General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Halton Pharmacy, 110 High Road, Halton, LANCASTER, Lancashire, LA2 6PU

Pharmacy reference: 1093189

Type of pharmacy: Community

Date of inspection: 28/03/2023

Pharmacy context

This is a community pharmacy located inside a small GP surgery. It is situated in the village of Halton, North-East of Lancaster. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. The pharmacy supplies medicines in multi-compartment compliance aids for some people to help them take the medicines at the right time. A post office counter, operated by a different company, was located inside the pharmacy's retail area.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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 had written procedures to help the team work effectively. But the procedures had not been fully adopted. So members of the team may not always understand what is expected of them. The pharmacy keeps the records it needs to by law. And members of the team understand how to keep private information safe. They record things that go wrong and discuss them to help identify learning. But they do not review the records. So learning opportunities may be missed and there could be a similar mistake.

Inspector's evidence

A folder contained a set of standard operating procedures (SOPs). These were 'off-the-shelf' procedures which had been recently printed. But none of the procedures had been signed by the superintendent (SI) to say he had checked the procedures. So it was not clear whether they always reflected current practice in the pharmacy. Members of the team were in the process of reading and signing the updated SOPs.

Near miss incidents were recorded on a paper log. But the records were not reviewed to help identify any underlying concerns. The pharmacist said she discussed mistakes with team members at the point of accuracy check and asked them to rectify their own errors. She gave examples of action which had been taken to help prevent similar mistakes. Such as moving different strengths of bendroflumethiazide away from one another to avoid picking errors. Dispensing errors were investigated and recorded. But some of the records lacked details about any action being taken to prevent the error being repeated. And there were no further details about whether learning outcomes had been identified.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A 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. Staff wore standard uniforms and had badges identifying their names and roles. The responsible pharmacist (RP) notice was on display. The pharmacy had a complaints procedure. But details about it were not displayed, which meant people may not know how to give feedback or raise concerns. A current certificate of professional indemnity insurance was available.

Records for the RP and private prescriptions 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. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. Members of the team understood the need to protect people's information, but they had not completed any training so they may not always fully understand their responsibilities. When questioned, a dispenser was able to correctly describe how confidential information was segregated and removed by a waste carrier. Leaflets were available about how people's information was stored by the pharmacy.

Members of the pharmacy team understood some of the signs of potential safeguarding concerns. And they had completed some training about domestic violence. The pharmacist said she had completed level 2 safeguarding training. But there were no safeguarding procedures available to make clear how

concerns should be dealt with.

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 some additional training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included a pharmacist and four dispensers. All members of the team were appropriately trained. There was usually a pharmacist supported by two to three dispensers. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system.

Members of the pharmacy team completed some additional training, for example they had recently completed a training pack about domestic violence. But further training was not provided in a structured or consistent manner. And appraisals were not routinely provided to team members. So learning and development needs may not always be fully identified or addressed. A dispenser 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 she felt able to exercise her professional judgement and this was respected by members of the team.

The dispenser said she felt a good level of support from the pharmacist and was able to ask for additional help if she needed it. The team were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the pharmacist or SI. Targets were set for the new medicines service, but the pharmacist said she did not feel under pressure to achieve these.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A room is available to enable private conversations.

Inspector's evidence

The pharmacy was located in an annex connected to a small GP surgery. It was clean and tidy, and appeared adequately maintained. Part of the retail area was used as a post office counter. This was a separate business to the pharmacy and staffed by people from another company, who were not permitted to access the dispensary area. The size of the dispensary was sufficient for the workload. A false wall had been constructed within the retail area to help prevent the spread of COVID during the pandemic and was due to be dismantled in the upcoming months. People were served through several hatches within the false wall. The temperature was controlled using an air conditioning unit. Lighting was sufficient. Members of the team had access to a kitchenette area and WC facilities. But due to the lack of available space, the kitchenette was also used as a consultation room. This detracted from the professional image expected of a healthcare consultation area.

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

Access to the pharmacy was level via a single door and was suitable for wheelchair users. But there was little information on display about the services offered due to a false wall that had been installed during the COVID pandemic. So people may not always know what services are available. The pharmacy opening hours were displayed.

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.

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. Staff were seen to confirm the patient's name and address when medicines were handed out. The pharmacy had a system in place to ensure prescriptions remained valid at the time of supply. And members of the team understood 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 patients who were at risk to make sure they were aware of the pregnancy prevention programme. But there was no process to routinely highlight high-risk medicines (such as warfarin, lithium and methotrexate).

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. The GP surgery provided a paper notification about any medication changes, and hospital discharge information was sought. Records of changes and hospital discharge information 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 and records of deliveries were kept. Unsuccessful deliveries would be 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 routinely date checked and records of completed date checking were kept. Any short-dated stock was marked using a highlighter pen to alert team members about its

presence. Liquid medication had the date of opening written on. Controlled drugs were stored appropriately in the CD cabinets, with clear segregation between current stock, patient returns and out of date stock. There was a clean medicines fridge with a thermometer. The minimum and maximum temperatures were 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 by email from the MHRA. Alerts were printed, and details of any action taken was written onto the alert, signed and dated.

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

Members of the 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.