. 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. Staff were required to keep patient-returned and out-of-date CDs separate from in-date stock.

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 decommissioning stock at the time of the inspection despite the pharmacy having the appropriate equipment and computer software to do so. The pharmacy's SOPs hadn't been revised to reflect the changes FMD would bring to the pharmacy's processes. But the pharmacy was scheduled to be FMD compliant by the

end of the year.

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. Suitable pharmaceutical waste receptacles were available and in use.

The pharmacy had a process in place for dealing with alerts and recalls about medicines and medical devices. And staff described the actions they would take and the records they would make when the pharmacy received a concern about a product. The pharmacy kept copies of drug and device alerts, and a log of the actions taken by its team.

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 keeps these clean and tidy.

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 PMR system was restricted to authorised team members and password protected. And staff took steps to make sure people couldn't see any personal details on the computer screens when using 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.