

Registered pharmacy inspection report

Pharmacy Name: Alexandria Pharmacy, 11 Alexandria Drive, LYTHAM
ST ANNES, Lancashire, FY8 1JF

Pharmacy reference: 1033417

Type of pharmacy: Community

Date of inspection: 15/06/2021

Pharmacy context

This is a community pharmacy in a residential area of St Annes, on the Fylde Coast. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. The pharmacy supplies medicines in multi-compartment compliance aids for some people to help them take the 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 and discuss them to help identify learning and reduce the chances of similar mistakes happening again.

Inspector's evidence

There was a set of standard operating procedures (SOPs) which had been reviewed in November 2019. Members of the pharmacy team had signed to say they had read and accepted the SOPs.

Near miss incidents were recorded on a paper log. The pharmacist said he reviewed the records and discussed any learning points with the team. But this was not recorded, so the pharmacy may not be able to always show the learning identified from this process. The pharmacist would also highlight mistakes to staff at the point of accuracy check and ask them to rectify their own errors. He gave examples of action that had been taken to help prevent similar mistakes, which included moving amlodipine and amitriptyline away from one another to help prevent a picking error. Dispensing errors were recorded in a notebook and contained details of the actions which had been taken.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A dispenser was able to explain what his responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Staff wore standard uniforms and had badges identifying their names and roles. The responsible pharmacist (RP) had their notice on display. The pharmacy had a complaints procedure. A notice in the retail area advised people they could discuss any concerns or feedback with the pharmacy team. Any complaints would be recorded and followed up by the owner. A current certificate of professional indemnity insurance was on display.

Records for private prescriptions appeared to be in order. RP records were available, but the pharmacist routinely did not state the end of their tenure. So the pharmacy may not always be able to show who was the RP and when in the event of a query. Controlled drugs (CDs) registers were maintained with running balances recorded. Two random balances were checked, and both found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was in place. The pharmacy team completed GDPR training. When questioned, a pharmacy technician was able to describe how confidential information was segregated to be removed by a waste carrier. A privacy notice was available.

Safeguarding procedures were included in the SOPs. Registered members of the pharmacy team had completed level 2 safeguarding training. Contact details for the local safeguarding board were available. The pharmacy technician 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 additional training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included a pharmacist, a pharmacy technician who was trained to accuracy check (ACT), two dispensers, and a medicine counter assistant (MCA). All members of the team had completed the necessary training for their roles. Most of the staff worked full time. The volume of work appeared to be managed. Staffing levels were maintained by a staggered holiday system. A locum pharmacist was present. The owner said he would book a locum pharmacist to help with the workload in the event of multiple staff absences.

Members of the pharmacy team completed some additional training, for example some of the team had recently completed a training pack about antibiotic stewardship, and suicide prevention. Training certificates were kept showing what training had been completed. A training log on the wall of the dispensary kept a log of staff who had completed what training.

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 locum pharmacist said she felt able to exercise her professional judgement and this was respected by the pharmacy owner. Staff seemed to work well together. A dispenser said staff would routinely discuss the work to ensure information about queries were shared amongst the team. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the pharmacy owner. There were no professional based targets in place.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided and steps have been taken to make the premises COVID secure. 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. 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 an air conditioning unit. Lighting was sufficient. The staff had access to a kitchenette and WC facilities.

Perspex screens had been installed at the medicines counter to help prevent the spread of infection, and only two people were permitted in the retail area at any one time. Markings were used on the floor to help encourage social distancing. Staff were wearing masks and they had all had their 2nd COVID vaccination. Hand sanitiser was available.

A consultation room was available. The space was clutter free with 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 recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition.

Inspector's evidence

Access to the pharmacy was level via a single door and was suitable for wheelchair users. Pharmacy staff were able to list and explain the services provided by the pharmacy. If the pharmacy did not provide a particular service staff were able to refer patients elsewhere using a signposting folder. The pharmacy opening hours were displayed and a range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service. This had been adapted in response to current COVID guidance. The delivery driver would leave the patient's bag of medicines at the door, knock, and stand back to allow social distancing whilst the patient picked up the bag. The driver would wait for the recipient to pick up the bag. If there was no answer the medicines would be returned to the pharmacy. An electronic delivery record was kept as an audit trail.

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. The pharmacist would label the prescription and perform a clinical check of prescriptions to enable the ACT to perform the final accuracy check. But as there was no audit trail for clinical checks, there is a risk it may not always be clear who had completed this. 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 highlighted so that staff could check prescription validity at the time of supply. The pharmacist said he would use a "speak to pharmacist" sticker to highlight prescriptions which required additional counselling. This would include patients who had been prescribed a high-risk medicine (such as warfarin, lithium and methotrexate) for the first time. 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 had spoken to patients who were at risk to make sure they were aware of the pregnancy prevention programme. And this was recorded on their PMR. 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 was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record 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 not routinely supplied. So people may not always have up to date information about how to take their medicines safely.

The pharmacy dispensed medicines for a number of patients who were residents of care homes. A re-order sheet was provided to the pharmacy and it contained details about the medicines required, medicine changes and any handover notes for the pharmacy. When prescriptions were received from the GP surgery, they would be compared to the re-order sheet to confirm all medicines had been received back. Any queries were chased up with the GP surgery, and outstanding queries were delegated to the care home to chase up.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Stock was date checked on a 6-month basis. A date checking matrix was signed by staff as a record of what had been checked. But this had not been updated for some time. The staff confirmed they had completed the date checking procedure, but it had not been recorded. So there is a risk some stock might be overlooked. Short dated stock was highlighted using a sticker and recorded in a diary for it to be removed at the start of the month of expiry. 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 were clean medicines fridges, each with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had remained in 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. Any alert which required an action was printed with the details of the action written on and 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. 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.

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.