

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 56 High Street, BILLINGSHURST,
West Sussex, RH14 9NY

Pharmacy reference: 1037257

Type of pharmacy: Community

Date of inspection: 02/08/2019

Pharmacy context

A community pharmacy set in a parade of shops in the centre of Billingshurst. The pharmacy opens six days a week. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. It supplies medicines to care homes and provides multi-compartment compliance aids to help people take their medicines. It delivers medicines to people who can't attend its premises in person. And it offers winter influenza (flu) vaccinations and a private health check 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 generally 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 work to professional standards and 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. But they could do more to keep people's private information safe.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) in place for the services it provided. And these have been reviewed recently. 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 pharmacist's checking workstation 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 highlighted 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 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 published online. People's feedback led to improvements to the pharmacy's repeat prescription process.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, through the National Pharmacy Association (NPA). The pharmacy's controlled drug (CD) register, its private prescription records and its RP records were adequately maintained. The pharmacy team checked the CD register's running balance regularly. The nature of the emergency within the pharmacy's records for emergency supplies made at the request of patients didn't always provide enough detail for why a supply was made. The date a 'specials' line was obtained at the pharmacy wasn't included in the pharmacy's 'specials' records.

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 people's details weren't always 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 enough staff to deliver its services safely. And it encourages its team members to provide feedback and keep their knowledge up to date. But it could do more to make sure its staff are appropriately trained for the tasks they're expected to do. 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 60½ hours a week and it dispensed about 9,000 NHS prescription items a month. The pharmacy team consisted of two part-time pharmacists, a full-time store manager, a full-time dispensing assistant, two part-time dispensing assistants, a full-time trainee dispensing assistant, a part-time trainee dispensing assistant and a part-time counter assistant.

A locum pharmacist (the RP), the store manager, two dispensing assistants and three trainee dispensing assistants were working at the time of the inspection. The pharmacy was reliant upon its team, locum pharmacists, relief staff and staff from nearby branches to cover absences.

The pharmacy's team members, including the store manager, were required to complete or undertake accredited training relevant to their roles. But the counter assistant, despite working at the pharmacy for about six months, hadn't completed nor was he undertaking accredited training in line with the GPhC's policy on minimum training requirements. He was enrolled upon an accredited training course relevant to his role shortly after the inspection.

Staff supported each other so acute prescriptions were processed in a timely manner and people were served promptly. But the pharmacy was about two days behind with its repeat prescription workload as a backlog of prescriptions that needed to be accuracy-checked had been allowed to develop. 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 the pharmacy team 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.

Staff performance and development needs were discussed informally throughout the year and at six-monthly colleague reviews. Members of the pharmacy team were encouraged to ask questions, familiarise themselves with new products, read the company's newsletters and undertake online training to keep their knowledge up to date. Team meetings were held to update staff and share learning from mistakes or concerns. Staff unable to attend these meetings were updated during one-to-one discussions. 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 or anonymously through a telephone hotline. Their feedback led to changes to the rostering of staff to make sure there were enough team members on duty towards the end of each day.

The pharmacy's team members sometimes felt under pressure to cope with the pharmacy's 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. It had the workbench and storage space it needed for its current workload. But several baskets, containing assembled prescriptions, cluttered up its worksurfaces.

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 made sure its contents were appropriately secure when it wasn't being used.

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

The pharmacy team was responsible for keeping the registered pharmacy area clean and tidy. The pharmacy had a supply of hot and cold water. And antibacterial hand wash and alcoholic hand sanitizer gel were available too.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective. It provides services that people can access easily. It delivers prescription medicines to people's homes and keeps records to show that it has delivered the right medicine to the right person. And 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. They generally dispose of people's waste medicines safely too.

Inspector's evidence

The pharmacy had some automated doors and its entrance was level with the outside pavement. The pharmacy's services were advertised in-store and were included in the pharmacy's practice leaflet. The pharmacy team knew what services the pharmacy offered and 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. 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.

The pharmacy offered a winter flu vaccination service. 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 offered private health checks. The pharmacy team took the time to provide people with health and wellbeing advice. And people identified of being at significant risk of diabetes or heart disease were signposted to their clinician. The pharmacy's team members were clear about who was eligible for the service and the process they needed to follow. The pharmacy provided about 30 MURs and four NMS consultations were undertaken a month. People were required to provide their consent when recruited for these services.

The pharmacy provided a substance misuse treatment service and a needle exchange service. The pharmacist could supervise the consumption of some substance misuse clients' treatments. The pharmacy team asked needle exchange clients to return spent sharps within the containers provided and deposit these into a designated receptacle.

The pharmacy used disposable and tamper-evident multi-compartment compliance aids for its compliance aid dispensing service. A dispensing audit trail was maintained for the compliance aids seen. And a brief description of each medicine contained within them was provided. But patient information leaflets weren't always supplied as required by the pharmacy's SOPs. So, people sometimes didn't have all the information they needed to 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 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 2 and 8 degrees Celsius. 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 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 out-of-date CDs have been allowed to accumulate and they 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. 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 household chemicals, were appropriately signposted. Pharmaceutical waste receptacles were available and in use. But the pharmacy didn't have a receptacle to dispose of people's hazardous waste, such as cytostatic and cytotoxic products.

A process was in place for dealing with recalls and concerns about medicines and medical devices. Drug and device alerts were retained, actioned and annotated 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 had two medical refrigerators to store pharmaceutical stock requiring refrigeration. And their maximum and minimum temperatures were checked and recorded regularly.

The pharmacy provided blood pressure (BP) checks on request. And the pharmacy team needed to replace the BP monitor regularly. The pharmacy's diagnostic equipment used in its health check service was calibrated regularly. And a third-party pathology service was used to check the accuracy of the pharmacy's cholesterol monitor.

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.