

Registered pharmacy inspection report

Pharmacy Name: Lloyds pharmacy, Knebworth Health Centre site, 7 St. Martins Road, Knebworth, Hertfordshire, SG3 6ER

Pharmacy reference: 9011355

Type of pharmacy: Community

Date of inspection: 27/04/2021

Pharmacy context

The pharmacy is next-door to a doctors' surgery and was purpose built in 2020. It is the only pharmacy in the village, and moved here from a high street setting. The pharmacy provides NHS dispensing, mainly for patients of the local surgery, as well as multi-compartment compliance packs to some people. They also provide information about medicines and sell over-the counter medicines.

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 work to professional standards and identify and manage risks effectively. They record or discuss mistakes they make during the dispensing process with the regular pharmacist. And they try to learn from these to avoid problems being repeated, using reflective statements. The pharmacy generally keeps its records up to date and these show that it is providing safe services. Its team members understand how they can help to protect the welfare of vulnerable people. And the pharmacy's team members keep people's private information safe.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were issued by the company. The SOPs covered the services that were offered by the pharmacy. A sample of SOPs was chosen at random and these had been reviewed within the last two years. They were signed by the staff and were usually followed.

The written procedures said the team members should log any mistakes they made in the dispensing process in order to learn from them. They regularly logged any issues and discussed trends and learning from these incidents. The team used reflective statements when they had made similar mistakes on three or more occasions. The team member would write a reflective statement about the issue which made them think more deeply about why the mistake occurred, and what processes could be put in place to prevent a recurrence. For example, the team had found that the storage location for a dispensed prescription awaiting collection was not always recorded on the prescription. This meant that the prescription was difficult to find, made the team look unprofessional to the person trying to collect the prescription, and kept people waiting longer in the pharmacy. The issue was highlighted to the whole team who said they were now more mindful when dispensing as they had thought about the cause and consequence of their mistakes.

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 when needed. Customer feedback about the new pharmacy premises was reported to have been very positive. The pharmacy had not been open long enough to have done a customer survey.. The pharmacy had professional indemnity and public liability insurances in place.

The pharmacy team recorded private prescriptions and emergency supplies in a book but they had got behind writing them up. The pharmacist said that they would write the old entries up as soon as possible and they would write them up as they dispensed them from now on. The controlled drugs registers were up to date and legally compliant. The team usually checked them every week to ensure that there were no missing entries, that they were legally compliant and that the stock levels were as expected. Fridge temperatures were recorded and showed that the medicines in the fridge had been consistently stored within the recommended range.

Confidential waste was segregated into bags and disposed of securely by a licensed waste contractor. Electronic smartcards to access the NHS spine were in use;; they had to be shared as the newest member of staff had not yet received their card. All the staff had undertaken some training about data protection and were aware of the need for confidentiality around medical data. They had all undertaken some safeguarding training, with the two registered professionals having completed the training required by the NHS. The team were involved in the 'Ask for ANI' scheme, and they had done the required training for this.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has just about enough team members to provide its services. Staff regularly work extra hours to cope with the workload. But they work effectively together and are supportive of one another. The team have the appropriate skills, qualifications and training to deliver services safely and effectively.

Inspector's evidence

There was a pharmacist, a pharmacy technician, a dispenser and two counter assistants present during the inspection. One of the counter assistants was a qualified dispenser but usually worked on the counter. There was a delivery driver who was shared between a few local stores. There was a vacancy for a dispenser which was being advertised. The pharmacist said that he regularly came into work at least an hour and a half before opening in order to get the workload under control. Although he did not mind doing so, it highlighted the need for more staff. Staff have been vaccinated against COVID-19 and were using twice weekly lateral-flow tests (LFTs) to ensure that they were not positive for the virus. The pharmacy had a supply of LFTs to give to the public and reported that up-take had been good.

The pharmacy technician had recently qualified and was pleased that she had done so. She had applied for the Accuracy Checking Technician (ACT) course. The staff all had access to MyLearn and KnowledgeCheck on-going training packages and said that they found them useful to keep up to date with changes in pharmacy, although finding time to do so was challenging. The staff said that they felt able to give feedback to the pharmacist and area manager, and had all made suggestions about how the new pharmacy lay-out should be arranged.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure and provide an appropriate environment to deliver its services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was purpose built, next door to the surgery. It was clean, tidy and bright and had a Plexiglass screen to protect the public and staff from the risk of COVID-19 transmission. There were also markings on the floor to remind people about keeping their distance from each other. There was a consultation room which was also clean and tidy, but it currently housed over 20 tote boxes with excess stock from the old premises. These were to be removed; the staff said that this had been promised on numerous occasions but had yet to be done. The room contained a table with two chairs as well as a computer terminal and storage cupboards. The room could be used for consultations. There was an air-conditioning unit in the pharmacy which re-circulated the air.

The dispensary was fairly small, but the team reported that the three computer terminals they had been supplied with made a lot of difference to the workload in the pharmacy when compared with the two they had had previously. Most of the work surfaces in the dispensary had stock or equipment stored at the back of them, reducing the working areas available to the team. The staff said that this was due to the lack of other places to store the equipment. The storage area for dispensed medicines awaiting collection was not large enough, with some being stored on the floor. Even though these were stored in boxes, it reduced already narrow walkways. And as the only exit from the building was through the front door, the narrowing of the gaps could cause an issue in case of emergency.

The rubbish bin was stored to the front of the shop and the staff had to move it up a steep slope on the day it was to be collected. It was sometimes heavy and unwieldy and so difficult to do.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy delivers its services in a safe and effective way 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. They try to make sure that people have all the information they need so that they can use their medicines safely although there are times when this does not happen consistently. And it must make sure that it always gives people the necessary information about pregnancy prevention when it supplies valproate.

Inspector's evidence

The pharmacy was situated three or four metres below the level of the road and was accessed by steps or a ramp. There was an automatic door to enter the premises. Services were displayed on the window of the pharmacy.

Computer-generated labels included relevant warnings and were initialled by the dispenser and checker which produced an audit trail. 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. Prescriptions where the person was waiting were put into red baskets to highlight this fact.

Some people were being supplied their medicines in multi-compartment compliance packs. These packs were labelled with the information the person needed to take their medicines in the correct way. The packs also had tablet descriptions to identify the individual medicines. There was a list of packs to be dispensed each week, with each person having a summary sheet showing any changes to their medicines and where the medicines were to be placed in the packs.

About 1500 prescription items each week were sent to an off-site dispensing unit. These were returned in sealed plastic bags with any missing items being highlighted to the team to be dispensed at the pharmacy. The labelling of the items from the off-site dispensing unit showed that they had been dispensed there. But the address of the pharmacy was incorrect; the labels showed the address of the previous premises. The pharmacist said that he would look into correcting this. Items dispensed in the pharmacy were labelled correctly.

Schedule 4 controlled drug prescriptions were not always highlighted to staff who were to hand them out. This could increase the chance of these items being given out more than 28 days after the date on the prescription. Prescriptions for warfarin, lithium or methotrexate were sometimes flagged by the pharmacist, and then the person would be asked about any recent blood tests and their current dose. But if the pharmacist did not flag the prescription, the staff would not always notice the medicine and ask the same questions. So, the pharmacy could not show that it was always monitoring the patients in accordance with good practice. Appropriate warnings stickers were available for use if the manufacturer's packaging could not be used when supplying valproate. But people in the at-risk group who were receiving prescriptions for valproate were not routinely counselled about pregnancy prevention. The pharmacist said that he would ensure that in the future prescriptions were marked for counselling.

The pharmacy got its medicines from licensed wholesalers and stored them on shelves and drawers in a tidy way. There were "use first" stickers on boxes to indicate items which were short dated. Regular date checking was done and no out-of-date medicines were found on the shelves or drawers. 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 has the right equipment for its services. It makes sure its equipment is safe to use.

Inspector's evidence

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

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. |