

Registered pharmacy inspection report

Pharmacy Name: Pointer Court Pharmacy, Pointer Court, Ashton Road, LANCASTER, Lancashire, LA1 4JT

Pharmacy reference: 1033383

Type of pharmacy: Community

Date of inspection: 20/06/2024

Pharmacy context

This is a community pharmacy next to a medical centre. It is situated in a residential area near to the centre of Lancaster. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including the NHS Pharmacy First service. The pharmacy supplies medicines in multi-compartment compliance packs to some people to help them take their medicines at the right time. The pharmacy recently changed ownership three months ago.

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 have been trained to follow written procedures, which helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy keeps the records it needs to by law. And members of the team know how to keep private information safe. But they do not make a record when things go wrong, which would help them to review their mistakes and identify learning opportunities. And some policies are missing, which would be a useful reference for team members to ensure they act in the manner which is expected of them.

Inspector's evidence

The pharmacy had changed ownership three months ago. All members of the team were longstanding employees of the previous owners or were from nearby pharmacy branches belonging to the new owner. Members of the team understood the pharmacy's procedures and had read and signed the standard operating procedures (SOPs) for the previous owner. But these were not available, and the new SOPs had not been issued. So, members of the team may not always be aware about what their responsibilities are. The superintendent pharmacist's (SI) team subsequently confirmed new SOPs had been issued and were being read by members of the team.

Any dispensing errors reported to the pharmacy were corrected, and members of the team discussed learning opportunities to try and help reduce the risk of the error reoccurring. For example, a member of the team had accidentally handed out a bag of dispensed medicines to a person with a similar name. To help reduce the likelihood of a similar error, members of the team highlighted prescriptions for people with similar names to remind team members to take extra care. The pharmacist asked members of the team to correct any mistakes they identified during the accuracy check, and they discussed potential learning points. But the details of investigations or learning from dispensing errors and near miss incidents were not recorded which would be useful information in the event of a query or concern. The pharmacist acknowledged that he would begin recording these details.

When questioned, members of the team clearly understood their roles and responsibilities. A trainee pharmacy technician was clear about the tasks which could or could not be conducted during the absence of a pharmacist. The correct responsible pharmacist (RP) notice was on display. The pharmacy had a complaints procedure. Any complaints would be recorded and followed up. But details about how to raise a complaint were not on display, which would help encourage people to raise feedback. A current certificate of professional indemnity insurance was available.

Records for the RP and private prescriptions appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded and checked frequently. Two random balances were checked, and both were correct. Patient returned CDs were recorded.

Members of the team had previously completed information governance (IG) training. When questioned, a pharmacy technician was able to describe how confidential waste was separated and destroyed using a shredder. But the IG policy had not been updated. So, team members may not be aware of what is expected of them. And details about how the pharmacy handled people's information were not on display to inform those who used the pharmacy's services.

Members of the team had previously completed safeguarding training, and the pharmacist had completed level 3 safeguarding training. Contact details for the local safeguarding board were available. A pharmacy technician said they would initially report any concerns to the pharmacist on duty. But an up-to-date safeguarding procedure was not available for team members to refer to. This was included in the SOPs and had been rectified following the inspection.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload. Members of the team are appropriately trained for the jobs they do. But ongoing training is not provided so further learning and development needs may not be addressed.

Inspector's evidence

The pharmacy team included a pharmacist, a pharmacy technician, a trainee pharmacy technician, three dispensers and a delivery driver. All members of the pharmacy team were appropriately trained or on accredited training programmes. The volume of work appeared to be well managed. Staffing levels were maintained by relief staff and a staggered holiday system. The pharmacy was currently operating without a pharmacy manager, but the team did not feel this had an impact on how effective they worked as a team.

Members of the team discussed any new medicines that they came across, or topics from pharmacy magazines if they had an interest in it. But further learning was not provided by the company. So, learning and development needs may not be addressed. The trainee pharmacy technician 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 their professional judgement, and this was respected by the team.

The trainee pharmacy technician felt a good level of support from the team, and they felt able to ask for further help if they needed it. Appraisals had not yet been provided to members of the team. They discussed their ongoing work and kept each other up to date with any queries. Members of the team were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the head office. There were targets in place for some services, but the pharmacist did not feel under pressure to achieve these.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available for people to have a private conversation with a member of the team.

Inspector's evidence

The pharmacy was situated in a standalone building, next to a GP surgery. It 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, and lighting was sufficient. Members of the team had access to a kettle, and WC facilities.

A consultation room was available. The space was clear with a 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 licensed sources, stores them appropriately and carries out checks to help make sure that they are in good condition. But they do not keep records of their checks, which would help them to show they are being completed regularly. And members of the pharmacy team do not always know when they are handing out higher-risk medicines. So, they might not always be able to check that the medicines are still suitable or give people advice about taking them.

Inspector's evidence

Access to the pharmacy was level via a single door and was suitable for wheelchair users. The pharmacy opening hours were displayed. Leaflets and posters 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 baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. Dispensed medicines awaiting collection were kept on a shelf using an alphanumerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Members of the team 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 there was no process to highlight prescriptions for high-risk medicines (such as warfarin, lithium, and methotrexate) to remind members of the team to provide additional counselling advice to help make sure the medicines were taken safely. However, team members were aware of the risks associated with the use of valproate-containing medicines during pregnancy, and the need to supply these medicines in their original packaging. Educational material was provided when the medicines were supplied. The pharmacy team said they were not aware of any current patients who met the risk criteria.

Some medicines were dispensed in multi-compartment compliance packs. Before a person was started on a compliance pack the pharmacy would complete an assessment about their suitability. But details about this was not recorded, which would be useful in the event of a query or a concern. 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 updated. Hospital discharge information was sought and retained for future reference. Compliance packs were labelled with medication descriptions and patient information leaflets were routinely provided.

The pharmacy had a delivery service. A delivery record was kept as an audit trail for medicines which had been delivered. Unsuccessful deliveries would be returned to the pharmacy, and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

Medicines were obtained from licensed wholesalers. The dispensary stock had recently been checked when the pharmacy changed ownership, and the pharmacy team were part-way through another expiry date checking cycle. Short-dated stock was highlighted using a sticker and liquid medication had the date of opening written on. But there was no record to show which part of the dispensary had been

checked. So, some medicines might be overlooked. Controlled drugs were stored appropriately in the CD cabinet, with clear separation between current stock, patient returns and out of date stock. There were two clean medicine fridges, each with a thermometer. Temperatures remained within the require range during the inspection. Members of the team checked the minimum and maximum temperature each day and reset the digital thermometer. But they had not kept temperature records which would help to show the team are completing the checks, and medicines are stored in their recommended conditions. The team confirmed they would begin recording the temperatures following the inspection. Patient returned medication was disposed of in designated bins located away from the dispensary.

Drug alerts were received electronically from the head office and stored on the computer. But there was no record to show what action the pharmacy took in response to alerts. So, they may not be able to always show if they had actioned them appropriately.

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. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. 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.

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.