General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Well, Unit 2-3 Stonebridge Parade, Preston Road, Longridge, PRESTON, Lancashire, PR3 3AN

Pharmacy reference: 1033844

Type of pharmacy: Community

Date of inspection: 14/12/2023

Pharmacy context

This is a community pharmacy in the town of Longridge, near Preston. It dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including blood pressure monitoring and seasonal flu vaccinations. The pharmacy supplies medicines in multi-compartment compliance packs for 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
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. And the pharmacy keeps the records it needs to by law. Team members record things that go wrong so that they can learn from them. And they are given training so that they know how to keep private information safe.

Inspector's evidence

There was a set of electronic standard operating procedures (SOPs) which were routinely updated by the head office. After team members had read an SOP, they would complete a test to check their understanding. Training records were kept showing members of the team had read and accepted the SOPs.

The pharmacy had systems in place to identify and manage risk, such as records of dispensing errors and their learning outcomes. Near miss incidents were recorded on electronic software. The pharmacist highlighted mistakes at the point of accuracy check and asked the team members to rectify their own errors, so that they could learn from them. Team members explained how they then took action to manage risks they identified. For example, furosemide 20mg and 40mg tablets had been distinctly separated to help prevent a picking error.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A dispenser was able to explain what their responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Team members 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. Any complaints were recorded online and sent to the head office to be followed up. Current professional indemnity insurance was in place.

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

An information governance (IG) policy was available. The pharmacy team had completed IG training. When questioned, a dispenser was able to describe how confidential waste was segregated and removed by a waste carrier. A notice in the retail area provided information about how the pharmacy handled and stored people's information. Safeguarding procedures were included in the SOPs and team members had completed safeguarding training. The pharmacist had completed level 2 safeguarding training. Contact details for the local safeguarding board were available. A dispenser said they would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✔ Standards met

Summary findings

There are enough team members to manage the pharmacy's workload and they are appropriately trained for the jobs they do. And members of the pharmacy team complete ongoing training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included a pharmacist, a pharmacy technician, who was also the pharmacy manager, a pharmacy student, and three dispensers. All members of the pharmacy team were appropriately trained. The volume of work appeared to be managed. Staffing levels were maintained by a staggered holiday system and relief staff.

The pharmacy provided the team with an e-learning training programme. And the training topics appeared relevant to the services provided and those completing it. Records were kept showing what training had been completed. And a dispenser demonstrated that they had recently completed a training package about infection control.

A dispenser 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. The pharmacist felt able to exercise his own professional judgement and said this was respected by members of the team. The dispenser said they got a good level of support from the pharmacist and felt able to ask for help if they needed it. Each member of the team received an appraisal twice a year. A dispenser said they felt able to discuss any of their own concerns during the appraisal if they had any. Team members discussed their work with one another and were seen to work well together. There were targets for some professional services, such as flu vaccinations. The pharmacist said they did not feel under pressure to achieve them.

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 generally clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. 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 electric heaters. Lighting was sufficient. Team members had access to a kitchenette and WC facilities.

A consultation room was available and kept locked when not in use. 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'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 kept in good condition.

Inspector's evidence

The pharmacy entrance was suitable for wheelchair users. A poster and leaflets gave information about the services offered. Information was also available on the pharmacy's website. The pharmacy opening hours were on display and a range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service and kept a record of any deliveries made. Unsuccessful deliveries were 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. 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.

Some medicines were dispensed at an automated hub as part of the company's central fulfilment programme. Prescriptions for the hub were processed at the pharmacy and each item on the prescription was marked to indicate whether it was to be dispensed locally at the pharmacy or at the hub. Before transmission to the hub, the pharmacist was required to complete an accuracy check of the computer data and a clinical check of the prescription. Some items could not be dispensed by the hub, including items out of stock, split-packs, CDs and fridge items. The system used a personal log in to show who had labelled the prescription and who had performed the accuracy check.

Dispensed medicines were received back from the hub within 24-48 hours. They were delivered in totes that clearly identified that they contained dispensed medicines. The medicines were packed in sealed bags with the patient's name and address on the front. These did not need to be accuracy checked by the pharmacy unless a member of the team opened the bag, in which case the responsibility for the final accuracy check fell to the pharmacy rather than the hub.

Dispensed medicines awaiting collection were kept on a shelf and their location was recorded on an electronic device. When a person came to collect their dispensed medicines, members of the team used the device to find the location. Prescription forms were retained with the dispensed medicines, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Team members 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. But high-risk medicines such as warfarin, lithium, and methotrexate were not normally highlighted. So the team may miss opportunities to counsel patients when the medicines are handed out. The team had completed an audit about valproate, to check people were aware of the risks associated with its use. Educational material about valproate was available to hand out when the

medicines were supplied. The pharmacist 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 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 retained for future reference. Compliance aids were labelled with medication descriptions and a dispensing check audit trail. Patient information leaflets (PILs) were routinely supplied.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. There was a date checking process, and medicines were checked on a three-month basis. Short-dated stock was highlighted with a sticker. 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. Drug alerts were received electronically from the head office. When alerts were actioned, details were recorded of any action taken, when and by whom.

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

Team members had access to the internet for general information. This included access to the British National Formulary (BNF), BNFc and Drug Tariff resources. PAT stickers indicated electrical equipment had been tested. 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 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 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.