

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Thrift Cottage site, Sewardstone Road, WALTHAM ABBEY, Essex, EN9 1NP

Pharmacy reference: 1123507

Type of pharmacy: Community

Date of inspection: 05/06/2019

Pharmacy context

The pharmacy is situated close to a surgery and a major supermarket. It is a small premises which presents some challenges to the team. The pharmacy provides NHS and private prescription dispensing mainly to local residents. And it provides a delivery service locally.

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

Members of the pharmacy team are clear about their roles and responsibilities. They work to professional standards and identify and manage risks effectively. The pharmacy logs any mistakes it makes during the dispensing process. It learns from these and takes action to avoid problems being repeated. The pharmacy generally keeps its records up to date and these show that it is providing safe services. It manages and protects information well and it tells people how their private information will be used. The team members also understand how they can help to protect the welfare of vulnerable people.

Inspector's evidence

The pharmacy had written procedures to tell the team how they should undertake the work in the pharmacy. The procedures were reviewed regularly and had been signed by the staff. They were generally followed.

The written procedures said the team members should log any mistakes in the process in order to learn from them. The team regularly logged any issues and had a monthly meeting to discuss trends and learning from these near misses. The pharmacy had increased the use of the off-site dispensing service to all repeat prescriptions and this was improving the workflow in the pharmacy.

The pharmacy conspicuously displayed the responsible pharmacist notice. The responsible pharmacist record required by law was up to date and filled in correctly. The pharmacy team members were aware of their roles and they were observed asking the pharmacist for advice.

The pharmacy sought the views of people on the service provided by the pharmacy in an annual survey. The last report had highlighted the length of time that people waited to be served, and the lack of somewhere confidential to have a conversation. These points had been addressed by new ways of working in the pharmacy. The storage of prescriptions was being reduced to four weeks from six weeks, which meant that there were fewer prescriptions to search through to find the correct one. Staff were offering the consultation room as a place for people to have more privacy. Not all customers had been aware of its existence.

The pharmacy had professional services insurances in place.

The pharmacy team recorded private prescriptions and emergency supplies in a book but the pharmacy was behind its recording. There were prescriptions from 1 May 2019 to 10 May 2019 which had yet to be entered. The entries were not very legible. The legal requirement is that prescriptions are recorded within 24 hours and that they are legible. The controlled drugs registers were up to date and legally compliant. The team did weekly checks on the recorded balance and actual stock of controlled drugs to ensure that there were no missing entries. Fridge temperature ranges were recorded daily and were within the recommended range. Patient returned controlled drugs were listed in a book and destroyed as soon as possible.

Confidential waste was segregated and stored under the stairs until collection by a licensed waste contractor. The frequency of these collections had recently been increased to reduce the pressure on storage space. Confidential material was held securely. The computer screens could not be seen by customers. The computer in the consultation room was screen locked when not in use. NHS Smartcards were not shared, and the staff did not know each other's PIN numbers. The staff had all signed confidentiality agreements.

The staff had all undertaken the safeguarding training provided by the company and the pharmacist had also done the level 2 training. They were aware of what they should do if they had concerns, and reported that they had had discussions about a patient, with the local surgery to ensure that they had the care they needed. There were local contact telephone numbers available for the safeguarding boards in the area.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has qualified staff who provide safe services. Its staffing rotas enable it to have good handover arrangements and effective staff communication. Training is provided by the company and staff find this useful to help keep their skills up to date.

Inspector's evidence

The pharmacist who regularly worked at this pharmacy, two dispensers, and a counter assistant were present during the inspection. The pharmacist reported that there was a vacancy for a dispenser, but the other staff were providing cover until a suitable candidate was found.

The staff worked together as a team and were embracing the changes required for streamlining the processes in the pharmacy. They were given regular appraisals and said that they felt able to make suggestions to the management about changes to the running of the pharmacy.

The company provided training, with protected training time, which the staff said they were usually able to use. The team was up to date with the training provided. The targets set by the company did not affect the professional judgement of the pharmacist, and were generally achievable.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean and provide a safe, secure and professional environment for people to receive healthcare. The lack of space sometimes presents storage challenges.

Inspector's evidence

The premises were small for the volume of prescriptions dispensed, and space was an issue. There was no opportunity for more space. The shop area was clean and tidy, but there was little space for people waiting to be served. There were times when there was a queue to the door, but staff managed the situation politely and were as efficient as they could be.

The consultation room was clean, tidy and bright and was used for confidential conversations when needed. It was large enough for access by people using wheelchairs. It was kept unlocked, but the cupboards inside were locked when required.

The dispensary was also clean, but was quite cluttered, with baskets of dispensed medicines waiting to be checked. There was a delivery of 16 crates of medicines which had been delivered that morning. 11 had been left in the dispensary or shop area and five had been moved into the toilet, as there was nowhere else for them to be placed and still move around the dispensary. The pharmacist insisted that only sealed crates were put here, for as little time as possible. The toilet was clean and tidy and had adequate handwashing facilities. But using the toilet area for crates containing stock, even in the short term is not good practice.

There were boxes with dispensed prescriptions on every stair to the upper floor. These stairs were wide and so the boxes were not a trip hazard. Upstairs was a staff kitchen area and store room used for over-the-counter medicines and other stock.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective and it gets its medicines from reputable sources. Pharmacy team members are helpful and give advice to people about where they can get other support. Checks are not always made when supplying higher-risk medicines, so some people may not always receive appropriate advice about the medicines they receive. The pharmacy team members do not always flag prescriptions for schedule 4 controlled drugs. This could increase the chances of supplying medicines when the prescription is no longer valid.

Inspector's evidence

The pharmacy is open 8:30am to 8.00pm. Access to the pharmacy was via an automatic door had step free access from the pedestrian area between the supermarket and the surgery. Services were advertised on signs in the window of the shop.

The use of baskets helped to ensure that prescription items were kept together and were easy to move from one area of the dispensary to another. It also helped to prioritise dispensing work. The pharmacy used a dispensing audit trail to identify who had dispensed and checked each item.

Prescriptions ordered on repeat were sent to the off-site dispensing facility where they were labelled with the address of the pharmacy and the address of the off-site dispensary. These prescriptions were usually returned in orange crates, which helped identify them from stock which needed to be put away. It was more difficult for staff when blue crates were used instead, due to the restricted space available to store the crates.

The team were moving towards only keeping prescriptions for up to four weeks rather than six weeks, before returning them to the 'spine' and putting the stock back onto the shelves. This had reduced the number of prescriptions waiting to be collected and improved the time taken to find each prescription when the person came to collect it. The people using the pharmacy were now familiar with the length of time the prescriptions were being kept for. More people were now texted by the pharmacy to inform them that their prescription was ready. So, the number of people coming in to collect a prescription which had been returned to stock had reduced considerably.

No multi-compartment compliance aids were dispensed in the pharmacy due to the lack of space, but requests for this service were signposted to one of the two nearby pharmacies.

Schedule 4 controlled drug prescriptions were not highlighted to staff who were to hand them out. This would have helped them to ensure that they were not given out more than 28 days after the date on the prescription. People taking warfarin, lithium or methotrexate, were not always asked about any recent blood tests or their current dose. So the pharmacy could not show that it was monitoring the patients in accordance with good practice.

People who were receiving prescriptions for valproate were routinely counselled about pregnancy prevention, where needed, and were supplied with warning cards on every occasion. Warning stickers were placed on dispensing containers where needed to highlight the risks.

The pharmacy got its medicines from licensed wholesalers, and stored them in dispensary drawers and

on shelves in a tidy way. There were 'use first' stickers on the shelves and boxes to indicate items which were short dated. Regular date checking was done. 'Look alike, sound alike' (LASA) stickers were used to highlight where similar medicines were stored together. Drug alerts were received, actioned and filed appropriately to ensure that recalled medicines did not find their way to people who used the pharmacy.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the right equipment for its services. It makes sure its equipment is safe to use.

Inspector's evidence

The pharmacy had access to up-to-date reference sources. This meant that people could receive information which reflected current practice. There were various sizes of glass, crown-stamped measures, with separate ones labelled for CD use, reducing the risk of cross-contamination. The pharmacy had a separate triangle marked for use with methotrexate tablets ensuring that dust from them did not cross contaminate other tablets.

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.