

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 86 High Street, Hurstpierpoint, HASSOCKS, West Sussex, BN6 9PX

Pharmacy reference: 1037328

Type of pharmacy: Community

Date of inspection: 13/11/2019

Pharmacy context

A community pharmacy set on the high street in Hurstpierpoint village. The pharmacy opens six days a week. And most people who use it live in the village or the surrounding rural areas. The pharmacy sells a range of over-the-counter medicines and health and beauty products. It dispenses NHS and private prescriptions. It offers a stop smoking service, blood pressure checks and a diabetes screening service. The pharmacy supplies medicines to a care home and provides multi-compartment compliance packs (blister packs) 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 paid-for travel clinic.

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.
		1.2	Good practice	The pharmacy continually monitors the safety of its services to protect people and further improve patient safety.
2. Staff	Good practice	2.2	Good practice	The pharmacy provides its team members with the training and support they need. And it actively encourages them to improve their skills.
		2.4	Good practice	Staff work well together as a team and have a work culture of openness, honesty and learning.
3. Premises	Good practice	3.1	Good practice	The pharmacy is fitted out to a high standard. It provides a safe, secure and a very professional environment for people to receive healthcare.
4. Services, including medicines management	Good practice	4.1	Good practice	The pharmacy makes sure that its services are accessible and meet the needs of the people it serves.
		4.2	Good practice	The pharmacy is good at providing its services safely and effectively. It takes extra care when supplying prescription medicines and vaccinating people.
5. Equipment and facilities	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 generally 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 staff in the event of an emergency. The pharmacy had up-to-date standard operating procedures (SOPs) in place which were tailored to its activities and context. Members of the pharmacy team could access other corporate procedures and policies online if they needed to. And they followed and understood the procedures which were relevant to their roles.

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. And this led to a reduction in the pharmacy's dispensing error rate and freed up the responsible pharmacist (RP) and staff. So, they could spend more time talking to people about their medicines and delivering other services. People's blister packs were dispensed at the rear of the dispensary to minimise distractions and interruptions to the team members assembling them. The pharmacy team carefully considered the start date before initiating any new blister pack or care home to make sure the workload remained manageable and evenly distributed. Pharmaceutical stock was stored alphabetically and tidily throughout the dispensary. 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 RP who was also seen initialling the dispensing label.

The pharmacy had robust systems in place for its team to record and review dispensing errors and near misses. 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 and improve the safety of the dispensing service they provide. They highlighted stocks of clonazepam and colchicine following a review of a dispensing error to reduce the risk of them picking the wrong product. The safety and quality of the pharmacy's services were monitored and reviewed periodically by the pharmacy team and during company compliance audits. A review of the risks associated with assembling blister packs led to team members using a machine to remove tablets and capsules from the manufacturer's original packaging. So, they were less

likely to injure themselves. They also used gloves to make sure they handled loose tablets and capsules in a hygienic manner.

The pharmacy displayed a notice that identified the RP on duty. Its 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, for example, they referred repeated requests for the same or similar products to a pharmacist. A complaints procedure was in place and patient satisfaction surveys were undertaken annually. The results of last year's patient satisfaction survey were displayed in the public area of the pharmacy. Details on how people could provide feedback about the pharmacy were included within the 'Customer Charter Standards of service' pamphlet. And the pharmacy team asked people for their views. Staff tried to keep people's preferred makes of medicines in stock when they were asked to do so.

The pharmacy had appropriate insurance arrangements, including professional indemnity, in place. The pharmacy's controlled drug (CD) register, its records for emergency supplies, its private prescription records and its RP records were appropriately maintained. The pharmacy team checked the CD register's running balance regularly as required by the pharmacy's SOPs. 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 training on it. A privacy notice was displayed within the public area of the premises to tell people how the pharmacy and its team gathered, used and shared personal information. The pharmacy had arrangements 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 ✓ Good practice

Summary findings

The pharmacy has enough team members to provide its services safely and effectively. And it encourages them to give feedback. Staff work well together as a team and have a work culture of openness, honesty and learning. The pharmacy provides its team members with the training and support they need. And it actively encourages them to improve their skills. 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 58 hours a week. It dispensed about 7,250 NHS prescription items a month. The pharmacy team consisted of a full-time pharmacist manager (the RP), a part-time pharmacist, three full-time dispensing assistants, a full-time trainee dispensing assistant and a part-time trainee dispensing assistant. A pharmacy undergraduate student also worked at the pharmacy on a part-time basis. The RP, two dispensing assistants and two trainee dispensing assistants were working at the time of the inspection. The pharmacy relied upon its team, relief staff and staff from nearby branches to cover absences.

The RP led by example. And the team worked well together and supported one another. 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 or breastfeeding, elderly people or people with long-term health conditions.

The pharmacy had an induction training programme for its staff. Its 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 regularly discussed their performance and development needs with their line manager. And they helped each other to learn. They were encouraged to ask questions and familiarise themselves with new products. They were also encouraged to read any company newsletters and complete online training and assessments to make sure their knowledge was up to date. Staff received time to train while they were at work. But they could also choose to train during their own time. They were comfortable talking about their own mistakes and weaknesses with their colleagues. And a 'WhatsApp' group, team meetings and one-to-one discussions were used to update them and share learning.

The team members weren't under pressure to complete the tasks they were expected to do. And they didn't feel their professional judgement or patient safety were affected by targets. 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. 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 or how to raise it anonymously. The team's feedback led to changes to the layout of the pharmacy's dispensary.

Principle 3 - Premises ✓ Good practice

Summary findings

The pharmacy is fitted out to a high standard. It provides a safe, secure and a very professional environment for people to receive healthcare. And it has a room where people can have private conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy was air-conditioned, bright, clean and modern. It was well laid out and organised. It was professionally presented throughout. And its fixtures and fittings were of a notably high standard. The dispensary had ample dispensing workbench and storage space available for the pharmacy's current workload. The pharmacy had a spacious and well-equipped consultation room for the services it offered and if people needed to speak to a team member in private. The consultation room's contents were appropriately secured when it wasn't being used. And conversations in it couldn't be overheard in the areas next to it. The pharmacy had a dedicated staffroom, stockroom and office. The pharmacy team was responsible for keeping the registered pharmacy premises clean and tidy. 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 ✓ Good practice

Summary findings

The pharmacy makes sure that its services are accessible and meet the needs of the people it serves. It's good at providing its services safely and effectively. It takes extra care when supplying prescription medicines and vaccinating people. And its team checks stocks of medicines to make sure they are fit for purpose. Its team members are helpful. And they make sure that people have all the information they need. So, they can use their medicines safely. The pharmacy gets its medicines from a reputable source and stores them appropriately and securely. And it disposes of waste medicines safely too.

Inspector's evidence

The pharmacy had an automated door and its entrance was level with the outside pavement. The aisles within the pharmacy were wide. And a section of the pharmacy's counter was at a lower level to the rest. So, people with mobility difficulties, such as wheelchair users, could access the pharmacy and its services. The pharmacy's services were advertised in-store and were included in its practice leaflet. Staff knew where to signpost people to if a service wasn't provided. And they were helpful and routinely provided advice to people on how to take their medicines safely. The pharmacy provided a range of services tailored to the need of the local population, for example, a collection point for 'Clinical Homecare' patients, blister pack dispensing and a delivery service. The pharmacy team worked closely with the local surgery to identify people who would benefit from these services.

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 an electronic delivery record to say they had received their medicines. 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 and checked each prescription. The pharmacy team provided a brief description of each medicine contained within the blister packs. And staff needed to make sure patient information leaflets were supplied as required by the pharmacy's SOPs. So, people had the information they needed to make sure they took their medicines safely. The pharmacy participated in a locally commissioned gluten-free food scheme. So, people eligible for the service could obtain certain gluten-free products from the pharmacy instead of obtaining a prescription from their surgery. The pharmacy offered a stop smoking service. And its pharmacists could supply the morning-after pill to certain people through a locally commissioned patient group direction (PGD). The pharmacy's paid-for travel clinic was operated in conjunction with Medical Advisory Services for Travellers Abroad (MASTA). People needed to make a follow-up appointment to visit the pharmacy following an initial telephone appointment with one of MASTA's specialist travel health nurses. This helped the pharmacy team better manage its travel clinic's workload. And make sure it had the appropriate people and resources in place to deliver the service safely. The pharmacy provided a winter flu vaccination service. Its team promoted the benefits of flu vaccinations to at-risk groups, carers, staff of neighbouring businesses and other people attending its premises. 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 had valid, and up-to-date, PGDs and appropriate anaphylaxis resources in place for these services. It kept a record for each vaccination it made. And 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.

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, in the case of CDs, when the prescription expired. And if extra counselling, such as with high-risk medicines, was required. 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 pharmaceutical stock. The pharmacy team removed some pet medicines from sale during the inspection to prevent people being able to self-select them. The pharmacy 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 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. 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 had supplemental SOPs to reflect the changes FMD brought to its processes.

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 spent needles, were appropriately signposted. Suitable receptacles for hazardous and non-hazardous pharmaceutical waste 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 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 appropriate equipment and the facilities it needs to provide its services safely. And, its team makes sure its equipment is kept clean and is stored securely.

Inspector's evidence

The pharmacy had a range of clean glass measures. It had equipment for counting loose tablets and capsules too. And this equipment was routinely cleaned after each use. 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 blood pressure (BP) checks on request. And the pharmacy team needed to replace the BP monitor every two years. The pharmacy team checked the accuracy of the pharmacy's blood glucose monitor regularly. And it kept records to show this. Pharmacy equipment kept within the consultation room was locked away when not in use. 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.