

# Registered pharmacy inspection report

**Pharmacy Name:** DDL Davies Ltd, 59-61 Plungington Road, PRESTON,  
Lancashire, PR1 7EN

**Pharmacy reference:** 1033849

**Type of pharmacy:** Community

**Date of inspection:** 23/06/2023

## Pharmacy context

This is a community pharmacy situated in a residential area north 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 seasonal flu vaccinations and travel vaccines. The pharmacy supplies medicines in multi-compartment compliance aids 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
<b>1. Governance</b>	Standards met	1.2	Good practice	Members of the pharmacy team record things that go wrong. They produce a monthly patient safety report which helps to reduce the chances of similar mistakes happening again.
<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, and this helps to maintain the safety and effectiveness of the pharmacy's services. Members of the team record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again. They keep the records that are needed by law. And they are given training so that they know how to keep private information safe.

### Inspector's evidence

There was a current set of standard operating procedures (SOPs). Members of the pharmacy team had signed to say they 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 a paper log. The pharmacist would review the records as part of the pharmacy's monthly patient safety report. Once the report had been completed, any learning points were discussed with members of the team. For example, the report had identified that near-misses had occurred because inhalers had similar names or formulations. So, to help prevent mistakes, the procedure had been changed so that when inhalers were dispensed, two dispensers always checked the inhaler was correct, before the final accuracy check.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A trainee 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. The responsible pharmacist (RP) notice was on display. The pharmacy had a complaints procedure. But no information about it was displayed, so people may not always know how to give feedback or raise concerns. A current certificate of professional indemnity insurance was available.

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

An information governance (IG) policy was available. Each member of the pharmacy team had completed an IG training package. When questioned, a trainee dispenser was able to explain how confidential waste was destroyed using the on-site shredder. Safeguarding procedures were included in the SOPs and the pharmacy team had completed safeguarding training. Pharmacy professionals had completed level 2 safeguarding training. Contact details for the local safeguarding board were on display. A trainee dispenser said he would 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 regular training to help them keep their knowledge up to date.

### Inspector's evidence

The pharmacy team included two pharmacists, one of whom was the superintendent (SI), two trainee dispensers and two medicine counter assistants (MCA). All members of the pharmacy team were appropriately trained or on accredited training programmes. All members of the team worked full time, and staffing levels were maintained by a staggered holiday system. The volume of work appeared to be manageable.

The pharmacy provided the team with e-learning training packages. The training topics appeared relevant to the services provided and those completing the e-learning. Training records were kept showing the training which had been completed. A trainee 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.

Members of the team were seen working well with each other and assisting with each other's queries. A trainee dispenser said they felt a good level of support and felt able to ask questions about their training. They confirmed that appraisals were conducted annually and felt that the appraisal process was a good chance to receive feedback about their work. Members of the team were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the SI. There were no targets in place for professional services.

## 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 clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. The temperature was controlled using fans and heaters. Lighting was sufficient. Members of the team had access to a kettle, microwave, and WC facilities.

A consultation room was available, and it contained a desk, computer, and seating. 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 help make sure they are being used appropriately.

### Inspector's evidence

Access to the pharmacy was via a single door. But there was no wheelchair access to the consultation room, so not all people may be able to use the pharmacy's services. Various leaflets gave information about the services offered. Members of the pharmacy team were able to list and explain the pharmacy's services. The opening hours were displayed, and a range of leaflets provided information about various healthcare topics.

Members of 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. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied. Team members were seen to confirm the patient's name and address when medicines were handed out.

The pharmacist completed the final accuracy check at the time the patient came to collect their medicines. This included checking that prescriptions for schedule 3 and 4 CDs remained valid. The pharmacist also counselled patients who were taking a high-risk medicine such as warfarin, lithium, and methotrexate. Details of any blood test results, or counselling, were recorded on their PMR. 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 confirmed 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 of 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 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 routinely supplied.

The pharmacy had a delivery service. A delivery record was kept and any 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. Stock was date checked every 6 months. 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. But some liquid medication did not have the date of opening written on, which meant the team may not know how long it had been open or whether it was still suitable for use. 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 was a clean medicines fridge with a thermometer. The minimum and maximum temperature was 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. Alerts were printed, action taken was written on, initialled and signed before being filed in the patient safety 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 pharmacy 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 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
✓ 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.