

# Registered pharmacy inspection report

**Pharmacy Name:** HBS Pharmacy, St. Fillans Medical Centre, 2  
Liverpool Road, Penwortham, PRESTON, Lancashire, PR1 0AD

**Pharmacy reference:** 1103445

**Type of pharmacy:** Community

**Date of inspection:** 21/11/2019

## Pharmacy context

This is a community pharmacy situated inside a medical centre. It is located in the residential area of Penwortham, south-west of Preston city centre. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over the counter medicines. It also provides a range of services such as seasonal flu vaccinations, a minor ailment service and emergency hormonal contraception. A number of people receive their medicines inside 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
<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. 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 and discuss things that go wrong, but they do not analyse the records, so they may miss some learning opportunities.

### Inspector's evidence

There was a set of Standard Operating Procedures (SOPs) which were issued in April 2019. The pharmacy team had signed to say they had read and accepted the SOPs.

Dispensing errors were recorded electronically. The most recent error involved the supply of an incorrect quantity of Zomorph 10mg capsules. The pharmacist investigated the error, reported it to the local CDAO, and discussed his findings with the pharmacy team. To help prevent a similar mistake, the pharmacy team said they would re-count the remaining balance and check it was correct against the CD register. Near miss incidents were recorded on a paper log. The pharmacist said he would discuss the records with the pharmacy team at the end of the month. But records were not analysed to help identify any underlying factors. The pharmacist said he would highlight near miss errors to members of the pharmacy team at the point of an accuracy check. He gave examples of action that had been taken to help prevent similar mistakes. For example, placing a 'check strength' sticker in the dispensary location of carbamazepine.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A dispenser was able to describe what their responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Staff did not have a standard uniform or badges to identify their name and role. So people may not be clear about what role the member of the pharmacy team plays. The responsible pharmacist (RP) had their notice displayed prominently. The pharmacy had a complaints procedure. A notice in the retail area advised people they could discuss any concerns or feedback with the pharmacy team. Complaints were recorded to be followed up by the superintendent (SI). A current certificate of professional indemnity insurance was on display.

Records for the RP, private prescriptions, emergency supplies and unlicensed specials appeared to be in order. Controlled Drugs (CDs) registers were maintained electronically with running balances recorded and checked weekly. Two random balances were checked and found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available in a folder. The pharmacy team had completed in-house training and each member had a signed confidentiality agreement. When questioned, a dispenser was able to correctly describe how confidential waste was segregated to be shredded using the on-site shredder. A poster in the retail area provided information about how the pharmacy handled patient data.

Safeguarding procedures were included in the SOPs. The pharmacy team had in-house training and the pharmacist said he had completed level 2 safeguarding training. Contact details of the local safeguarding board were on display within 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. 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, a pre-registration pharmacist (Pre-reg), a pharmacy technician, and five dispensers – one of whom was also the driver. The pharmacy team were adequately trained or in accredited training programmes. The normal staffing level varied due to the pharmacy's prolonged opening hours. Staff worked to a rota so that there was always another member of staff present to support the pharmacist, and during the core hours of 9am to 6pm there was a pre-reg and two other staff. The volume of work appeared to be managed. Staffing levels were maintained by a staggered holiday system.

The company provided the pharmacy team with some additional learning such as dementia friends and healthy living pharmacy modules. These appeared relevant to the services provided and those completing the learning. But training was not provided in a structured or consistent manner. So learning needs may not always be fully addressed.

A dispenser gave an example of how he would sell a Pharmacy Only medicine using the WWHAM questioning technique and refer to the pharmacist if needed. The superintendent pharmacist said he felt able to exercise his professional judgement and this was respected by the pharmacy manager and directors of the company. A dispenser said she felt well supported by the pharmacist and felt able to ask for further help if she felt she needed it.

Appraisals were conducted by the pharmacy manager. A dispenser said she felt that the appraisal process was a good chance to receive feedback about her work. Staff were aware of the whistle blowing policy in place and said that they would be comfortable to escalate any concerns to the manager or SI. There were no performance targets set for pharmacy services.

## Principle 3 - Premises ✓ Standards met

### Summary findings

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

### Inspector's evidence

The pharmacy was generally clean and tidy and appeared adequately maintained. The dispensary was small, but the workload was managed to make best use of the space. For example, by completing tasks such as assembly of compliance aids during quieter weekend periods. A sink and washing facilities were available within the dispensary. Customers were not able to view any patient sensitive information due to the position of the dispensary. Access to the dispensary was restricted by the position of the counter. The temperature was controlled in the pharmacy by the use of a thermostatic air conditioning unit. Lighting was sufficient. The staff had access to a kettle and WC facilities.

A consultation room was available. There was a computer, desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted and indicated if the room was engaged or available. A chaperone policy was on display inside the room. But the consultation room was cluttered with boxes and staff belongings. This does not provide a professional appearance expected of a consultation room.

## 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.

### Inspector's evidence

Access to the pharmacy was via an automatic door and was suitable for wheelchair users. The consultation room was wheelchair friendly and the PMR system was capable of producing large print font. Pharmacy practice leaflets gave information about the services offered and the pharmacy's opening hours. Pharmacy staff were able to list and explain the services provided by the pharmacy. A range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and a delivery sheet was used to obtain patient signatures on receipt of the medication. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. CDs were recorded on a separate delivery sheet for individual patients and a separate signature obtained on receipt 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 collection 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. Staff were seen to confirm the patient's name and address when medicines were handed out.

Schedule 3 and 4 CDs stored on collection shelves were usually highlighted to indicate their presence so that staff could check prescription validity at the time of supply. The pharmacist said he would highlight any high-risk medicines (such as valproate, warfarin, lithium and methotrexate) to provide counselling to the patient. An example of a counselling record was seen on the patient's PMR. 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 he would speak to any patients who were at risk to make sure they were aware of the pregnancy prevention programme, which would be recorded on their PMR.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacist would complete an assessment about their suitability, but this was not recorded. This would be a useful record in the event of a query or a concern. A record sheet was kept for each patient, containing details of their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. 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 a dispensing check audit trail and patient information leaflets (PILs) were routinely supplied. But medication descriptions were not routinely written onto the compliance aids. So, people may not always be able to identify their

medicines.

The pharmacy provided a flu vaccination service using a patient group directive (PGD). A current PGD was available and the pharmacist had completed a declaration of competence to say his training met the requirements of the PGD. Records were kept, and the patient's GP was informed following a vaccination.

The pharmacy was not yet meeting the safety features of the falsified medicine directive (FMD), which is now a legal requirement. Equipment was installed but the pharmacy team had yet to commence routine checks of medicines. Expiry dates of medicines were generally date checked on a monthly basis. A date checking matrix was signed by staff and shelving was cleaned as part of the process. 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. There was a clean medicines fridge with a minimum and maximum thermometer. The minimum and maximum temperature was being recorded daily and records showed it had remained in range. Patient returned medication was segregated from current stock in DOOP bins located away from the dispensary. Drug alerts were received electronically by via electronic software. This also recorded details of the action taken and by whom.



## 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

The staff had access to the internet for general information. This included access to medicine information on the BNF, BNFC and drug tariff resources. All electrical equipment appeared to be in working order. According to the stickers attached, electrical equipment had been PAT tested in May 2015. There was a selection of liquid measures, some 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 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.