

Registered pharmacy inspection report

Pharmacy Name: AYP Pharmacy, 78-80 Lancaster Road, St John's Centre, PRESTON, Lancashire, PR1 1DD

Pharmacy reference: 1033828

Type of pharmacy: Community

Date of inspection: 22/05/2023

Pharmacy context

This is a community pharmacy located inside a shopping centre. It is situated in the city centre of Preston. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations, a minor ailment service and emergency hormonal contraception. The pharmacy supplies medicines in multi-compartment compliance aids for some people to help them take the medicines at the right time. There was a change in ownership of the pharmacy in October 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
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards not all met	2.2	Standard not met	Two members of the pharmacy team working in the dispensary have not yet completed, or been enrolled onto, appropriate training courses. So they may not always be able to work safely or effectively.
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 understand the need 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). Training sheets had been signed by some members of the team to show they had read and accepted the SOPs. But some of the team had not, which means they may not fully understand what is expected of them.

The pharmacy had a process to record and investigate any dispensing errors. Near miss incidents were recorded on a paper log. The pharmacist explained that he would highlight any mistakes to members of the team at the time they happened so they could learn from them. He gave examples of action which had been taken to help prevent similar mistakes. Such as moving ramipril tablets and capsules away from one another. But they did not routinely review the records in a way which would help to identify any underlying patterns.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A dispenser 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) notice was prominently displayed. 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. A current certificate of professional indemnity insurance was seen.

Records for the RP, private prescriptions and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded and checked weekly. Two random balances were checked and found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. When questioned, a dispenser was able to explain how confidential waste was segregated to be removed by an authorised waste carrier. A notice was on display in the retail area which explained how the pharmacy handled people's information. Safeguarding procedures were available and had been read by members of the team. The pharmacist said he had completed level 2 safeguarding training. Contact details for the local safeguarding board were available. A dispenser said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy has enough staff to manage the workload. But two members of the pharmacy team working in the dispensary have not yet completed, or been enrolled onto, appropriate training courses. So they may not always be able to work safely or effectively.

Inspector's evidence

The pharmacy team included a pharmacist, a trainee pharmacist, a pharmacy technician and four dispensers. Two of the dispensers had been employed by the pharmacy for over 12 months and had not completed, or been enrolled onto, a dispenser training course. There was usually a pharmacist and four other members of the team. 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, a technician had read a training booklet she had received from a wholesaler. But ongoing training was not provided in a structured or consistent manner, and records were not always kept. 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 sales of medicines she felt were inappropriate, and refer people to the pharmacist if needed. The pharmacist said he felt able to exercise his professional judgement and this was respected by members of the team. The technician said she received a good level of support from the pharmacist and felt able to ask any questions. Appraisals were conducted quarterly by the pharmacist. And the team held weekly team meetings about issues that had arisen, including if there had been an error or complaint. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or SI. There were no professional based targets.

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 located inside a retail unit in a small shopping centre. It was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. The temperature was controlled using air conditioning. Lighting was sufficient. Members of the team had access to a kitchenette and WC facilities.

A consultation room was available and was equipped with a computer, desk, seating, adequate lighting, and a wash basin. But the room was used to store paperwork which made it appear untidy. And a medicines fridge containing insulin was present that could not be locked. So there was a risk people may have unauthorised access to medicines if they were left unattended in the room. 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. Additional checks are carried out when higher-risk medicines are supplied to ensure they are being used appropriately

Inspector's evidence

Two different entrances enabled access to the pharmacy, including for wheelchair users. There was also wheelchair access to the consultation room. Electronic displays provided information about the services offered. Pharmacy team members 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 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. Dispensed medicines awaiting collection were kept on a shelf using a numerical 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 members of the team could check prescription validity at the time of supply. High-risk medicines (such as warfarin, lithium, and methotrexate) were also highlighted, and people were referred to the pharmacist for counselling. But this was not recorded on the patient's PMR so the pharmacy could not demonstrate whether counselling had been given. 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 explained that he would speak to patients to check the supply was suitable, but that there were currently no patients meeting 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 of 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. Disposable equipment was used to provide the service, and the compliance aids were labelled with medication descriptions and a dispensing check audit trail. But patient information leaflets (PILs) were not routinely supplied. So people may not always have up to date information about their medicines.

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. CDs were recorded on a separate delivery sheet.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from

a specials manufacturer. 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 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 equipped 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. But the pharmacy team did not keep a record of any action they had taken so they could not show how they had been dealt with.

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

Members of the 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 the 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.