

Registered pharmacy inspection report

Pharmacy Name: Well, 17 Church Street, Poulton-le-Fylde,
BLACKPOOL, Lancashire, FY6 7AP

Pharmacy reference: 1033214

Type of pharmacy: Community

Date of inspection: 04/12/2023

Pharmacy context

This is a community pharmacy in the town centre of Poulton-le-Fylde, near Blackpool. It dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including blood pressure monitoring and seasonal flu vaccinations. The pharmacy supplies some medicines in multi-compartment compliance packs to help some people take their medicines at the right time.

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

The pharmacy team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. They record things that go wrong. And the pharmacy keeps the records it needs to by law. Members of the team are given training so that they know how to keep private information safe.

Inspector's evidence

There was a set of electronic standard operating procedures (SOPs) which were routinely updated by the head office. After team members had read an SOP, they would complete a test to check their understanding. Most of the SOPs had been read by team members, except for a new dispenser who was in the process of reading them.

The pharmacy had systems in place to identify and manage risk, such as records of dispensing errors and their learning outcomes. Near miss incidents were recorded on a paper log, but there were no records prior to December 2023. The pharmacist explained that records had not been made until then and the process had only just been recently implemented. The pharmacist highlighted mistakes at the point of accuracy check and asked the team members to rectify their own errors, so that they could learn from them. Members of the team had recently tidied the dispensary and the medicines on the shelves to help reduce the likelihood of mistakes.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A dispenser was able to explain what their responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Team members wore standard uniforms and had badges identifying their names and roles. The responsible pharmacist (RP) had their notice on display. The pharmacy had a complaints procedure. Any complaints were recorded online and sent to the head office to be followed up. Current professional indemnity insurance was in place.

Records for the RP, private prescriptions and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded. The pharmacist had recently commenced weekly audits of CD registers. Two random balances were checked, and both were found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. The pharmacy team had completed IG training. When questioned, a dispenser was able to describe how confidential waste was segregated and removed by a waste carrier. A notice in the retail area provided information about how the pharmacy handled and stored people's information. Safeguarding procedures were included in the SOPs and team members had completed safeguarding training. The pharmacist had completed level 2 safeguarding training. Contact details for the local safeguarding board were available. A dispenser said they would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough team members to manage the pharmacy's workload and they are appropriately trained for the jobs they do. And members of the pharmacy team complete ongoing training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included a pharmacist, a pharmacy technician, who was also the pharmacy manager, two dispensers and a medicine counter assistant. All members of the pharmacy team were appropriately trained or on accredited training programmes. A relief dispenser was present during the inspection. A new member of the team had been recruited and was due to start the following week. The volume of work appeared to be managed. Staffing levels were maintained by a staggered holiday system and relief staff.

The pharmacy provided the team with an e-learning training programme. And the training topics appeared relevant to the services provided and those completing it. Records were kept showing what training had been completed.

A dispenser gave examples of how they would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines they felt were inappropriate, and refer people to the pharmacist if needed. The pharmacist felt able to exercise his own professional judgement and this was respected by members of the team. The dispenser said they got a good level of support from the pharmacist and manager and felt able to ask for help if they needed it. Team members had not had any appraisals for some time. So development opportunities may have been missed. Team members discussed their work with one another and were seen to work well together. There were targets for some professional services, such as flu vaccinations but the pharmacist said they did not feel under pressure to achieve them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload, and access to it was restricted by use of a gate. People were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled by the use of electric heaters. Lighting was sufficient. Team members had access to a kitchenette and WC facilities.

A consultation room was available and kept locked when not in use. The space was clutter free with a computer, desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are kept in good condition.

Inspector's evidence

The pharmacy entrance was level via a single door and was suitable for wheelchair users. There was also wheelchair access to the consultation room. A poster and leaflets gave information about the services offered. Information was also available on the pharmacy's website. The pharmacy opening hours were displayed and a range of leaflets provided information about various healthcare topics.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied.

Some medicines were dispensed by an automated hub as part of the company's central fulfilment programme. Prescriptions for the hub were processed at the pharmacy and each item on the prescription was marked to indicate whether it was to be dispensed locally at the pharmacy or at the hub. Before transmission to the hub, the pharmacist was required to complete an accuracy check of the computer data and a clinical check of the prescription. Some items could not be dispensed by the hub, including items out of stock, split-packs, CDs and fridge items. The system used a personal log in to show who had labelled the prescription and who had performed the accuracy check.

Dispensed medicines were received back from the hub within 24-48 hours. They were delivered in totes that clearly identified that they contained dispensed medicines. The medicines were packed in sealed bags with the patient's name and address on the front. These did not need to be accuracy checked by the pharmacy unless a member of the team opened the bag, in which case the responsibility for the final accuracy check fell to the pharmacy rather than the hub.

Dispensed medicines awaiting collection were kept on a shelf and their location was recorded on an electronic device. When a person came to collect their dispensed medicines, members of the team used the device to find the location. Prescription forms were retained with the dispensed medicines, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Team members were seen to confirm the patient's name and address when medicines were handed out.

Schedule 3 and 4 CDs were highlighted so that staff could check prescription validity at the time of supply. But high-risk medicines such as warfarin and methotrexate were not normally highlighted, so the team may miss opportunities to counsel patients when the medicines are handed out. The team had completed an audit to check people taking lithium were appropriately monitored by their GP and understood how to take it safely. The team had also completed an audit to check people were aware of the risks associated with the use of valproate during pregnancy. Educational material about valproate was available to hand out when the medicines were supplied. The pharmacist had spoken to patients who were at risk to make sure they were aware of the pregnancy prevention programme. And this was recorded on their PMR.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacy would refer them to their GP to complete an assessment about their suitability. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge information was sought, and previous records were retained for future reference. Disposable equipment was used to provide the service, and the compliance aids were labelled with medication descriptions and a dispensing check audit trail. Patient information leaflets (PILs) were routinely supplied.

The pharmacy had a delivery service and kept a record of deliveries made. Unsuccessful deliveries were returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. The team had recently tidied the stock and checked the expiry date for all medicines in the dispensary. Team members reported that prior to this expiry date checks had fallen behind, but a three-month date checking cycle had now been introduced to keep up with checks going forward. Liquid medication had the date of opening written on. Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There were clean medicines fridges, each equipped with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had remained in the required range for the last 3 months. Patient returned medication was disposed of in designated bins. Drug alerts were received electronically from the head office. When alerts were actioned, details were recorded of any action taken, when and by whom.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

Team members had access to the internet for general information. This included access to the British National Formulary (BNF), BNFc and Drug Tariff resources. PAT stickers indicated electrical equipment had been tested. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were used for methadone to prevent cross contamination. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed team members to move to a private area if the phone call warranted privacy. The consultation room was used appropriately. Patients were offered its use when requesting advice or when counselling was required.

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.