

# Registered pharmacy inspection report

**Pharmacy Name:** Miller Road Pharmacy, 200 Miller Road, Ribbleton, PRESTON, PR2 6NH

**Pharmacy reference:** 1118731

**Type of pharmacy:** Community

**Date of inspection:** 22/01/2024

## Pharmacy context

This is a community pharmacy inside a medical centre. It is situated in the residential area of Ribbleton, east of Preston city centre. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. The pharmacy supplies some medicines in multi-compartment compliance packs to 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. The pharmacy keeps the records it needs to by law. And members of the team understand the need to keep private information safe. Members of the team discuss things that go wrong so that they can learn from them. But they do not always keep records of their mistakes. So they may miss some learning opportunities.

### Inspector's evidence

There was a set of standard operating procedures (SOPs). These had been recently reviewed by the superintendent (SI) pharmacist. 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. A paper log was available to record any near miss incidents. The SI explained that it had not been used for some time as most members of the team kept their own error logs as part of their training courses. But not all members of the team were keeping error logs. And there was no collective review of the records to help identify learning. To help prevent a picking error, the pharmacy team had moved quetiapine and quinine away from one another on the dispensary shelves.

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. 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. Any complaints would be recorded and followed up by the SI. 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 maintained with running balances recorded. Audits of running balances were completed weekly. 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 pharmacy team had read the IG policy. When questioned, a trainee dispenser was able to explain how confidential information was destroyed using the on-site shredder. Details about how the pharmacy handled and stored people's information was on display. Safeguarding procedures were included in the SOPs and had been read by team members. The pharmacist had completed level 2 safeguarding training. Contact details for the local safeguarding board were on display in the dispensary. A dispenser explained how she would report any concerns she had 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 two pharmacists, one of whom was the SI, and three dispensers, two of whom were in training. All members of the pharmacy team were appropriately trained or on accredited training programmes. The volume of work appeared to be managed. Staffing levels were maintained by a staggered holiday system.

Members of the pharmacy team completed some additional training, for example they had completed a training pack required as part of the NHS pharmacy quality scheme. The SI provided training about medicines, formulations and specific products to help educate the team about what they were dispensing. But records of this activity were not always kept so the pharmacy could not show who had attended the training and when.

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 SI had held a team meeting and given additional training to help ensure the team fully understood the risks associated with selling medicines that contain opiates. A dispenser said they felt well supported by the pharmacist and able to ask for help if they needed it. Appraisals were conducted annually by the SI. 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 and access to it was restricted by use of a gate. Customers were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled by the use of electric heaters. Lighting was sufficient. Team members had access to a kitchenette and WC facilities.

A consultation room was available and kept locked when not in use. The space was clutter free with a desk, seating, and adequate lighting. The patient entrance to the consultation room was clearly signposted and indicated whether it was in use.

## 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 some higher-risk medicines are supplied to ensure they are being used appropriately.

### Inspector's evidence

Access to the pharmacy was suitable for wheelchair users. There was also wheelchair access to the consultation room. Various posters gave information about the services provided and the times the pharmacy was open. A range of leaflets about various healthcare topics were on display.

The pharmacy had a delivery service. Records of deliveries were kept. Any 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 record and a signature was obtained to confirm receipt.

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. 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. Members of the team were seen to confirm the patient's name and address when medicines were handed out.

The pharmacy relied upon the dispensary's computer software to flag any prescriptions which were due to expire in the next 7 days. The pharmacy had completed an audit on anticoagulant medication, to ensure people had been counselled and understood how to take their medicine safely. But there was no process to review people who took other high-risk medicines (such as lithium and methotrexate). So the pharmacy team may not always identify patients who might benefit from additional counselling. 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 team were currently completing an audit about valproate. They understood the need to supply valproate in its original pack. As part of the audit, the pharmacist was speaking to patients who were at risk to make sure they were aware of the pregnancy prevention programme. And this was recorded on their PMR.

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. Compliance aids were labelled with medication descriptions and a dispensing check audit trail. Patient information leaflets (PILs) were routinely supplied.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from

a specials manufacturer. Stock was date checked every 3-months. A date checking matrix was available for members of the team to sign as a record of what had been checked, but it had not been signed since July 2023. A trainee dispenser explained that the date checking was up to date, but the records had not been updated. Short-dated stock medicines were highlighted with stickers so that they could be removed at the start of the month of expiry. Liquid medication had the date of opening written on. A spot check of dispensary medicines did not find any out-of-date stock. 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 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 by email from the MHRA. Alerts were printed and retained, but they did not contain details of the action taken or when to demonstrate that the pharmacy had acted appropriately.

## 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. Separate measures were used for methadone to prevent cross contamination. The pharmacy also had equipment for counting loose tablets and capsules, including tablet triangles, a capsule counter, and 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.