

# Registered pharmacy inspection report

**Pharmacy Name:** Preston Pharmacy, Longsands Lane, PRESTON,  
Lancashire, PR2 9PS

**Pharmacy reference:** 1084877

**Type of pharmacy:** Community

**Date of inspection:** 14/12/2023

## Pharmacy context

This is a community pharmacy located near to a GP surgery. It is situated in the residential area of Fulwood, in 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, COVID vaccinations, and blood pressure monitoring. The pharmacy supplies some medicines in multi-compartment compliance packs to 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, and this helps to maintain the safety and effectiveness of the pharmacy's services. They record and discuss things that go wrong to help identify learning and reduce the chances of similar mistakes happening again. The pharmacy keeps 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.

### Inspector's evidence

There was a set of standard operating procedures (SOPs). But some of these had passed their stated date of review of December 2018, so they may not always reflect current practice. 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. Team members explained that the pharmacist highlighted mistakes at the point of accuracy check and ask the team members to rectify their own errors, so that they could learn from them. At the end of each month the pharmacist reviewed the records to identify learning. To help prevent picking errors, team members had placed pop-up alerts on computer records to highlight risks they had identified. For example, when people were prescribed unusual formulations such as omeprazole tablets.

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. The correct responsible pharmacist (RP) notice was on display. The pharmacy had a complaints procedure. Any complaints were recorded and followed up by the superintendent (SI). A 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 balances were checked, and both were found to be accurate. Patient returned CDs were recorded in a separate register.

The pharmacy had an information governance (IG) policy, which had been read by members of the team. A dispenser explained how confidential information was segregated and removed by a waste carrier. A poster in the retail area provided information about how the pharmacy handled and stored people's information. Safeguarding procedures were available. The pharmacist had completed level 2 safeguarding training. Contact details for the local safeguarding board were available. A dispenser confirmed she had read the procedures and explained what she would do if she identified potential safeguarding concerns.

## 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 team are provided with opportunities to develop their skills and progress their careers.

### Inspector's evidence

The pharmacy team included a pharmacist, who was also the SI, a trainee pharmacist, a pharmacy technician who was trained to accuracy check, four trainee pharmacy technicians, and three dispensers. All members of the pharmacy team were appropriately trained or on accredited training programmes. The volume of work appeared to be managed effectively. Staffing levels were maintained by a staggered holiday system.

The SI provided learning opportunities to members of the team by discussing new medicines, over-the-counter products, and pharmacy services. There was a drive to put team members through their pharmacy technician qualification. But for dispensers who did not want to complete additional qualifications, training was limited to informal discussions. And records of learning were not kept. So learning needs may not always be fully addressed.

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.

Team members were seen to work well together and supported each other with any queries. The dispenser said they received a good level of support from the SI and felt able to ask for further help if they needed it. Appraisals were conducted regularly by the SI. Each morning the team discussed any issues that had arisen, including when there were errors or complaints. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the SI. There were no targets set 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, and access to it was restricted by use of a gate. 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. The space was clutter free with a 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 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 entrance was suitable for wheelchair users. There was also wheelchair access to the consultation room. Information about the services offered was on display, and information was also available on the pharmacy's website. Pharmacy staff were able to list and explain the services provided by the pharmacy. The pharmacy opening hours were displayed. A range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service and kept a record of 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. The pharmacist performed a clinical check of all prescriptions and stamped the prescription form to indicate this had been completed. When this had been done an accuracy checker was able to perform the final accuracy check. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied.

Dispensed medicines awaiting collection were kept on a shelf using an alphanumerical 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 to confirm the patient's name and address when medicines were handed out. The pharmacy's computer system would flag any prescriptions which were due to expire within seven days. Team members 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 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. 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.

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 obtained and kept 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. Members of the team checked the expiry dates of stock every two months. A date checking matrix was signed as a record, 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. Records of any action taken, when and by whom were kept showing how the pharmacy responded to alerts.

## 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. 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. 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
<span>✓ Excellent practice</span>	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>✓ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span>✓ Standards met</span>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.