

Registered pharmacy inspection report

Pharmacy Name: Lords Pharmacy, 428 Lee High Road, London, SE12
8RW

Pharmacy reference: 9012245

Type of pharmacy: Community

Date of inspection: 06/06/2024

Pharmacy context

This is a community pharmacy on a busy road in Lewisham. It moved from its previous premises nearby in November 2023. It mainly provides NHS services such as dispensing prescriptions and offers the Pharmacy First Service. It has a travel service and provides vaccinations using Patient Group Directions (PGDs). It supplies medicines in multi-compartment compliance packs to some people who need this additional support.

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	1.2	Good practice	The pharmacy records any dispensing mistakes, and regularly undertakes documented reviews. It can show outcomes about how the reviews have helped improve patient safety.
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

The pharmacy appropriately manages the risks associated with its services. It largely keeps the records it needs to by law, and it protects people's personal information. Most team members know how to protect the welfare of a vulnerable person. People using the pharmacy can provide feedback about the pharmacy's services. Team members record any dispensing mistakes, which are regularly reviewed. Team members use the information from these reviews to help make the pharmacy's services safer.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) which were available in electronic format on the pharmacy computer. There was an electronic record kept of when staff had read through the individual SOPs relevant to their role. The pharmacy manager explained that the SOPs were reviewed every 12 months, but the pharmacy had not yet been in the new premises that long.

Dispensing mistakes which were identified during the dispensing process (near misses) were recorded on an ongoing basis. And dispensing errors, where a dispensing mistake was made and the medicine had been handed to a person were reported on the pharmacy computer. The trainee technician understood that any records about dispensing errors went to the superintendent pharmacist (SI) and the relevant GP surgery. Dispensing mistakes were reviewed every month, and records were made about any actions taken or improvements needed. The reviews were well documented and included actions to take to help prevent future mistakes. A team member gave an example of a pattern that had been identified where the wrong form of a medicine was dispensed. And this had been discussed in one of the team meetings to make staff aware. There was also a prompt sheet in the dispensary which highlighted how to check dispensed medicines, and this had also been discussed at the team meeting.

The medicines counter assistant (MCA) could explain what he could and could not do if the pharmacist had not turned up in the morning. And he could describe how he responded to requests for medicines that could be misused.

People could give feedback in several ways, including in person, by phone, or by email. There was also an electronic touch screen at the counter where people could provide on-the-spot feedback which was then emailed to the pharmacy. There was a sign in the retail area explaining how people could provide feedback, and information about the pharmacy's complaint procedure was in the pharmacy's practice leaflet.

The pharmacy had current indemnity insurance, and the right responsible pharmacist (RP) notice was displayed. The RP records seen contained the required information. Records about private prescriptions dispensed and controlled drugs (CDs) seen complied with requirements. A few records about emergency supplies did not contain the information about the nature of the emergency. The CD registers were in an electronic format, and the running balances were checked regularly. A stock check of a random CD found that the quantity of physical stock matched the recorded balance. Most records about unlicensed medicines dispensed contained the required information.

No confidential information could be seen from the retail area. Confidential waste was separated and then shredded. Most staff had individual smartcards to access the electronic NHS systems. But there

were not enough cards for the staff working at the pharmacy and the manager said that he would talk with the NHS to try and obtain more.

Team members had read the pharmacy's safeguarding SOP. The trainee pharmacist had completed level 1 and 2 safeguarding training. The RP confirmed she had completed level 3 training, and could explain what she would do if she had any concerns about a vulnerable person. The delivery driver had not yet done any safeguarding training but the manager said he would get the driver to read through the SOP. He said the driver let the pharmacy know if there were any problems or if the driver had any concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services safely, and they do the right training for their roles. They do ongoing training to help them keep their knowledge and skills up to date. And they feel comfortable about raising any concerns or making suggestions.

Inspector's evidence

At the inspection was the RP (locum), the pharmacy manager, a trainee technician, a medicines counter assistant (MCA), and a trainee pharmacist. The pharmacy manager confirmed that he had completed the MCA course but was not involved in dispensing. He was not seen to undertake any dispensing during the inspection. Team members were able to explain which accredited training they had completed or were undertaking. One team member was on unplanned absence on the day of inspection. Staff were busy at times but were managing the workload well.

Team members did ongoing training through Electronic Learning for Health (eLFH), although they usually did it in their own time. The trainee pharmacist had recently completed training about antimicrobial stewardship and had been involved in providing training for other team members about hayfever. She felt supported whilst doing her foundation training year, and the regular pharmacist was her supervisor. Team members felt comfortable about raising any concerns, and there was a whistleblowing policy. They had regular meetings, and there was a box in the staff room where team members could put in suggestions for the meetings. There were no targets set for staff.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are suitable for the pharmacy's services and they are kept clean and generally tidy. The premises are secure from unauthorised access. And people can have a conversation with a team member in a private area.

Inspector's evidence

The new premises were larger than the previous site, with more space in the dispensary and the retail area. The pharmacy was clean and mostly tidy, with good lighting throughout. There was enough clear workspace for team members to dispense medicines, and the pharmacy had air conditioning. The end of the dispensary was narrow, which sometimes made it harder for team members to pass one another. There were a few baskets of dispensed medicines on the floor, but these had been moved to the side to help reduce the risk of tripping. The premises were secure from unauthorised access.

The pharmacy had two consultation rooms, which were both clean and largely tidy. The rooms allowed people inside to have a conversation at a normal level of volume and not be overheard. The rooms had seats and a computer terminal.

Principle 4 - Services ✓ Standards met

Summary findings

On the whole, the pharmacy provides its services in a safe way. It gets its medicines from reputable sources and stores them properly. Team members highlight prescriptions for higher-risk medicines so that there is an opportunity to provide additional counselling when people collect them. And there is additional information for staff to refer to when they do this. Team members take the right action in response to safety alerts to help ensure that people get medicines and medical devices that are safe to use.

Inspector's evidence

There was step-free access from the street through an automatic door. The ramp at the front of the door was small and quite steep, but team members said that people with pushchairs or mobility scooters were normally able to enter without much difficulty. The pharmacy's computer could generate large-print labels if they were needed. There were seats for people to use while waiting for their prescription to be dispensed.

Baskets were used during the dispensing process to help keep different people's medicines separate, and the pharmacy benches were kept organised. The manager explained that the pharmacy had a text reminder system that informed people when their medicines were ready. And the pharmacy had a mobile app which reminded people when to reorder their medicines.

Dispensed multi-compartment compliance packs were labelled with a description of the medicines inside, and patient information leaflets were supplied with the packs. Some of the medicines were missing the mandatory warnings on the backing sheet, and the manager said that he would contact the software provider to rectify this. The pharmacy maintained a separate audit trail of who had dispensed and checked each pack. People were assessed to see if they needed their medicines in the packs by the local medicines optimisation service (LIMOS).

The team was aware of the guidance about pregnancy prevention for people in the at-risk group who took valproate-containing medicines. Prescriptions for higher-risk medicines were highlighted, and the manager had made a prompt card for counter staff which contained information about what additional advice to provide when handing the medicines out. Prescriptions for CDs and fridge items were highlighted.

The pharmacy delivered medicines to some people in their own homes. An audit trail was kept of when people's medicines left the pharmacy, and the bags were numbered. If a person was not in, the medicines were returned to the pharmacy.

On the previous inspection, which was at the pharmacy's former premises, it was found that the pharmacy had been making supplies under Patient Group Directions (PGDs) that were no longer valid. On this inspection, valid PGDs were available in electronic format, and most of them also had paper copies. There were valid PGDs available for the Pharmacy First service.

The pharmacy obtained its medicines from licensed wholesale dealers and specials suppliers and stored them tidily in the dispensary. The fridge temperature was recorded daily, and records seen were within

the appropriate range. Date checking was done regularly, and no date-expired medicines were found during a random check of stock. Bulk liquids were marked with the date of opening so that team members know if they were still suitable to use. Medicines for destruction were separated from current stock.

The pharmacy received drug alerts and recalls on an electronic tablet. The trainee pharmacist described the action the pharmacy took in response, and how she recorded the action that had been taken on the tablet.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. The team uses its facilities and equipment to keep people's private information safe.

Inspector's evidence

The pharmacy had clean calibrated glass measures. Separate measures were available for liquid CD preparations to avoid cross contamination. Tablet counting equipment was available. There was a separate tablet counter for cytotoxic medicines. There was an otoscope, and staff said that the blood pressure meter was less than a year old. The sink in the dispensary for preparing medicines was clean.

Computers were password protected to control access to patient medication records (PMR). The computer screens were positioned so they were not visible to people using the pharmacy. The pharmacy had a cordless phone that could be moved to a more private area if needed. And a shredder was available to dispose of confidential waste.

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.