

Registered pharmacy inspection report

Pharmacy Name: Kingsfold Pharmacy, 69 Pope Lane, Penwortham, PRESTON, Lancashire, PR1 9BY

Pharmacy reference: 1033843

Type of pharmacy: Community

Date of inspection: 15/08/2024

Pharmacy context

This community pharmacy is situated in the residential area of Penwortham, south of Preston city centre. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including the NHS Pharmacy First service, seasonal flu vaccinations and emergency hormonal contraception.

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 has written procedures to help the team to provide services safely and effectively. The pharmacy keeps most of 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. Members of the team discuss when things go wrong. But they do not always record them or perform an analysis to look for underlying trends. So they may miss some learning opportunities and there may be a risk of similar mistakes happening again.

Inspector's evidence

A folder containing written standard operating procedures (SOPs) was available which had been issued in 2021 and were due to be reviewed in 2023. The superintendent pharmacist (SI) explained a review had been completed and was in the processes of sharing them with the pharmacy team to read. Most members of the team had signed training sheets to show they had read and accepted the SOPs. But some had not, so the pharmacy may not be able to always show team members fully understand the processes that underpin the services they provide.

The pharmacy had a process to identify and manage risk, such as the recording of dispensing errors and the subsequent learning outcomes. Most near miss incidents were recorded electronically, but the SI admitted that some may not have been recorded. The SI highlighted the mistake to members of the team so they could identify potential learning points. The team provided examples of discussions, such as the similar sounding medicines gabapentin and pregabalin, but these were not recorded. And there was no analysis of the records to help identify underlying trends. So they may not be able to show they had identified learning opportunities.

A matrix was available in the SOPs to document the roles and responsibilities for members of the pharmacy team, but it had not been completed. So team members may not know what is fully expected of them. However, a trainee pharmacy explained what their responsibilities were 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 were recorded and followed up by the SI or company director. A current certificate of professional indemnity insurance was on display.

Records for the RP and unlicensed specials appeared to be in order. But private prescription records did not always contain the name of the prescriber. Which was required to show who had provided the authority to supply the medicine. Controlled drugs (CDs) registers were maintained using electronic software. Running balances were recorded and these were checked frequently. Two random balances were checked and found to be accurate. A separate register was used to record patient returned CDs.

An information governance (IG) policy was available in a folder and team members had completed IG training. A privacy notice was available and described how the pharmacy handled and stored people's information. When questioned, the trainee pharmacy technician explained how confidential waste was separated and placed into a secure bin for collection by an external contractor. Safeguarding procedures were included in the SOPs and the pharmacy team had completed safeguarding training. The pharmacist had completed level two safeguarding training. Contact details for the local safeguarding board were available. A trainee pharmacy technician 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 effectively manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team have completed some additional training to help them keep their knowledge up to date. But this is not structured so learning needs may not always be identified or addressed.

Inspector's evidence

The pharmacy team included the SI, a trainee pharmacist, a pharmacy technician, a trainee pharmacy technician, and a trainee dispenser. All members of the team had completed or were undertaking appropriate training courses for their roles. The volume of work appeared to be manageable. Staffing levels were maintained by a staggered holiday system.

Members of the pharmacy team had completed e-learning training packages. For example, they had completed 'Ask for ANI' training. A folder contained certificates showed what training the team members had completed. But ongoing learning was not provided in a consistent or structured manner. So learning needs may not always be addressed and members of the team may not be able to demonstrate how they keep their skills and knowledge up to date. The trainee pharmacy technician 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.

Members of the team appeared to work well with each other. The trainee pharmacy technician felt a good level of support as part of their learning and was able to ask for further help if they needed it. Team members routinely discussed their ongoing work, including when there were errors or complaints. And they were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the director or SI. There were no professional based targets in place.

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 with members of the team.

Inspector's evidence

The pharmacy was clean and tidy, and appeared suitably maintained. The size of the dispensary was sufficient for the workload undertaken. People were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled by the use of air conditioning units, and lighting was sufficient. Members of the team 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. The entrance to the consultation room was clearly signposted. A separate entrance was available for people using the substance misuse services of the pharmacy.

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 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

Access to the pharmacy was suitable for wheelchair users. Various posters gave information about the services offered and information was also available on the pharmacy's website. 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 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 of medicine could not be immediately supplied.

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. Team members were seen confirming the person's name and address when medicines were handed out.

The pharmacist wrote the expiry date on to prescriptions for schedule 3 and 4 CDs and team members checked the validity of the prescription at the time of supply. The pharmacist provided counselling advice to people when they identified a clinical need. But there was no process to routinely identify people taking higher-risk medicines (such as warfarin, lithium, and methotrexate) to ensure they were up to date with blood tests and taking the medicines safely. Members of the team were aware of the risks associated with the use of valproate-containing medicines during pregnancy, and the need to supply the original box. Educational material was provided when the medicines were supplied. Team members were not aware of any people who were in the risk category.

The pharmacy had a delivery service. Electronic 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. A separate signature was recorded for the delivery of CDs to provide an audit trail.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. The expiry dates of medicines were checked at least once every three months. But the team had not recorded their latest checks, so they may not know when they had been completed and were due again. They were updating the process to make records electronically, and the SI acknowledged they would complete the records going forward. Short-dated medicines were highlighted using a sticker and liquid medication had the date of opening written on. A spot check of medicines did not find any expired medicines. Controlled drugs were stored within multiple CD cabinets, with clear separation between current stock, patient returns and out of date stock. There

were two 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 three 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 details of the action taken were not recorded. So the pharmacy may not be able to show they have acted appropriately. The SI explained they would make this record going forward.

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 use the equipment in a way to help maintain privacy.

Inspector's evidence

Team members had access to 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. Separate measures were used for methadone to prevent cross contamination. The pharmacy also had counting triangles for counting loose tablets. All 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. People 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.