# Registered pharmacy inspection report

**Pharmacy Name:** O'Briens Pharmacy, Fleetwood Health & Wellbeing Centre, Dock Street, FLEETWOOD, Lancashire, FY7 6HP

Pharmacy reference: 1118165

Type of pharmacy: Community

Date of inspection: 02/02/2024

## **Pharmacy context**

This is a community pharmacy situated inside a large health centre. It is on a major road in the seaside town of Fleetwood, on the Fylde and Wyre coastline 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, COVID vaccinations and emergency hormonal contraception. It also provides a face-to-face private prescribing service for travel health, and minor ailment conditions.

## **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 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 a current set of standard operating procedures (SOPs) covering the pharmacy's services, and the stated date of review was June 2024. Members of the pharmacy team had signed to say they had read and accepted the SOPs. The pharmacy offered an in-house prescribing service for travel vaccinations, and minor ailments. The service was provided by two pharmacist independent prescribers (PIPs) and all consultations were conducted face to face. Written procedures also were available for the prescribing service. This included travel vaccination consultations and an antimicrobial prescribing policy. A risk assessment had been completed for the prescribing services. However, some of the controls put in place lacked actions or checks to verify the mitigation. For example, the risk assessment questioned whether the prescriber was following national guidelines. The national guidelines were used as a control to reduce the risk of inappropriate prescribing. But there had not been an audit to check if the prescribers were adhering to the guidelines. So, it is not clear how effective the risk assessment was or whether further action needed to be implemented.

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 electronically and the records were reviewed each month. The superintendent (SI) explained there were very few mistakes made since the pharmacy had installed a new patient medical record system, which used barcode technology to accuracy check their work. The SI would highlight mistakes to members of the team at the point of accuracy check and ask them to rectify their own errors to help them learn from it. To help prevent picking errors, the pharmacy had moved risperidone and ropinirole away from each other in the dispensary.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A 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. Staff wore standard uniforms and had badges identifying their names and roles. The correct responsible pharmacist (RP) notice was on display. 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. Any complaints would be recorded and sent to the head office to be followed up. 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 and generally checked weekly. Two balances were checked at random, and both found to be correct. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. Members of the team completed e-learning about protecting people's information. When questioned, a dispenser was able to explain how confidential information was separated and removed by a waste carrier. A notice in the retail area provided information about how the pharmacy handled and stored people's information. Safeguarding procedures were available. The SI had completed level 2 safeguarding training. Members of the team knew where to find the contact details for the local safeguarding board. A technician said they would initially report any concerns to the pharmacist on duty.

## Principle 2 - Staffing ✓ Standards met

### **Summary findings**

There are enough team members 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 also SI, a trainee pharmacist, two pharmacy technicians, one of whom was trained to accuracy check, five dispensers and two medicine counter assistants. All members of the pharmacy team were appropriately trained. The volume of work appeared to be well managed. Staffing levels were maintained by part-time staff and a staggered holiday system. Relief staff could also be requested from nearby branches.

Members of the pharmacy team completed some additional training, for example they had recently completed a training pack about the new NHS Pharmacy First scheme. 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 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.

A competency self-assessment had been completed for the pharmacist independent prescribers (PIP) who provided the prescribing service. The self-assessment considered a particular prescribing area, such as travel vaccinations, and reviewed the competencies of the PIP for different parts of the prescribing process. This included consultation format, assessment of people, diagnosis, safe prescribing, and transfer of care. Peer reviews were included as part of the self-assessment, which helped to identify any gaps in the PIP's learning.

The team were seen working well together, and team members felt they received a good level of support from the SI. Appraisals were conducted annually. A technician explained the appraisal process and felt able to discuss any of their own concerns during their appraisal. There was no formal team meeting, but each morning members of the team discussed the work for the day and any updates. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the head office or SI. There were personal targets given to the SI by the company. The SI explained that these did not affect his professional judgement.

## 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 by the use of air conditioning units. Lighting was sufficient. Team members had access to a kitchenette and WC facilities.

A consultation room was available. 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 and indicated if the room was engaged or available.

## 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 licensed sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. The pharmacy team provides counselling to people when they come to collect their medicines, which helps to ensure they are using the medicines appropriately.

#### **Inspector's evidence**

Access to the pharmacy was step-free via the health centre and was suitable for those with wheelchairs. Various posters and leaflets gave information about the services offered and about healthcare topics. Information about services was also available on the website. The pharmacy opening hours were on display.

The pharmacy had a delivery service. Deliveries were separated after an accuracy check was completed and electronic signatures were obtained from the recipient to confirm delivery. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

The pharmacy used a patient medical record (PMR) system which had built-in accuracy checking software. Prescriptions were organised into different 'workflows' on the PMR system and assigned to different roles within the pharmacy team. The first workflow upon receipt of a prescription was for a pharmacist to perform the clinical check of each prescription. The prescription was then released to a dispenser, who would pick the stock and scan each box of medication using the PMR system. If the medication matched the electronic prescription, a dispensing label would print, and the dispenser would affix this to the box. If it did not match the dispenser had to amend the product or request assistance from the pharmacist. The pharmacist did not perform a further accuracy check unless the medicine fell within an exception category programmed by the SI. For example, a CD, or a high-risk medicine, such as valproate. The PMR system kept an audit trail of who carried out each stage of the process.

The pharmacy used handheld devices linked to the PMR system. These kept a record of the location of dispensed medicines, which were ready to be collected. Members of the team confirmed the person's name and address on the device, before using a barcode to check it was the correct bag before it was handed over. The device would flag to the team member if the prescription was due to expire. For example, controlled drug prescriptions which expired 28 days after the date it was issued. The pharmacist also attached any notes so that the prescription was flagged when the medicines were collected. For example, any medicines which required referral to the pharmacist for counselling.

The pharmacy had completed an audit on anticoagulant medicines in 2023 to check people had received appropriate counselling about their medicines. But they did not routinely flag or audit other high-risk medicines. So, some people may miss out on counselling opportunities. Members of the team were aware of the risks associated with the use of valproate during pregnancy, and the need to supply valproate in its original packaging. Educational material was supplied when the medicines were supplied. All valproate medicines would be flagged to the pharmacist by the PMR to receive a physical

accuracy check, which helped as a reminder to check whether the patient was at risk and ensure they were aware of the pregnancy prevention programme. And this was recorded on their PMR.

The pharmacy's private prescribing service was offered on an appointment-only basis. Consultations were provided face to face, to people in the pharmacy's consultation room. A template consultation form was used to help ensure the necessary information was collected and recorded. And the outcome from the consultation was recorded, such as if treatment was prescribed or if the person was referred to another healthcare provider. The consultation records appeared to be in order and the examples seen contained sufficient detail including any examinations, questions about red flag symptoms or safety netting. The prescriber would notify the person's GP if they consented to this information being shared. If a person refused, the pharmacist would consider the risk and document the reasons for continuing or stopping the consultation.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Stock was date checked every three months. 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 highlighted using a sticker and recorded in a diary for it to be removed at the start of the month of expiry. Liquid medication had the date of opening written on. Controlled drugs were stored appropriately in the CD cabinets, with clear separation between current stock, patient returns and out of date stock. CD denaturing kits were available for use.

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 for the last 3 months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received electronically. Members of the team recorded what action had been taken when alerts had been received.

## 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 British National Formulary (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, which were kept clean. The pharmacy had a historical tablet counter, which operated by drop counting the tablets. However, it required cleaning. Team members said they would turn the counter off until it had been suitably cleaned and checked for accuracy.

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.

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.	

## What do the summary findings for each principle mean?