

# Registered pharmacy inspection report

**Pharmacy Name:** Tomlinsons Chemists, 11 Market Square, LYTHAM  
ST ANNES, Lancashire, FY8 5LW

**Pharmacy reference:** 1033426

**Type of pharmacy:** Community

**Date of inspection:** 13/11/2024

## Pharmacy context

This community pharmacy is situated on a high street in the centre of Lytham, on the Fylde coastline. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations and the NHS Pharmacy First service. 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
<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 to help them to provide their services safely and effectively. And they know how to keep people's information safe. The pharmacy keeps the necessary records as required by law. Members of the team record when things go wrong. But they do not always record what actions they had taken to help show what improvements they had made.

### Inspector's evidence

The pharmacy had written standard operating procedures (SOPs). But these had passed their stated date of review in February 2023. So they may not always reflect current practice. Members of the pharmacy team had signed training sheets to say they had read and understood the procedures.

The pharmacy had systems in place to identify and manage risk, such as the recording of dispensing errors and details of the subsequent learning outcomes. The pharmacist discussed near miss incidents with members of the team at the time they occurred to help identify potential learning points. Details of the incidents were recorded on a paper log. Members of the team explained they reviewed the records to look for common errors, but the reviews were not recorded. So they may not be able to always show what actions they had taken to help improve their services. The team had moved similar sounding medicines, such as co-careldopa and co-beneldopa, away from each other to help reduce the likelihood of a picking error.

The roles and responsibilities for members of the team were documented within the SOPs. A dispenser explained what their responsibilities were and was clear about the tasks that could or could not be conducted in the absence of a responsible pharmacist. The correct responsible pharmacist (RP) notice was on display. The pharmacy had a complaints procedure. Any complaints were recorded and followed up by a member of the team. A current certificate of professional indemnity insurance was available.

Records for the RP, private prescriptions and unlicensed specials appeared to be in order. Controlled drug (CD) registers appeared to be in order. Running balances were routinely recorded and checked on a frequent basis. Two CD balances were checked, and both were accurate. A separate CD register was available to record patient returned CDs.

An information governance procedure was available. When questioned, a member of the team described how confidential information was separated and destroyed by the head office. A notice was on display describing how confidential information was stored and handled by the pharmacy. Safeguarding procedures were available and included the contact details for the local safeguarding team. The pharmacist had completed level 2 safeguarding training. Members of the team explained they would refer any concerns to the pharmacist in the first instance.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage the workload safely. And they complete the necessary training for their role. But ongoing learning is not routinely provided, so learning needs may not always be identified or addressed.

### Inspector's evidence

The pharmacy team included a pharmacist manager, a pharmacy technician, who was trained to perform final accuracy checks, two dispensers, a medicine counter assistant, and a delivery driver. All members of the pharmacy team were appropriately trained. The workload was well managed. Staffing levels were maintained by a staggered holiday system. Locum dispensers were booked to provide additional cover if it was required.

Members of the pharmacy team completed some additional ad-hoc training, for example they had previously completed a training pack about antibiotic stewardship. Training records were kept showing that ongoing training was up to date. And members of the team were provided with learning time to complete training. But ongoing training was not provided in a consistent manner, which would help to ensure learning needs were met. A medicines counter assistant provided examples of selling a pharmacy only medicine using the WWHAM questioning technique, refusing sales which they felt were not appropriate, and referring people to the pharmacist when needed.

Members of the team felt well supported by each other. They were seen working well together and assisted each other with any queries they had. But team members were not provided with formal appraisals, which would help to ensure their learning and development needs were being addressed. The pharmacy team were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the SI. There were targets for some services, such as flu vaccinations. The team did not feel under pressure to achieve these.

## 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

This was a historical pharmacy premises, and the retail area contained many original features and displays. The premises was clean and tidy. But parts of the dispensary fixtures were not well maintained and contained broken draws and doors which detracted from a professional image expected of a healthcare setting, The size of the dispensary was sufficient for the workload. The temperature was controlled by the use of central heating. Lighting was sufficient. The staff had access to a kitchenette and WC facilities.

A consultation room was available with access restricted by use of a lock. The space was clutter free with a computer, desk, seating, and adequate lighting. The patient entrance to the consultation room was clearly signposted.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy manages and provides services safely and effectively. It gets its medicines from licensed 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

The pharmacy and consultation room were accessible by those with additional mobility needs. A bell was available for people to attract the team's attention if they required assistance getting up the step at the doorway. And a portable ramp was used for those who needed it. Information was on display about the services offered. The pharmacy opening hours were also on display.

Members of the team initialled 'dispensed-by' and 'checked-by' boxes on dispensing labels to provide an audit trail for medicines dispensed in the pharmacy. They used baskets to separate individual patients' prescriptions to avoid items being mixed up. Dispensed medicines awaiting collection were put inside medicine bags and stored on collection shelves. Stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Members of the team were seen confirming the patient's name and address when medicines were handed out. Any bags which contained schedule 3 or 4 CDs were highlighted to remind team members to check the prescription expiry date. The pharmacist used reminder stickers if they identified a need to provide counselling. But the team did not routinely counsel people who were taking higher-risk medicines (such as warfarin, lithium, and methotrexate) for some time. This was a missed opportunity to ensure people continued to take their medicines safely and were up to date with blood tests. Members of the team were aware of the risks associated with the use of valproate-containing medicines, and the need to supply original manufacturer's packs. Educational material and counselling advice was provided with the medicines.

Some medicines were dispensed into multi-compartment compliance packs. Before a person was started on a compliance pack, the team completed an assessment about the person's suitability. But this was not recorded which may be useful in the event of a query or a concern. 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 updated. Hospital discharge information was sought and kept for future reference. But compliance packs did not routinely contain the descriptions of the medicines, or the patient information leaflets. The team acknowledged the importance of including these in future to help ensure people could identify their medicines and receive up to date information about their medicines.

The pharmacy had a delivery service, and delivery records were 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. The expiry dates of medicines were checked once every three months. Date checking records were available. Short-dated stock was highlighted with a sticker. Liquid medications

had the date of opening written onto the bottle.

Controlled drugs were stored in a CD cabinet, with separation between current stock, patient returns and out of date stock. There was a fridge, each equipped with a thermometer. The minimum and maximum temperatures were recorded daily. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received from MHRA. The alerts were printed, with details of the action taken on before being stored 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 keep the equipment clean in a manner expected of a healthcare setting.

### Inspector's evidence

Team members accessed the internet for general information. This included access to the British National Formulary (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. Equipment appeared clean.

Computers were password protected. 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
<span style="color: green;">✔</span> <b>Excellent practice</b>	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.
<span style="color: green;">✔</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✔</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.