

Registered pharmacy inspection report

Pharmacy Name: Avenham Pharmacy, 42 Avenham Lane, PRESTON,
Lancashire, PR1 3TS

Pharmacy reference: 1085315

Type of pharmacy: Community

Date of inspection: 02/07/2019

Pharmacy context

This is a community pharmacy, situated in the residential area of Avenham near Preston city centre. The pharmacy dispenses NHS prescriptions, private prescriptions, sells over-the-counter medicines and provides a minor ailment service. A number of people receive their medicines in multi-compartment compliance aids.

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 follow 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. The pharmacy keeps the records it needs to by law. People who work in the pharmacy are given training about the safe handling and storage of data. This helps to make sure that they know how to keep private information safe.

Inspector's evidence

There was a current set of standard operating procedures (SOPs) which had been recently updated by the company. The pharmacy team were in the process of signing these to say they had read and accepted the SOPs.

Near miss errors were recorded on a paper log and the records were reviewed monthly by the pharmacist. The pharmacist said she would discuss the review with staff each month. The pharmacist would also highlight mistakes to staff at the point of accuracy check and staff were asked to rectify their own errors. She gave examples of action that had been taken to help prevent similar mistakes, which included moving sildenafil away from sertraline and using plain tablet boxes to segregate stock with similar packaging.

A recent dispensing error involved the supply of a medicine with an incorrect dispensing label attached to it. The pharmacist said this was because she had self-checked the medicines without asking for a second check from another dispenser. She had recorded some details of the incident on the near miss log, but there was not enough information to identify the patient or the underlying factors. So the pharmacy may not be able to show exactly what happened and some learning opportunities may be missed.

Roles and responsibilities of the pharmacy team were described in individual SOPs. The dispenser was able to describe what her responsibilities were and was also clear about the tasks which could or could not be conducted during the absence of a pharmacist. Staff wore a standard uniform. The responsible pharmacist (RP) had their notice displayed prominently.

The pharmacy had a complaints procedure. This was described in the practice leaflet and it advised people they could give feedback to members of the pharmacy team. Complaints would be recorded on a standard form to be followed up by the pharmacist.

A current certificate of professional indemnity insurance was on display in the pharmacy. Controlled drugs (CDs) registers were maintained. The balances of two random CDs were checked and both found to be accurate. The balance of another CD was found to be incorrect due to a missed entry; which was promptly rectified by the pharmacist. Patient returned CDs were recorded in a separate register. Some stock had been transferred to another pharmacy without the use of standard CD requisition forms. This does not comply with current guidance and makes the movement of CDs more difficult to audit. Records for the RP, private prescriptions, emergency supplies and unlicensed specials appeared to be in order.

An information governance (IG) policy was available. The pharmacy team had completed IG training and

had signed confidentiality agreements. When questioned, the dispenser was able to explain how confidential information was segregated into a bag for removal by a waste carrier. The company's privacy notice was on display and described how information was handled and stored.

Safeguarding procedures were available, and these had been read by the pharmacy team. The pharmacist said she had completed level 2 safeguarding training. Contact details of the local safeguarding board were on display in the dispensary. The dispenser said she would initially 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 properly trained for the jobs they do. The pharmacy team complete some additional training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included two pharmacists, and four dispensers. All members of the team had completed the necessary training for their roles.

The normal staffing level was a pharmacist and two dispensers. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system. Relief staff were available to provide cover from another nearby branch.

The company provided the pharmacy team with some additional learning, for example they had recently completed a training pack about children's oral health. The training topics appeared relevant to the services provided and those completing the learning. But further learning was not provided in a structured or consistent manner, and records were not always kept. So learning needs may not always be fully addressed.

The dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales she felt were inappropriate and refer people to the pharmacist if needed. The pharmacist said she felt able to exercise her professional judgement and this was respected by the company and the pharmacy team. The dispenser said she received a good level of support from the pharmacist and felt able to ask for further help if she needed it. Staff did not receive appraisals, so development needs may not always be identified.

Staff were aware of the whistleblowing policy and staff said that they would be comfortable reporting any concerns to a director or SI. There were no performance targets set.

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. A sink was available within the dispensary. Customers were not able to view any patient sensitive information due to the position of the dispensary and access was restricted by use of a gate.

The temperature was controlled by the use of air conditioning units. Lighting was sufficient. The staff had access to a kettle, microwave, separate staff fridge, and WC facilities.

A consultation room was available with access restricted by use of a lock. 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 they are generally well managed. But the pharmacy does not always highlight important information about medicines that are waiting to be collected. So the pharmacy team may not always check that the medicines are still suitable, or give people advice about taking them. The pharmacy gets its medicines from appropriate sources, stores them appropriately and carries out checks to help make sure that they are in good condition.

Inspector's evidence

Access to the pharmacy was via a single door and a portable ramp was available for people who needed it. There was wheelchair access to the consultation room. Pharmacy practice leaflets gave information about the services offered. Pharmacy staff were able to list and explain the services provided by the pharmacy. If the pharmacy did not provide a particular service staff were able to refer patients using a signposting folder. The pharmacy opening hours were displayed at the entrance of the pharmacy and a range of leaflets provided information about various healthcare topics.

There were local restrictions in the area which prevented the pharmacy from ordering prescriptions on behalf of people. The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and a delivery sheet was in use. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

Dispensed by and checked by boxes were initialled on dispensing labels to provide an audit trail. Dispensing baskets were used for segregating individual patients' prescriptions to avoid items being mixed up and the baskets were colour coded to help prioritise dispensing. Owing slips were in use to provide an audit trail if the full quantity could not be immediately supplied.

Dispensed medicines awaiting collection were segregated away from the dispensing area on a collection shelf using an alphabetical 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 CDs were highlighted so that staff could check prescription validity at the time of supply. However; schedule 4 CDs were not. So there is a risk that these medicines could be supplied after the prescription had expired. High risk medicines (such as warfarin, lithium and methotrexate) were not routinely highlighted. So the pharmacy team may not be aware when they are being handed out in order to check that the supply is suitable for the patient. The staff 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 said she would speak to any patients who were at risk and make them aware of the pregnancy prevention programme, which would be recorded on their PMR.

Some medicines were dispensed in compliance aids. A record sheet was kept for all compliance aid patients; containing details of current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge information was sought. Disposable equipment was used to provide the service, and the compliance aid packs were labelled with medication descriptions and a dispensing check audit trail. Patient information leaflets (PILs) were

not routinely supplied. This is a legal requirement and without the leaflets people may not always have all the information they might need.

Medicines were obtained from licensed wholesalers, with unlicensed medicines sourced from a special's manufacturer. The pharmacy was not yet meeting the safety features of the Falsified Medicines Directive (FMD), which is now a legal requirement. Equipment was installed but the pharmacy team had yet to commence routine safety checks of medicines.

Stock was date checked on a two monthly 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 marked with the month of expiry written on. Liquid medication did not always have the date of opening written on, including a bottle of Morphine sulphate oral solution which expired three months after opening. So members of the pharmacy team may not know how long the medicines had been open or whether they remained fit for purpose.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. There was a clean medicines fridge with a minimum and maximum thermometer. The minimum and maximum temperature was being recorded daily and records showed they had been within the required range for the last three months. Patient returned medication was disposed of in designated bins for storing waste medicines located away from the dispensary.

Drug alerts were received electronically by email. Alerts were printed, action taken was written on, and stamped with the date before being filed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy's team members have access to the equipment they need for the services they provide.

Inspector's evidence

The staff 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 were no stickers attached to indicate they had been PAT tested. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for CDs. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication

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 staff 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. Substance misuse clients were directed to the use of the consultation room to provide 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.