General Pharmaceutical Council

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: 21/05/2024

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 the NHS Pharmacy First service, and seasonal flu vaccinations. The pharmacy supplies medicines in multi-compartment compliance packs to some people to help them 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 has written procedures for team members to follow. Members of the team make a record when things go wrong. But they do not always carry out a thorough investigation to identify subsequent learning opportunities which means it may not be able to improve the services that it provides. The pharmacy generally keeps the required records. 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 say they had read and accepted the SOPs.

The pharmacy kept a record of dispensing errors which had occurred. However, the records were limited to what had happened and how the mistake had been corrected. There was little investigation to help consider what may have been the cause of the error. A near miss log was available. The SI explained that he looked over the records periodically, but this was not completed in a formal manner, and it was not recorded. So, the pharmacy may miss some learning opportunities to improve following mistakes. To help prevent picking errors, the pharmacy team separated propranolol tablets away from prednisolone tablets.

The roles and responsibilities for members 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 members of 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. RP records were available. 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's responsibility had ended. Controlled drugs (CDs) registers were maintained with running balances recorded. Three random balances were checked and were found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available, and it 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 in the retail area 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 had completed level 2 safeguarding Training. A dispenser said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✔ Standards met

Summary findings

There are enough members of the team to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Team members 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 pharmacy technician, two qualified dispensers, a new starter, and two delivery drivers. All members of the pharmacy team were appropriately trained or on accredited training programmes. 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. For example, they had recently completed a training package about a new over-the-counter medicine for IBS relief. But records of training were not always kept which would help to show what training had been completed. So, the pharmacy may not always be able to demonstrate how learning needs are 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 for people to have a private conversation with a member of the team.

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. 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 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, and records were 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. They used baskets to separate people's prescriptions to avoid them receiving the incorrect medicines. 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. 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 medication record system highlighted any expired schedule 3 and 4 CD prescriptions, so these could be removed them from the retrieval system. Team members were aware of the risks associated with the use of valproate containing medicines during pregnancy. Educational material was supplied to those taking valproate medicines. The SI was aware of the need to supply the medicines in their original pack and had spoken to people who were at risk to make sure they were aware of the pregnancy prevention programme. But details of the conversations were not recorded, which would be useful in the event of any queries or concerns. The pharmacy did not have a process to identify people taking high-risk medicines, such as warfarin, lithium, and methotrexate. This means people who were taking these medicines may not receive advice to help ensure they were taken 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 patient information leaflets 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. The expiry dates of medicines were checked every month. A date checking matrix was on display, but there were gaps in the record which meant some checks may have been overlooked. A dispenser confirmed that the pharmacy team had undertaken the process but had forgotten to record it. A spot check did not find any out-of-date medicines. But liquid medicines did not always contain the date they had been opened, which would help team members know whether they could still be used. Some medicines used for dispensing into compliance packs were stored in a separate area. But they were disorganised and may increase the risk of a picking error. The pharmacy manager was going to tidy and re-organise the storage of these medicines.

Controlled drugs were stored in the CD cabinet and 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. Team members confirmed they would ensure temperatures were recorded daily. 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 which meant the pharmacy may not be able to demonstrate the action they took following an alert.

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.