

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, 4 Langley Parade, Langley Green,  
CRAWLEY, West Sussex, RH11 7RS

**Pharmacy reference:** 1037302

**Type of pharmacy:** Community

**Date of inspection:** 04/10/2019

## Pharmacy context

A community pharmacy set in a parade of shops in a residential area of Crawley. 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. It delivers medicines to people who can't attend its premises in person. It offers a stop smoking service, blood pressure checks and a diabetes screening service. It also provides substance misuse treatments and a needle exchange 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<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 has written procedures to help make sure its team works safely. It appropriately monitors the safety of its services. It has adequate insurance to protect people if things do go wrong. It generally keeps all the records it needs to by law. It asks people using its services for their views and acts on them. People who work in the pharmacy know what they can and can't 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 usually 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 also 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 dispensing workstations tidy. They used plastic baskets to separate people's prescriptions and to help them prioritise the dispensing workload. The pharmacy had systems to record and review dispensing errors and near misses. 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 some of 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.

A complaints procedure was in place and patient satisfaction surveys were undertaken annually. Details on how people could provide feedback about the pharmacy were included within the 'Customer Charter Standards of service' pamphlet. The pharmacy displayed the results of last year's patient satisfaction survey. People's feedback led to changes in the way the pharmacy team managed its dispensing workload to reduce prescription waiting times. Staff tried to keep people's preferred makes of medicines in stock when they were asked to do so.

The pharmacy's records for emergency supplies, its private prescription records and its RP records were adequately maintained. The address from whom a controlled drug (CD) was received from was occasionally omitted from the pharmacy's CD register. But the pharmacy team checked the CD register's running balance regularly. The date an unlicensed medicinal product was obtained by the pharmacy 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 team members to provide safe and effective care. The pharmacy's team members are encouraged to keep their skills up to date. Staff are comfortable about giving feedback to improve the pharmacy's services. They use their judgement to make decisions about what is right for the people they care for. 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 7,500 NHS prescription items a month. The pharmacy team consisted of a full-time pharmacy manager, a part-time pharmacy technician, a part-time dispensing assistant, two recently recruited full-time assistants and two part-time delivery drivers. The pharmacy had a vacancy for a part-time dispensing assistant and it had recently recruited a full-time pharmacist. A relief pharmacist (the RP), the pharmacy manager, the pharmacy technician and both assistants were working at the time of the inspection. The pharmacy relied upon its team, locum pharmacists, relief staff and staff from nearby branches to cover absences.

Staff 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, elderly people or people with long-term health conditions.

The pharmacy had an induction training programme for its team. And newer team members were mentored by more experienced staff. The pharmacy's team members needed to complete mandatory training during their employment. And they were required to undertake accredited training relevant to their roles after completing a probationary period. The pharmacy's team members 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 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. Team meetings were held to update staff and share learning from mistakes or concerns. Members of the pharmacy team felt comfortable about making suggestions on how to improve the pharmacy and its services. And they knew how to raise a concern if they had one. Their feedback led to changes to the dispensary's layout and its lighting.

Staff didn't feel their professional judgement or patient safety were affected by company 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 suitable and secure environment for people to receive healthcare. And its premises are clean and tidy.

### Inspector's evidence

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 and opening the pharmacy's entrance to keep the premises and themselves cool during hot weather. The pharmacy was bright, clean and appropriately presented. The pharmacy team was responsible for keeping the registered pharmacy premises clean and tidy. But some parts of the building were starting to show signs of wear.

The pharmacy had a suitably-sized 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. 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. 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 dispose of people's waste medicines safely too.

### Inspector's evidence

The pharmacy didn't have an automated door. But its entrance was level with the outside pavement and staff would open the door when necessary. So, people with mobility difficulties, such as wheelchair users, could access the premises. The pharmacy's services were advertised in-store. 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 five to seven MURs and one to two NMS consultations a week. 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.

The pharmacy provided substance misuse treatments and a needle exchange service. The pharmacist could supervise the consumption of some substance misuse clients' treatments. The pharmacy team routinely asked needle exchange clients to return spent sharps within the containers provided when they collected their needle exchange packs. And returned containers were deposited within a designated receptacle.

The pharmacy offered a stop smoking service. And people needed to make an appointment for this service. So, the pharmacy could make sure an appropriately trained member of staff was available to provide it. The pharmacy team offered paid-for blood pressure checks and a diabetes screening service too. Staff 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 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 the team member handing the medication over that these items had to be added or if extra counselling was required. And patient information leaflets were routinely supplied to people too. The pharmacy team was aware of the valproate pregnancy prevention programme. And staff 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 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 and its team documented 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.

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, due to a recent software malfunction, they weren't decommissioning stock despite the pharmacy having the appropriate equipment to do so and revised SOPs to reflect the changes FMD brought to its processes. The pharmacy team didn't know when the software malfunction would be resolved.

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. 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.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and 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 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's blood pressure monitor was replaced last year. The monitor the pharmacy team used for the pharmacy's stop smoking service was obtained about two years ago. The pharmacy's blood glucose monitor was calibrated regularly. And staff kept a log of the monitor's calibration results.

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.