

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: 20/06/2024

Pharmacy context

This is a community pharmacy situated near to a GP surgery. It is located on the inner ring road of Lancaster city centre. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also supplies medicines in multi-compartment compliance packs for 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 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 things that go wrong to identify learning opportunities to help reduce the chances of similar mistakes happening again.

Inspector's evidence

There was a set of standard operating procedures (SOPs) which had been issued in September 2023. Members of the pharmacy team had signed training sheets to show they had read and accepted the SOPs.

Dispensing errors were recorded on electronic software, which showed details of the investigation and any learning outcomes. Near miss incidents were also recorded on the electronic records. Each month, team members discussed the mistakes to identify any learning opportunities. But these discussions were not recorded, which would help the pharmacy show what it had done in response to mistakes that had occurred. A warning label had been placed in the location of trazadone and tramadol, which was used to remind team members to be careful when picking these medicines.

The roles and responsibilities for members of the pharmacy team were described in individual SOPs. A dispenser was able to explain what their roles was and 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 by the pharmacy team. 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. CD registers were audited frequently. Two random balances were checked and found to be accurate. An electronic register was available to record patient returned CDs.

An information governance (IG) policy was available. Members of the team had signed a confidentiality agreement to show they had read and understood the IG policy. When questioned, a trainee dispenser explained how confidential information was separated into confidential waste bags and removed by a carrier. A notice in the retail provided information about how the pharmacy handled and stored people's information. Safeguarding procedures were included in the SOPs and had been read by pharmacy team members. The pharmacist had completed level 3 safeguarding training. Contact details for the local safeguarding board were available. A trainee dispenser said they 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. 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 and two dispensers, one of whom was in training. All members of the pharmacy team were appropriately trained or on accredited training programmes. The pharmacy had a low footfall and the volume of work appeared to be effectively managed. Staffing levels were maintained by relief staff and a staggered holiday system.

Training records were kept show what training had been completed by members of the pharmacy team. Training topics appeared relevant and were usually identified from articles in pharmacy magazines. The team would read the information and discuss it with the pharmacist. But team members did not receive appraisals. So individual development needs may be missed.

A trainee dispenser 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 members of the team. A trainee dispenser said they felt well supported by the pharmacist and was able to ask them questions to aid their learning. But they were not often provided with time to complete training during working hours, which may impact on their ability to progress their learning. Members of the team were aware of the whistleblowing policy and said that they felt comfortable reporting any concerns to the superintendent pharmacist. There were no targets in place for professional services.

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 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 accessible to most people. But there are steps which may prevent people with reduced mobility from entering the premises. The pharmacy gets its medicines from licensed sources and carries out some checks to ensure 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 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 position a mobile ramp due to the doorway being 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 required assistance.

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. 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. But prescription tokens were not always kept with the medicines to enable members of the team to know what medicines they were handing out. And there was no process to routinely highlight higher-risk medicines (such as warfarin, lithium, and methotrexate) to remind the team to provide additional counselling advice to help make sure the medicines were taken safely. Medicines which were classed as schedule 3 or 4 CDs were stored separate, to remind team members to check the expiry date of the prescription. Members of the team were aware of the risks associated with the use of valproate-containing medicines during pregnancy and the need to supply in the original packs. Educational material was given when the medicines were supplied. The pharmacist had completed an audit to identify and speak to patients who were at risk to make sure they were aware of the pregnancy prevention programme. And this was recorded.

Some medicines were dispensed in multi-compartment compliance packs. 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 previous records were retained for future reference. Compliance packs 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 were 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 the team did not record when date checking had been completed. So, there was a risk that some medicines may be overlooked. Liquid medication had the date of opening written on.

Controlled drugs were stored appropriately in the CD cabinet, with clear separation between current stock, patient returns and out of date stock. There was a clean medicines fridge with a thermometer. Fridge temperatures were recorded daily, and records showed they remained within the required range. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email. Team members would print alerts, and record the action taken, when and by whom.

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.