

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 18 Harper Road, Rockingham Estate, LONDON, SE1 6AD

Pharmacy reference: 1040718

Type of pharmacy: Community

Date of inspection: 10/08/2022

Pharmacy context

The pharmacy is located within a parade of shops and close to a GP surgery. It serves a mixed local population. The pharmacy provides a range of services, including the New Medicine Service and flu vaccinations. It also supplies medications in multi-compartment compliance packs to some people who live in their own homes to help them manage their medicines.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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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 not all met	2.2	Standard not met	Team members do not all start accredited training in a timely manner.
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

There are issues around staffing, but otherwise the pharmacy generally manages its risks appropriately to make sure people are kept safe. It generally keeps the records it needs to by law. And it largely manages and protects people's confidential information appropriately.

Inspector's evidence

Standard operating procedures (SOPs) were in place but not all team members had signed to show that they had read and understood them. The folder contained both older and new versions of the SOPs which could cause confusion. Some SOPs had been reviewed in the middle of the previous year but had only been printed out a few weeks ago and were yet to be read by current team members. The responsible pharmacist (RP) said she would review the SOPs and ask members of the team to read and sign the relevant ones.

Near misses, where a dispensing mistake was identified before the medicine had reached a person, were highlighted with the team member involved at the time of the incident. Several near misses were seen to have been recorded since July 2022, but previous records were said to have been lost. A 'Safer Care Checklist' should be completed at the end of the month in line with the company's SOPs, but this had only been done in July and August 2022. Although certain points were ticked as complete, such as staff training and cleaning, these were found not to be completed adequately. For example, one member of the team was not sufficiently trained for their role and the premises were not clean in some areas. The RP described some changes that had been made to minimise near misses, such as the separation of medicines that looked or sounded alike. Dispensing errors, where a dispensing mistake had reached a person, were reported on the company's intranet. The RP described an error where a date-expired medicine had been supplied to a person. The RP said that suppliers sometimes sent medicines with short expiry dates and the pharmacy was now conducting expiry-date checks more frequently. Date checking records could not be found during the inspection.

The correct RP notice was displayed. The RP could not access the RP record fully and only a small sample was seen. This did not appear to be accurate as the time the RP ceased responsibility was recorded as 10pm although the RP was not working until then. The RP said she would look into this. Other records required for the safe provision of pharmacy services were generally completed in line with legal requirements, including those for emergency supplies and private prescriptions. A sample of controlled drug (CD) registers was inspected, and these were generally filled in correctly though the supplier's address was not documented. The RP said she would include this when entering CD stock. CD balance audits were not conducted in line with the pharmacy's SOPs. The physical stock of a CD was checked and matched the recorded balance. The pharmacy had current professional indemnity and public liability insurance.

The pharmacy previously carried out yearly patient satisfaction surveys, but this had been suspended during the pandemic. People were able to provide feedback verbally or online. They were provided with the contact details of the pharmacy's head office if necessary. A complaints SOP was in place but team members had not read it.

Members of the team had read the relevant SOP on protecting people's confidentiality and had signed

a confidentiality agreement as part of their contract. They said that they had not completed training on the General Data Protection Regulation. Confidential waste was placed in separate waste bags which were collected by head office. Computers were password protected and smartcards were used to access the pharmacy's electronic records, but these were seen to be shared. When presented with a scenario with a mother asking about medicines for her teenage daughter, one of the assistants said she would share details of the daughter's medicine. The RP said she would ensure team members completed additional training about protecting people's personal information.

The RP had completed the Centre for Pharmacy Postgraduate Education training on safeguarding vulnerable people but not all support staff had not received training on the subject. The pharmacy student had received some training and described reporting a concern about a carer to the GP which had resulted in a review by the carer's agency. The RP said she would ensure all the team completed training on the subject.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy's team members do not all start accredited training in a timely manner. The pharmacy has just about enough staff to provide its services safely to people, but staff sometimes struggle to find time to undertake other tasks. Staff have access to ongoing training. But they do not always get time at work to complete it, which could make it harder for them to keep their knowledge and skills up to date.

Inspector's evidence

There was the RP, a pharmacy student, and two assistants working during the inspection. The pharmacy also employed a part-time medicine counter assistant (MCA) and a part-time trainee MCA. One of the assistants had recently been employed and was covering the retail area and medicines counter. He was due to be enrolled onto the medicine counter course following the probation period. The other assistant had been working at the pharmacy for nine months and was involved in dispensing, expiry date checks of dispensary stock, and selling Pharmacy-only medicines (P-medicines). She had not been enrolled onto a suitable course for her role. She had been told at the start of employment that her role was to cover both the medicines counter and dispensary, and that she would be provided with the appropriate training but had only received verbal training since starting. The assistant was due to leave her post at the pharmacy in September. The RP said that she would no longer be involved in dispensary or medicine counter tasks.

The pharmacy had just about enough staff to provide its services and was up to date with its dispensing service. But there was a back log in certain tasks, such as cleaning, expiry date checks, CD balance checks and other administrative tasks. The RP said that there had been several regional managers over the last few months. She felt supported by the current regional manager who had helped her escalate the staffing issues to head office. The regional manager had also approved the recruitment of two dispensers rather than a medicine counter assistant, as was originally advertised. The RP had provided her manager with feedback that this would not be sufficient cover. When asked, staff were not fully clear about what action would be taken in the event that two dispensers were not hired before the pharmacy student and other assistant left in the next month.

The pharmacy student only worked during holidays and was due to start university again. She said she had access to the company's 'MyLearn' online modules and had completed several modules at the same time several months ago. She normally completed ongoing training in her own time as study time was not provided at work. She had also read the SOPs when she first started at the pharmacy.

Team members said they regularly discussed their performance with the RP. They had not had performance reviews prior to the current RP as there had not been a set RP. Some targets were set but team members said there was no pressure to achieve these.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are generally suitable for the pharmacy's services and there is a room where people can have private conversations with a team member. But the pharmacy could do more to ensure that all areas are kept clean and tidy.

Inspector's evidence

The premises were relatively small, and fittings had not been replaced for some time. There was limited workspace in the dispensary and benches were cluttered. The retail area was generally organised. Dispensary shelves were dusty, and the sink area was not clean. A small storage room located beside the dispensary was messy and the staff toilet was dirty, with rubbish on the floor. A small consultation room was available for services and private conversations. It was generally clean and tidy. The cleaning was shared by the team and done twice a week. The RP said that the team would carry out a deep clean of the premises. A plastic screen was fitted at the front counter and floor markings were placed to remind people to maintain a safe distance.

The room temperature and lighting were adequate for the provision of pharmacy services. There were two air coolers and a fan to help regulate the temperature in warmer weather. The premises were secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

People can access the pharmacy's services. The pharmacy has some systems in place for making sure that its services are organised. It orders its medicines from reputable sources and largely manages them properly. But it does not always identify people on higher-risk medicines. This may mean that it misses opportunities to provide them with the information they need to take their medicines safely.

Inspector's evidence

Access into the pharmacy was step-free. There was sufficient space in the retail area for people with wheelchairs. The pharmacy had a small seating area for people to use when they wanted to wait. Services were listed on the wall near the medicines counter though this was covered with boxes at the time of inspection. Some services were also promoted using posters, for example, the flu vaccine service. Team members described talking slowly and clearly to people with hearing difficulties. They signposted people to other healthcare providers if a service was not available at the pharmacy.

There was limited clear workspace, but baskets were used to separate prescriptions and prevent transfer between people. Dispensing audit trails to identify who had dispensed and checked medicines were completed. This helped identify who was involved in these processes, for example, if a dispensing mistake occurred. People were sent a text message to inform them that their medicine was ready. Team members were observed confirming people's names and addresses at hand-out.

There was no system in place to identify people taking higher-risk medicines. Warning cards or leaflets were not available to hand out to people who were in the higher-risk group and taking valproate, but team members were aware of the risks associated with this medicine. The RP said that additional cards would be ordered. The pharmacy dispensed lithium for one person but did not check if they were being routinely monitored. Some members of the team who were involved in dispensing did not know what checks to make when dispensing warfarin. Prescriptions for Schedule 3 and 4 CDs were not highlighted. This could increase the chance of these medicines being supplied when the prescription is no longer valid.

Multi-compartment compliance packs were assembled at the back of the dispensary, on a designated work bench. Several prepared and unsealed packs were found on a shelf. The pharmacy student said that these had been prepared the previous day. The risk of leaving packs unsealed were discussed. The pharmacy student said that the process would be reviewed so that packs were not left unsealed for prolonged periods of time. Prepared packs observed were labelled with product descriptions. Patient information leaflets were not routinely supplied, so this could make it harder for people to have up-to-date information about how to take their medicines safely. The pharmacy had clear audit trails for the service to help keep track of when people were due their packs and when their packs were ready. Original packs were retained with the assembled trays for the pharmacist to check.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It generally kept its medicines and medical devices tidily on the shelves within their original manufacturer's packaging. The pharmacy team checked the expiry dates of medicines at regular intervals, but date-checking records could not be found during the inspection. One date-expired medicine was found still on shelf though it

had been marked with a coloured sticker. The fridge temperatures were monitored daily. Records indicated that the temperatures were maintained within the recommended range. Waste medicines were stored in appropriate containers and collected by a licensed waste carrier. The RP said that drug alerts and recalls were received electronically and actioned via the company's intranet.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely.

Inspector's evidence

The pharmacy had several glass measures and tablet counting triangles, including a separate triangle for cytotoxic medicines. This helped avoid cross-contamination. There were two fridges, one was used to store dispensary stock and the other was for staff use. Waste medicine bins and destruction kits were used to dispose of waste medicines and CDs respectively. Members of the team had access to the internet and several up-to-date reference sources.

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.