

# 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:** 12/10/2023

## 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. The pharmacy supplies some medicines in multi-compartment compliance packs to people to help them take their medicines at the right time.

## Overall inspection outcome

### Standards not all met

**Required Action:** Improvement Action Plan

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
<b>1. Governance</b>	Standards not all met	1.2	Standard not met	The pharmacy does not have effective systems to make sure it identifies and actions improvements following an error.
<b>2. Staff</b>	Standards not all met	2.2	Standard not met	The pharmacy does not provide adequate training support to make sure its team members complete training courses in a timely manner.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance Standards not all met

### Summary findings

The pharmacy has written procedures for team members to follow. But they do not carry out a thorough investigation when things go wrong to help identify learning opportunities. And there is evidence of the same mistakes happening again. The pharmacy generally keeps the records it needs to by law. And members of the team understand how to keep people's private information safe.

### Inspector's evidence

There was a set of standard operating procedures (SOPs). Members of the pharmacy team had signed to show they had read and accepted the SOPs.

The pharmacy kept a record of dispensing errors which had occurred. However, the records had limited details to explain what had occurred. And team members didn't properly investigate errors to identify the root cause, or actions to show they had identified potential learning. For example, a recent error had occurred involving morphine, where morphine capsules had been supplied instead of tablets. Despite the error occurring, the pharmacy had not fully investigated how the mistake had happened. And the same error had happened again to the same patient. Another example was also discussed. This involved the incorrect medicines being delivered to someone. The pharmacy manager had collected the medication for the error to be rectified and recorded. However, the bag containing the incorrect medicines was left on the dispensing bench and subsequently delivered to the same person again.

When questioned, the pharmacy manager and superintendent (SI) gave different explanations about how they recorded near miss incidents. The manager said she would record near miss incidents in the complaints folder in a similar way to a dispensing error, whereas the SI used a near miss log. However, very few near miss incidents had been recorded on the log. And they did not review the records to identify potential learning opportunities. The manager was able to show the team had separated bisoprolol and bendroflumethiazide away from one another to help prevent a picking error.

Roles and responsibilities of the pharmacy team were described in individual SOPs. When questioned, a dispenser explained what their responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Pharmacy members wore uniforms and had badges so that people could identify their name and role. The correct responsible pharmacist (RP) notice was on display. The pharmacy had a complaints procedure. A notice in the retail area advised people how they could discuss any concerns or feedback with the pharmacy team. Any complaints would be recorded and followed up by the pharmacy manager. A current certificate of professional indemnity insurance was on display.

Records for private prescriptions and unlicensed specials appeared to be in order. But the RP did not record when they had finished for the day. So, the pharmacy may not be able to always show when a pharmacist was present. Controlled drugs (CDs) registers were maintained with running balances recorded. But records for when the balances were checked were not kept which could make it harder to resolve a query or concern. 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, and this had been read by members of the team. When questioned, a dispenser was able to explain how confidential waste was separated and

destroyed using a shredder. A notice was on display which described how people's information was handled and stored by the pharmacy. Safeguarding procedures were included in the SOPs and contained the contact details for the local safeguarding board. The pharmacist said he had completed level 2 safeguarding training. A dispenser said she would initially report any concerns to the pharmacist on duty.

## Principle 2 - Staffing Standards not all met

### Summary findings

The pharmacy has enough staff to manage the workload. Team members are appropriately trained or enrolled on accredited training programmes for the jobs they do. But one of the trainee dispensers has not completed their dispensing training course, despite starting it in 2017. This may undermine the provision of professional services. 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 superintendent pharmacist (SI), a pharmacy manager, who was also a trainee dispenser, two qualified dispensers and a medicine counter assistant (MCA). The pharmacy manager had been enrolled on a dispenser training course in May 2017, but did not complete the course. They have subsequently started another dispenser training course which was in progress. The prolonged duration to complete the required training does not provide the assurance that all members of the team were adequately trained for their roles. The volume of work appeared to be managed. Staffing levels were maintained using a staggered holiday system.

Members of the pharmacy team completed some additional training related to the NHS Pharmacy Quality Scheme. For example, they had recently completed a training package about inhaler techniques. Training records were kept showing that ongoing training was up to date. But further training was not provided in a structured or consistent manner. So, learning needs may not always be fully addressed.

A dispenser gave examples of how they would sell a pharmacy only medicine using the WWHAM questioning technique. They would also refuse sales of medicines they felt were inappropriate, and refer people to the pharmacist if needed. The dispenser said she felt a good level of support from the pharmacist and pharmacy manager. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or SI. There were no professional based targets in place.

## 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 fittings appeared tired, but it was generally clean and tidy. The size of the dispensary was sufficient for the workload. The temperature was controlled using electric heaters. And lighting was sufficient. Team members had access to a kettle, microwave, and WC facilities.

A consultation room was available. It contained a desk, seating, adequate lighting, and a wash basin. But it was partly cluttered with boxes which detracted from the professional image expected of a healthcare setting. 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 checks to help make sure they are in good condition. But members of the pharmacy team do not always know when they are handing out higher-risk medicines. So, they might miss opportunities to check that the medicines are still suitable or give people advice about taking them safely.

### Inspector's evidence

Access to the pharmacy was step-free via a single door and was suitable for people with a wheelchair. Various posters and pharmacy practice leaflets gave people information about the services that were offered. Pharmacy team members were able to list and explain the services provided by the pharmacy. The pharmacy opening hours were displayed and a range of leaflets provided information about various healthcare topics.

The pharmacy had a prescription delivery service. Deliveries were separated after an accuracy check was completed, and a record of successful deliveries was kept. Unsuccessful deliveries were returned to the pharmacy and a card was posted through the letterbox indicating the pharmacy had attempted a delivery.

The pharmacy team initialled 'dispensed by' and 'checked by' boxes on dispensing labels to provide an audit trail. Dispensing baskets were used to separate people's prescriptions to avoid them receiving incorrect medicines. Different colour baskets were used to help prioritise dispensing. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied. This also served as a reminder to people to collect any remaining medicines.

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 were being provided. Members of the team were seen confirming the people's names and addresses when medicines were handed out. The patient medical record (PMR) system flagged any expired schedule 3 and 4 CD prescriptions, so these could be removed from the retrieval system. Team members were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when medicines containing valproate were supplied to people. The pharmacist had spoken to people who were at risk to make sure they were aware of the Pregnancy Prevention Programme. And this was recorded on the PMR. But there was no process to identify people taking high-risk medicines such as warfarin, lithium, and methotrexate. This means people may not receive advice to help them take these medicines safely.

Some medicines were dispensed in multi-compartment compliance packs. The pharmacy completed a suitability assessment before providing people with a compliance pack. But details of this was not recorded, which would be useful in the event of a query or a concern. Hospital discharge letters were kept, and previous records were retained for future reference. The compliance packs contained descriptions of the medicines so that people could easily identify them. And the packs had a 'dispensed by' and 'checked by' audit trail. Patient information leaflets (PILs) were routinely supplied so people could access additional information about their medicines.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. A date checking matrix was used to record when stock was date checked every three to six months. Short-dated stock was highlighted using a highlighter pen. Liquid medicines had the date of opening written on to help make sure they were still safe to supply to people once opened. Controlled drugs were stored appropriately in the CD cabinet. 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, but there were gaps in the records. So, the pharmacy may not be able to show that medicines requiring cold storage were stored appropriately. Medicines returned to the pharmacy by people were disposed of in designated bins. Drug alerts were received by email from the MHRA. But records were not kept showing what action had been taken, to help show the pharmacy had acted 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. Electrical equipment appeared to be in working order. 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 counting 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.