General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Well, Freckleton Health Centre, Douglas Drive, Freckleton, PRESTON, Lancashire, PR4 1RY

Pharmacy reference: 1090810

Type of pharmacy: Community

Date of inspection: 01/03/2023

Pharmacy context

This is a community pharmacy inside a medical centre with two GP surgeries. It is situated in the village of Freckleton, on the Fylde coast. There is no other pharmacy provision within the village and the next closest pharmacy is 3 miles away. The pharmacy 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 aids for some people to help them take the 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. 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. They record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again.

Inspector's evidence

There was an electronic set of standard operating procedures (SOPs) covering the pharmacy's services and they were regularly updated by the head office. Members of the pharmacy team read the SOPs then completed a short quiz to check they understood each one. When they passed the quiz the SOP could be set as completed on their training record

Near miss incidents were recorded electronically. The pharmacist said he spoke to team members about their mistakes at the point of the accuracy check. Records of near misses were reviewed each month by the pharmacist, and he discussed any common themes he identified with the team.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A trainee dispenser was able to explain what her 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) had their notice displayed prominently. The pharmacy had a complaints procedure. Details of the complaints procedure were displayed in the consultation room. This meant they were not visible to some people, which meant they may not understand how they could raise concerns. Any complaints the pharmacy received were recorded and followed up by the pharmacy manager. 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 electronically maintained with running balances recorded. Two random balances were checked, and one was found to be incorrect. After the inspection the pharmacist confirmed the erroneous balance had been investigated and rectified. Patient returned CDs were recorded.

An information governance (IG) policy was available. The pharmacy team completed IG training. When questioned, a trainee dispenser was able to describe how confidential information was segregated to be removed by a waste carrier. Information about how people's data was handled was on display within the retail area. Safeguarding procedures were included in the SOPs and the pharmacy team had completed safeguarding training. Contact details for the local safeguarding team were available. The pharmacist had completed level 2 safeguarding training. A trainee 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 appropriately trained for the jobs they do. Members of the pharmacy team complete training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included a pharmacist manager, and three dispensers, one of whom was trained and the other two were on accredited training courses. The usual staffing level was a pharmacist and two or three dispensers. There had been several recent changes to the pharmacy team. This included changes in branch management and leadership. The new pharmacist manager had been in post for about 6 weeks. The workload appeared to be sufficiently managed.

The pharmacy provided the team with a structured e-learning training programme. Training topics were mainly related to the services provided. Training records were kept showing that ongoing training was up to date. Staff were allowed learning time to complete training.

A dispenser trainee gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines she felt were inappropriate, and refer people to the pharmacist if needed. The pharmacist said he felt able to exercise his professional judgment and this was respected by members of the pharmacy team. The dispenser said she felt a good level of support from the pharmacist manager, and she felt the team were working well together. The team routinely discussed their work, including any issues which had arisen. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager. The pharmacist said he did not feel under pressure to achieve any targets set by the company.

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. Customers were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled by use of an air conditioning unit. Lighting was sufficient. Members of the team had access to a kitchenette area and WC facilities.

A consultation room was available and access to it could be restricted by use of a lock. The space was generally clutter free with a desk, seating, adequate lighting, and a wash basin.

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 ensure they are being used appropriately.

Inspector's evidence

Access to the pharmacy was level via a medical centre and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Pharmacy branded leaflets gave information about the services offered and information was also available on the website. Pharmacy staff were able to list and explain the services provided by the pharmacy. 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 dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing.

Some medicines were dispensed by 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 on 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. The pharmacist checked one or two bags each day to get assurance that the accuracy of the dispensed medicines was as expected.

Some medicines were dispensed in multi-compartment compliance aids. 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, and a note was made in the communications log. Hospital discharge sheets were 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.

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. Staff 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. High-risk medicines (such as warfarin, lithium and methotrexate) were also highlighted. Members of the team were seen to counsel patients taking high-risk medicines and check their latest test results, and this was 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 had completed an audit and spoken to patients who were at risk to make sure they were aware of the pregnancy prevention programme. And this had been recorded on their PMR.

The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and recorded onto an electronic device. This was used to obtain signatures from the recipient to confirm delivery. Unsuccessful deliveries were returned to the pharmacy and a card posted through the person's 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 on a 3-month basis. An electronic diary was used to show what had been checked, but there were some gaps in the records. The pharmacist said that date checking had been completed, but team members sometimes forgot to make a record after it had been completed. Short-dated stock was highlighted using a sticker. Liquid medication had the date of opening written on. A spot check of medicines did not find any that were out-of-date.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. 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. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received electronically from the head office. Details of the action taken, by whom and when were recorded to show how they had been dealt with.

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 have processes to ensure equipment is properly maintained.

Inspector's evidence

Members of the team had access to the internet for general information. This included access to the BNF, BNFc and Drug Tariff resources. According to the stickers attached, electrical equipment had last been PAT tested in November 2022. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for methadone. The pharmacy also had counting triangles for counting loose tablets.

Computers were password protected and screens were positioned so that they were not 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.