

# Registered pharmacy inspection report

**Pharmacy Name:** Dalton Square Pharmacy (King Street), 44 King Street, LANCASTER, Lancashire, LA1 1RE

**Pharmacy reference:** 1033389

**Type of pharmacy:** Community

**Date of inspection:** 28/03/2023

## Pharmacy context

This is a community pharmacy situated near to a GP surgery. It is located on the inner ring round around the city centre of Lancaster. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also supplies medicines in multi-compartment compliance aids for some people to help them take the medicines at the right time. The pharmacy changed ownership in December 2022.

## 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	1.5	Standard not met	The pharmacy does not have professional indemnity insurance cover in place.
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<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 did not have appropriate indemnity arrangements in place to provide protection to people who use its services. Members of the team understand their responsibilities and know they are expected to follow written procedures. But these are not always available for reference so team members may not always be clear what is expected of them. The pharmacy keeps the records it needs to by law. And members of the team understand how to keep private information safe. They record things that go wrong so that they can learn from them. But the records are not regularly reviewed. So they may miss some learning opportunities.

### Inspector's evidence

The pharmacy did not have any standard operating procedures (SOPs) available for reference. The pharmacist said copies of the SOPs were available at their sister pharmacy branch a short distance away. Members of the pharmacy team confirmed they had read the SOPs at the other pharmacy. Following the inspection, the superintendent (SI) confirmed SOPs copies of the SOPs had been put in place at the pharmacy.

Near miss incidents were recorded in a book. The pharmacist explained that she discussed any learning points with members of the team. But the records had little detail about who made the error and when. So there may not always be enough information to enable a meaningful review, which would help to identify any underlying trends. The pharmacy had a process in place to investigate and record dispensing errors.

When questioned, a dispenser understood his roles and responsibilities. He was clear about the tasks which could or could not be conducted during the absence of a pharmacist. The responsible pharmacist (RP) had their notice on display. The pharmacy had a complaints procedure. But information about it was not on display, so people may not always know how to give feedback or raise concerns. There was no professional indemnity insurance in place. Following the inspection, the SI confirmed that cover had been obtained.

Records for the RP and private prescriptions appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded. Three random balances were checked, but only two were found to be accurate. The SI later confirmed the discrepancy had been identified and the balance had been corrected.

Information governance (IG) procedures were in place. Members of the pharmacy team demonstrated the need to protect people's information. But there was no written policy available, and no information on display to tell people how their information was handled and stored by the pharmacy. The pharmacist had completed level 2 safeguarding training. And members of the pharmacy team had an understanding about their safeguarding responsibilities. But there were no safeguarding procedures available at the pharmacy to help the team deal with any concerns. 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. But team members are not provided with ongoing learning and development opportunities. So learning and training needs may not always be addressed.

### Inspector's evidence

The pharmacy team included a pharmacist and three dispensers. All members of the pharmacy team were appropriately trained or on accredited training programmes. Usually, there was a pharmacist supported by one or two dispensers. The pharmacy had a low footfall and the volume of work appeared to be effectively managed. Staffing levels were maintained by part-time staff and a staggered holiday system.

Members of the team were not provided with any ongoing training, and there was no formal appraisal programme. A dispenser gave examples of how he would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines he felt were inappropriate, and refer people to the pharmacist if needed. The pharmacist felt able to exercise her professional judgement and thought this was respected by members of the team. A dispenser said he felt well supported by the pharmacist and was able to ask any questions. Members of the team were aware of the whistleblowing policy and said that they felt comfortable reporting any concerns to the SI. There were no professional 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 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. The temperature was controlled using electric heaters. Lighting was sufficient. Team members had access to a kitchenette area and WC facilities.

A consultation room was available. The space was clutter free with a desk, seating, and adequate lighting.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are easy to access for most people. And it provides them safely and effectively. But there are steps which may prevent people with reduced mobility from entering the premises. The pharmacy gets its medicines from recognised sources and stores them appropriately. Members of the team carry out some checks to help make sure that medicines are kept in good condition. But they don't always keep records so some checks could be overlooked. 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

The pharmacy was in a listed building and there were two steps into the premises which made access difficult for wheelchair users and people with pushchairs. It was not possible for the pharmacy to provide a mobile ramp due to the position of the doorway next to a busy ring road. Team members said they would assist any person who needed to gain access into the pharmacy. But there was no external bell, so people may not always be able to attract attention if they require assistance. The pharmacy did not have any posters or leaflets on display to promote its services or provide any general health information. So there may be missed opportunities to help people improve their wellbeing.

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. Team members were seen to confirm the patient's name and address when medicines were handed out. The pharmacy's patient medical record (PMR) software would flag any prescriptions for schedule 3 and 4 CDs which were due to, or had, expired. Members of the team 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 had spoken to patients who were at risk to make sure they were aware of the pregnancy prevention programme. But she had not made a record, so would not be able to demonstrate that she had provided appropriate advice, in the event of a query or concern. There was no process to routinely highlight any high-risk medicines (such as warfarin, lithium and methotrexate) to remind the team members to provide counselling.

Some medicines were dispensed in multi-compartment compliance aids. 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. A delivery record was kept. 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, and any unlicensed medicines were sourced from a specials manufacturer. A date checking diary was used to record any short-dated stock due to expire in the upcoming months. But they did not record when date checking had been completed, and several medicines were found on the shelves which were due to expire and had not been recorded. So there was a risk this stock might be overlooked and could be accidentally supplied after it had expired. 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. There was a clean medicines fridge with a thermometer. The pharmacist said she checked the minimum and maximum temperatures each day. Temperatures were automatically recorded by the fridge. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email. But there was no record of the action taken and by whom, so the pharmacy could not demonstrate that they had been actioned 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

The pharmacy team 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 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. 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.