

# Registered pharmacy inspection report

**Pharmacy Name:** Leyland & Farington Pharmacy, 8/9 Clifton Parade,  
Farington, LEYLAND, Lancashire, PR25 4YU

**Pharmacy reference:** 1101206

**Type of pharmacy:** Community

**Date of inspection:** 08/08/2023

## Pharmacy context

This is a community pharmacy situated on a small parade of shops. It is located in a residential area of Leyland, in Lancashire. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations, a minor ailment service and emergency hormonal contraception. 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	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 things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again. But they do not always review the records, so they may miss some learning opportunities. 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

The pharmacy had a set of standard operating procedures (SOPs). Members of the pharmacy team had signed training sheets to show 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 reviewed the records and discussed any learning points with team members. He would also highlight mistakes to staff at the point of accuracy check and ask them to rectify their own errors. But he admitted the pharmacy had not completed a review of the records for some time, so may not have identified underlying factors. Examples of action taken to help prevent similar mistakes included using reminder cards in the dispensary location of different strengths of metformin to help prevent a picking error.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A trainee 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. Members of the team wore standard uniforms. The responsible pharmacist (RP) had their notice on display. The pharmacy had a complaints procedure which was explained in the practice leaflet. It advised people they could discuss any concerns or feedback with the pharmacy team. 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 suitably maintained and checked weekly. Two random balances were checked, and both were found to be accurate. Patient returned CDs were recorded in a separate register.

Written information governance (IG) procedures were available in a folder. And members of the team had completed IG training. When questioned, a dispenser was able to correctly describe how confidential information was segregated and removed by a waste carrier. A notice in the retail area explained how the pharmacy handled and stored people's information. Safeguarding procedures were included in the SOPs, and the pharmacy team had completed safeguarding training. The pharmacist had completed level 2 safeguarding training. Contact details for the local safeguarding team were on display. A 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 some additional training to help them keep their knowledge up to date.

### Inspector's evidence

The pharmacy team included a pharmacist, who was the superintendent (SI), two pharmacy technicians, a dispenser trained to accuracy check, three dispensers, and a trainee dispenser. All members of the pharmacy team were appropriately trained or on accredited training programmes. There was usually a pharmacist supported by four other members of the team. The volume of work appeared manageable. Staffing levels were maintained by a staggered holiday system.

Members of the pharmacy team completed some additional training, for example they had recently completed a training pack about viral infections. Training records were kept showing the training which had been completed. But further training was not provided in a structured or consistent manner. So learning needs may not always be fully addressed.

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. The team were seen to be working well together and supporting one another with the workload and any queries which arose. Appraisals were conducted quarterly by the SI. A dispenser said she felt the appraisal programme was a good opportunity to receive feedback about her performance, and she felt able to speak about any concerns she had. There were regular team meetings about 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 professional based targets in place.

## 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. People were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled using electric heaters and fans. Lighting was sufficient. Team members had access to a kitchenette and WC facilities.

A consultation room was available. The space was clutter free, with seating and a desk. 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

There was suitable access to the pharmacy. A bell was available for people to use if they required help opening the door. Pharmacy practice leaflets gave information about the services offered and team members 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 had a delivery service. They used electronic software to manage deliveries and the records of 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. 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 a numerical 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 alerted the team of any prescriptions containing schedule 3 and 4 CDs which were due to expire, so they could remove them from the collection shelf. But the pharmacy did not have a process to routinely counsel people taking high-risk medicines (such as warfarin, lithium, and methotrexate). 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. And an audit had been completed to identify people who may be at risk. The pharmacist said he would speak to patients prescribed valproate to check the supply was suitable, but that there were currently no patients meeting the risk criteria.

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 sought, and previous records were retained for future reference. But the compliance aids were not routinely labelled with descriptions. So people may not always be able to identify the individual medicines. And patient information leaflets were not routinely provided. So people may not always have up-to-date information to help people take their medicines safely.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. A date checking programme was in place, and records were kept showing what had been checked. Short-dated stock was highlighted using a sticker and 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 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 a 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

Team members 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. Separate measures were designated and used for methadone. 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
✓ 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.