

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Fitzalen Medical Centre, Fitzalen Road, LITTLEHAMPTON, West Sussex, BN17 5JR

Pharmacy reference: 1074313

Type of pharmacy: Community

Date of inspection: 13/08/2019

Pharmacy context

This is a pharmacy located within Fitzalen medical centre, close to the centre of Littlehampton. The pharmacy provides pharmacy services to local people. And it dispenses NHS prescriptions and provides healthcare advice. It also supplies medicines in multicompartiment compliance aids, for those patients who live at home and may have difficulty managing or remembering to take their medicines. In addition the pharmacy provides services to three small local care homes.

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	2.4	Good practice	Staff worked effectively together as a team and showed a good culture of openness, honesty and learning
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 provides services in line with clear processes and procedures which are being followed by staff. Team members record, review and learn from mistakes that occur during the dispensing process to prevent similar mistakes in future. The pharmacy team asks people for their views and deals with any complaints. And it uses the feedback to improve the service it provides. The pharmacy team generally keeps the records it needs to by law. The pharmacy protects patient information and the team members understand their roles in protecting vulnerable people.

Inspector's evidence

Procedures were in place to record, review, and learn from adverse events. The pharmacist demonstrated that dispensing incidents and near misses were recorded, reviewed, managed and feedback provided to staff. Recent reviews following near miss incident involving the quantities of medicines, had led to greater care being taken in relation to checking the quantity on the prescription more carefully. Both when assembling and when checking prescriptions. Staff had started circling or highlighting unusual quantities on the prescription, to aid with this process. The pharmacy also completed the safer care logbook and regularly held safer care briefings with branch staff and across the area, to share and implement learning.

Baskets were used in the dispensing process to manage the workflow, separate prescriptions and reduce the likelihood of errors. standard operating procedures (SOPs) were in place for the services provided from the pharmacy and these were in the process of being reviewed and updated. SOPs had been read and signed by all staff. Staff were clear on their roles and responsibilities and these were clearly defined within the SOPs. On questioning, the staff explained how they would refer requests for advice and certain P medicines (such as regular requests for codeine preparations) to the pharmacist.

Details of the complaints and feedback procedure were contained in a leaflet displayed for patients to select. A patient satisfaction survey had been carried out and the results for the 2019 survey were available on a poster in the pharmacy. Feedback was generally positive, although areas for improvement highlighted from the survey, included feedback about the availability of a private area to speak. As a consequence, staff took great care to signpost patients to the consultation area, when appropriate.

Professional indemnity insurance arrangements were in place for the pharmacy services provided via the National Pharmaceutical Association (NPA). The responsible pharmacist (RP) sign was on display and appropriate RP records were maintained. CD register, emergency supply, specials records and the private prescription records examined were in order. Running balances were checked and recorded regularly and those checked were in order. Records of patient returned controlled drugs were also maintained.

The pharmacy had an up-to-date information governance procedure in place and all staff had completed training and read and signed to confirm that they had understood the policy. Access to the pharmacy computer and the patient medication record (PMR) systems was restricted to authorised members of staff and password protected. Confidential waste bins were available to dispose of patient identifiable and confidential waste. The pharmacy had a process in place for accessing Summary Care

Records and the pharmacist had completed training in this area. Patient consent was obtained for patients using the offsite dispensing service.

Child protection and safeguarding SOPs were in place. All staff had completed the company's in-house training on safeguarding and had access to the contact numbers for safeguarding authorities. The pharmacist and technician had completed the CPPE safeguarding training and staff were able to explain what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable adult.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has adequate levels of staff for the services it provides and provisions are in place to ensure staffing levels are maintained. Pharmacy staff generally have the appropriate skills and qualifications for their roles and are actively encouraged to undertake ongoing learning. The team works well together with openness and honesty to help support the safe and effective delivery of pharmacy services.

Inspector's evidence

The pharmacy dispensed approximately 8,000 items each month. At the time of the inspection there was a Pharmacist manager, a trained dispenser and two trainee dispensers. All staff were either appropriately qualified or, undergoing appropriate training for their roles.

Staff received appraisals, where performance and development needs were individually discussed and documented. Staff were encouraged to continue their own personal development by completing regular topical training courses, safer care learning, e-learning 'my knowledge' check assessments. Staff had recently completed training on Ella One. Staff were provided with dedicated time for training. Staff had regular meetings and briefings to discuss issues and information was cascaded to all staff during the week.

The pharmacist was observed supervising and overseeing the appropriate sales, supply of medicines and advice given by staff. Staff were observed following the sales of medicines protocol when making OTC recommendations and referred patients to the pharmacist when necessary.

Staff had no current concerns and were able to explain how they would raise a concern they had about the provision of a pharmacy service with the company. Staff were aware of the provision to feedback comments to the company. The pharmacist explained that the company had targets for MUR's and NMS, but was clear that these targets did not impact on his professional decision making.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is secure and provides a hygienic environment for the delivery of pharmacy services to people. But, the small size of the pharmacy could cause problems, if the level of business continues to grow. The pharmacy has suitable facilities to protect the privacy, dignity and confidentiality of people. And the team uses them to ensure confidentiality is protected.

Inspector's evidence

The pharmacy had very limited space, but the pharmacist and staff worked hard to keep the pharmacy tidy and made the most of the space available. The pharmacy was fitted out to a satisfactory standard, bright and in a good state of repair. The pharmacy was cleaned and tidied by staff. The pharmacy did not have air-conditioning and on occasions during hot periods of weather the temperature in the pharmacy become very hot and this could impact on the concentration of staff.

Hand washing facilities were available in the staff areas and dispensary. The sinks were clean and each had a supply of hot and cold water. A consultation room was available for use to ensure that patients could have confidential conversations with staff when necessary. The consultation room was checked during the inspection and no conversations could be heard in the area next to it. The pharmacy had a chaperone procedure in place and the consultation room was kept secured when not in use.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner and people receive appropriate advice and support to help them use their medicines properly. The pharmacy advertises its services and people can easily access them. The pharmacy sources, stores and manages medicines well, and so makes sure that all the medicines it supplies are fit for purpose.

Inspector's evidence

The pharmacy provides a range of services tailored to the needs of the local population such as community multicompartiment compliance devices (MDS or blister packs). This service was particularly valued given the local elderly population. The pharmacy worked closely with the surgery and hospitals to try and identify patients who would benefit from this service and to ensure continuity of care.

The pharmacist regularly carried out clinical audits, for example an audit of NSAID prescribing and patients on valproate preparations. The pharmacy had access for people with mobility access. Staff were clear about what services were offered from the pharmacy and where to signpost patients to if a service was not provided.

In accordance with the SOPs the dispensed by and checked by boxes of the dispensing labels on assembled medicines were initialled. The pharmacy also had just started using the off-site dispensing service provided via the Bristol dispensing hub.

Procedures were in place to highlight high-risk medicines (e.g. valproate preparations) to ensure that appropriate action was taken including counselling patients where necessary in relation to the Pregnancy Prevention Programme. The pharmacy had also carried out an audit of patients on valproate to identify any patients at risk. Stickers were also in use to highlight other high-risk medicines or where an intervention by the pharmacist might be required. Fridge lines and controlled drugs were dispensed into clear plastic bags to reduce the risk of errors. Patient information leaflets were supplied with all medicines and the pharmacy were able to print out spare copies for supply with broken bulk packs. Pharmaceutical stock requiring refrigeration was stored between two and eight degrees Celsius. Records of fridge temperatures were maintained and in the event of temperatures falling out of range any monitoring or actions were documented for audit purposes.

Medicines were stored generically in alphabetical order and in appropriate conditions, within their original manufacturer's packaging and in an organised manner to help reduce errors. Pharmaceutical stock was subject to regular date checks. The pharmacy used licensed wholesalers AAH and Alliance. Specials were generally ordered via AAH specials manufacturers. Invoices from a sample of these wholesalers were seen.

The staff were aware of the recent requirements for ensuring compliance with the Falsified Medicines Directive (FMD), in relation to verification and decommissioning of medicines. At the time of the inspection the pharmacy had received the hardware scanning equipment. However, pilot site testing was still being completed, before training was rolled out to all stores.

Waste medicines (including hazardous waste) were disposed of in appropriate containers and collected by licensed contractors. Waste awaiting collection was stored securely. The manager demonstrated and explained that recalls were received and actioned and were documented with the detail of steps taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary and appropriate equipment and facilities for the services provided and it uses these to protect people's confidential information.

Inspector's evidence

A range of crown stamped measures, were available at the pharmacy. The pharmacy had equipment for counting loose tablets and these were clean at the time of inspection. Dispensing containers were stored securely to avoid contamination from foreign matter.

The pharmacy provided NHS Health checks and testing equipment was calibrated appropriately at regular intervals and documented records maintained of these checks. The pharmacy had up-to-date copies of BNF, BNF children, and drug tariff as well as access to the internet and facility to access the NPA information service and their superintendents department.

The pharmacy computer terminals and PMR were password protected. The computer screens were out of view of the public. Staff were observed disposing of confidential waste in the special bins provided.

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.