

Registered pharmacy inspection report

Pharmacy Name: Bowerham Pharmacy, 8-9 Gordon Terrace,
Bowerham Road, LANCASTER, Lancashire, LA1 4DS

Pharmacy reference: 1033386

Type of pharmacy: Community

Date of inspection: 05/03/2020

Pharmacy context

This is a community pharmacy situated in a residential area of Lancaster. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations and a smoking cessation service. The pharmacy supplies medicines in multi-compartment compliance aids for some people to help them take the 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. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. They record and discuss some of the things that go wrong. But errors are not always recorded, so they may miss some learning opportunities.

Inspector's evidence

There was a current set of standard operating procedures (SOPs) which had recently been reviewed by the new superintendent (SI). Members of the pharmacy team had signed to say they had read and accepted the SOPs.

Dispensing errors were recorded. A recent error involved the incorrect assembly of a multicompartiment compliance aid. The SI had investigated the error and discussed her findings with members of the pharmacy team. Near miss incidents were recorded on a paper log. The SI admitted that she did not think all of the near miss incidents had been recorded. She explained that when an incident occurred, she would discuss it with the person responsible for the mistake. She said she would also discuss errors with the pharmacy team at the end of the month. But they did not keep records of any action they took. The SI gave some examples of action that had been taken to prevent similar mistakes. For example, moving quinine and quetiapine away from one another to help prevent picking errors.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A dispenser was able to explain what his responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Staff wore standard uniforms and had badges identifying their names. The responsible pharmacist (RP) had their notice displayed prominently. The pharmacy had a complaints procedure. A notice in the retail area advised people they could discuss any concerns or feedback with the pharmacy team. Any complaints would be recorded, to be followed up by the pharmacy manager. A current certificate of professional indemnity insurance was on display.

Records for the RP, private prescriptions, emergency supplies and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded and checked at least monthly. Two random balances were checked. One was found to be accurate and one was found to have a deficit. The pharmacist promptly identified the reason for the discrepancy and amended the records. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. The pharmacy team completed in-house IG training and each member had signed a confidentiality agreement. When questioned, a dispenser was able to describe how confidential waste was segregated to be destroyed. A poster in the retail area provided details about how people's data was handled and stored by the pharmacy.

Safeguarding procedures were included in the SOPs. Members of the pharmacy team had in-house safeguarding training. The pharmacist said she had completed level 2 safeguarding training. Contact details for the local safeguarding board were available. A dispenser said he would initially report any

concerns to the pharmacist on duty.

Principle 2 - Staffing ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy team included a pharmacist – who was also the SI, a pharmacy manager – who was training to be a dispenser, two other dispensers – one of whom was in training, and three trainee medicine counter assistants (MCA). Members of the pharmacy team were appropriately trained or on accredited training programmes. The normal staffing level was a pharmacist and two to three assistants. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system. The pharmacy manager said she would also organise locum dispenser cover if it was needed.

Members of the pharmacy team completed some additional training, for example a dispenser had recently completed a training pack about Sepsis and Children's oral health. But further training was not provided in a structured or consistent manner. So learning needs may not always be fully addressed.

A trainee MCA gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines that were liable to abuse that she felt were inappropriate, and refer people to the pharmacist if needed. The SI said she felt able to exercise her professional judgement, and this was respected by the pharmacy manager and members of the pharmacy team. The dispenser said he received a good level of support from the pharmacist and felt able to ask for further help if he needed it. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the pharmacy manager. There were targets set by the pharmacy for services such as MURs and NMS. The SI said she felt able to refuse services during busy times.

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 the position of the counter. The temperature was controlled by the use of electric heaters. Lighting was sufficient. The staff had access to a kettle, microwave, and WC facilities.

A consultation room was available with access restricted by use of a lock. 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 some checks to help make sure that they are in good condition.

Inspector's evidence

Access to the pharmacy was level via a single door and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Pharmacy practice leaflets gave information about the services offered and information was also available on the website. Pharmacy staff were able to list and explain the services provided by the pharmacy. If the pharmacy did not provide a particular service staff were able to refer patients elsewhere using a signposting folder. The pharmacy opening hours were displayed and a range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and a delivery sheet was used to obtain signatures from the recipient to confirm delivery. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. CDs were recorded on a separate delivery sheet for individual patients and a signature was obtained to confirm receipt.

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. Dispensed medicines awaiting collection were kept on a shelf using an alphabetical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff 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. High-risk medicines (such as warfarin, lithium and methotrexate) were also highlighted so that patients could be counselled. And their latest results were recorded on their PMR. The staff were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist said she would speak to any patients who were at risk to make sure they were aware of the pregnancy prevention programme, which would be recorded on their PMR.

Some medicines were dispensed in multi-compartment compliance aids. But people were not assessed about their suitability before they were started on a compliance aid. So the pharmacy may not be able to always demonstrate it was suitable to supply medicines in this way. 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 sheets were 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 provided a flu vaccination service using a patient group direction (PGD). A current PGD

was available to view and the pharmacist confirmed he had the necessary training to provide the service. Records of vaccinations were kept and the patient's GP surgery was informed that they had been vaccinated.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. The pharmacy was not yet meeting the safety features of the Falsified Medicine Directive (FMD), which is now a legal requirement. Equipment was installed but the pharmacy team had yet to commence routine checks of medicines. A date checking programme was in place and required expiry dates of stock to be checked each month. A matrix was signed by staff as a record of what had been checked, but there were gaps in the records. Records showed stock had been checked at least every 2 to 3 months. Short dated stock was highlighted using a sticker for it to be removed at the start of the month of expiry and liquid medication had the date of opening written on. A spot check of dispensary stock did not find any out of date medicines.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. The CD key was maintained on the pharmacist during working hours. There were clean medicines fridges, each with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had been in range for the last 3 months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the MHRA. The pharmacy manager said she would delegate checking the stock to a member of the pharmacy team, but details about this was not recorded. So the pharmacy was not able to show whether appropriate action had been taken.

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

The staff had access to the internet for general information. This included access to the BNF, BNFC and Drug Tariff resources. All electrical equipment appeared to be in working order. There were no stickers attached to indicate they had been PAT tested. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for methadone. 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 the staff 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. |