

# Registered pharmacy inspection report

**Pharmacy Name:** Higher Greaves Pharmacy, 20 Scotforth Road,  
LANCASTER, Lancashire, LA1 4ST

**Pharmacy reference:** 1033399

**Type of pharmacy:** Community

**Date of inspection:** 05/12/2019

## Pharmacy context

This is a community pharmacy located on a major route in and out of Lancaster city centre. It is situated in a residential area without GP surgeries nearby. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including a travel clinic and seasonal flu vaccinations. It supplies local care homes, and some people get their medicines inside multi-compartment compliance aids 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<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 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 and discuss them to help identify learning and reduce the chances of similar mistakes happening again.

### Inspector's evidence

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

The pharmacy team were able to explain how they would record a dispensing error. The SI said he was not aware of any dispensing errors having occurred. Near miss incidents were recorded on a paper log. The SI explained that he would usually review the near miss records each month and discuss his findings with the pharmacy team. But this had not been done for the last 4 months, so some learning opportunities may have been missed. The SI said he would also highlight mistakes to staff at the point of accuracy check and ask them to rectify their own errors. Action had been taken to help prevent similar mistakes. For example, segregating different strengths of ranitidine oral solution and using baskets to separate different strengths of codeine.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A new member of staff was able to explain what her responsibilities were and 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 displayed prominently. The pharmacy had a complaints procedure, which was displayed on electronic screens in the retail area. It advised people they could give feedback to members of the pharmacy team. Any complaints were recorded to be followed up by the SI. A current certificate of professional indemnity insurance was seen.

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. Two balances were checked. One was found to be accurate, however a second was found to have an additional 11 patches. The pharmacist promptly identified the reason for the discrepancy and rectified the balance. Patient returned CDs were recorded in a separate register.

Information governance (IG) procedures were in place. A dispenser said she had read the data protection policy and she had signed a confidentiality agreement. She was able to describe how confidential waste was destroyed using the on-site shredder. A privacy notice was on display and it described how the pharmacy handled and stored people's data.

Safeguarding procedures were included in the SOPs. The pharmacy team had received in-house training and the pharmacist said he had completed level 2 safeguarding training. Contact details of the local safeguarding board were available. A dispenser said she 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 the superintendent, five dispensers – one of whom was in training, and a new starter. Members of the pharmacy team had completed the necessary training for their roles. The normal staffing level was a pharmacist and four to five staff. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system.

Members of the pharmacy team completed some additional training, for example they had recently completed a training pack about healthy living pharmacy. But further training was not provided in a structured manner. So learning needs may not always be fully addressed.

A dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse co-codamol sales she felt were inappropriate and refer people to the pharmacist if needed. A member of the team had recently commenced her role. She said she received a good level of support from the pharmacy team and felt able to ask for further help if she needed it. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the SI. There were no targets set 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 position of the counter. A sink was available within the dispensary. Customers were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled by the use of central heating. Lighting was sufficient. The staff had access to a kitchenette area and WC facilities.

A consultation room was available. 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 manages and provides its services safely. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that 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

Access to the pharmacy was level via a single door and was suitable for wheelchair users. But a step to the consultation room may prevent some people being able to use it. Various posters 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. 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.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. But multi-compartment compliance aids were not always signed by the person dispensing them. So they may not be able to identify the members of the pharmacy team involved in the dispensing process if there was an error. And 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 not highlighted. So there was a risk that these medicines could be supplied after the prescription had expired. High-risk medicines (such as warfarin, lithium and methotrexate) were also not routinely highlighted. So the pharmacy team were not always aware when they were being handed out in order to check that the supply was suitable for the patient. 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 he would speak to any patients who were at risk to make them aware of the pregnancy prevention programme, which would be recorded on their PMR. The pharmacy team said they were not aware of any current patients who met the risk criteria.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacy would refer them to their GP to complete an assessment about their suitability. 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. Patient information leaflets (PILs) were not routinely supplied. So people may not always have all of the information they need to take the medicines safely.

The pharmacy dispensed medicines for a number of patients who were residents of care homes using the electronic 'CAPA' system. The care home used electronic devices to make records of administration and re-order the medication they required. The pharmacy was responsible to send the order to the GP surgery. When prescriptions were received back, they would be compared to the re-order information to confirm all medicines had been received back. Any queries were chased up by the pharmacy, and the care home was informed of any outstanding prescriptions. Medicines were supplied in their original packs labelled with a barcoded dispensing label. When medicines were dispensed, the pharmacy team needed to scan each item using the CAPA system. It would highlight if an incorrect medicine was scanned, which helped ensure accuracy.

The pharmacy had a travel clinic service, providing various travel vaccines using patient group directions (PGDs). Current PGDs were available to view, and the pharmacist said he had completed the necessary training. Records of provision was kept. And the patient's GP surgery was informed if they consented to share the information.

Medicines were obtained from licensed wholesalers, with unlicensed medicines 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. Stock was date checked on a 3-month rotating cycle. A date checking matrix was signed by staff as a record of what had been checked, and shelving was cleaned as part of the process. Short dated stock was highlighted using a sticker and 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. CD denaturing kits were available for use. There was a clean medicines fridge with a thermometer. The minimum and maximum temperature was being recorded daily and records showed they had been within the required 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. Alerts were printed, action taken was written on, initialled and signed before being filed in a folder.

## 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 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. Substance misuse clients were directed to the use of the consultation room to provide 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.