

Registered pharmacy inspection report

Pharmacy Name: Pharmalogic, Guttridge Medical Centre, Deepdale Road, Preston, Lancashire, PR1 6LL

Pharmacy reference: 9010363

Type of pharmacy: Community

Date of inspection: 26/11/2019

Pharmacy context

This is a community pharmacy inside a medical centre. It is situated in the residential area of Deepdale, near to Preston city centre. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations and a minor ailment service. A number of people receive their medicines in 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
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 generally 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 to help identify learning.

Inspector's evidence

There was a current set of standard operating procedures (SOPs) which were issued in August 2018 and their stated date of review was July 2020. Members of the pharmacy team had electronically read and accepted the SOPs.

Dispensing errors were recorded on a standardised form. A recent error involved the supply of a medicine which should have been inside a multicompartment compliance aid. The pharmacist had investigated the error and discussed his findings with the pharmacy team. Action had been taken by re-training the staff and making a note 'pop-up' on the patient's PMR as a reminder. Near miss incidents were recorded on a paper log. The pharmacist explained that he would highlight mistakes to staff at the point of accuracy check and ask them to rectify their own errors. He said he would also discuss the near miss records with the pharmacy team at the end of the month and they would identify actions to prevent a similar mistake. But this was not documented, so some learning opportunities may be missed. Examples of action which had been taken to help prevent similar mistakes were provided by the pharmacy team. For example, moving trimethoprim 100mg and 200mg away from each other due to similar packaging.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A trainee counter assistant 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 did not wear a standard uniform or name badges. So people may not know what role they play within the pharmacy team. 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 would be recorded to be followed up by the pharmacist. A current certificate of professional indemnity insurance was on display.

Records for private prescriptions, emergency supplies, and unlicensed specials appeared to be in order. The responsible pharmacist (RP) had their notice displayed prominently and was signed in to the RP register. But the RP records did not include the times the RPs ended their tenure. So the pharmacy may not be able to demonstrate who the RP was at a specific point in time. Controlled drugs (CDs) registers were maintained with running balances recorded and checked monthly. Two random balances were checked and were both found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. The pharmacy team had read the policy and each member had a signed confidentiality agreement. When questioned, a trainee counter assistant was able to describe how confidential waste was segregated to be removed and destroyed by an external company. The pharmacy's privacy notice was on display and described how patient data was handled and stored.

Safeguarding procedures were included in the SOPs. The pharmacy team had completed in-house training and the pharmacist said he had completed level 2 safeguarding training. Contact details of the local safeguarding board were available. 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 manager, a trainee pharmacy technician, two dispensers – one of whom was in training, and two medicine counter assistants (MCA) – one of whom was in training. The pharmacy team were appropriately trained or on accredited training programmes. The normal staffing level was a pharmacist, a pre-reg and three to four other staff. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system. Relief staff from other branches could be requested if needed.

Members of the pharmacy team completed some additional training, for example they had recently completed a training pack about 'healthy living pharmacy'. Certificates of completed training were printed to maintain a record. But further training was not provided in a structured or consistent manner. So learning needs may not always be fully addressed.

A trainee MCA gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse co-codamol sales she felt were inappropriate and refer people to the pharmacist if needed. The pharmacist said he felt able to exercise his professional judgment and this was respected by the pharmacy team and the superintendent. A trainee dispenser said she received a good level of support from the pharmacist and felt able to ask for further help if she felt she needed it.

Appraisals were conducted by the pharmacy manager. A trainee dispenser said she felt that the appraisal process was a good chance to receive feedback about her performance. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the head office. There were service based targets for MURs and flu vaccinations. The pharmacist said he 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 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 a sink was available. Customers were not able to view any patient sensitive information. Access to the dispensary was restricted by the position of the counter. The temperature was controlled by the use of air conditioning units. Lighting was sufficient. The staff had access to a canteen and WC facilities.

A consultation room was available with access restricted by use of a lock. It contained a computer, desk, seating, and adequate lighting. The patient entrance to the consultation room was clearly signposted and a chaperone policy was on display.

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

The pharmacy was situated inside a medical centre, which had suitable access for wheelchair users. There was also wheelchair access to the consultation room. Various posters provided healthcare information and details of the services provided. But there was no practice leaflets or opening hours on display. So people may not be fully informed about what services they can access and when.

The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and a delivery sheet was used to obtain signatures 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. CDs were recorded on a separate delivery sheet for individual patients 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. Owing slips were in use 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 were routinely not highlighted. So there was a risk that these medicines could be supplied after the prescription had expired. High-risk medicines (such as warfarin, lithium and methotrexate) were also not routinely highlighted. So the pharmacy team were not always aware when they were being handed out in order to check that the supply was suitable for the patient. 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. The pharmacy team said they were not aware of any current patients who met the risk criteria.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacist would complete a verbal assessment about their suitability. But this was not recorded, which may be useful information in the event of a query or a concern. 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. 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 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 indicate he had the necessary training required by the PGD. Vaccination records were kept, and the patient's GP was notified following a vaccination.

Medicines were obtained from licensed wholesalers, with unlicensed medicines sourced from a specials manufacturer. 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. Stock was date checked on a monthly basis. 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 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 been within the required range for the last 3 months. Patient returned medication was disposed of in designated bins located away from the dispensary. The pharmacist said hhe received drug alerts by email from the MHRA. But there were no records kept so the pharmacy was not able to show whether appropriate action had been taken.

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 the BNF, BNFc and drug tariff resources. All electrical equipment appeared to be in working order. There were no stickers attached to indicate they had been PAT tested. 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 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.

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.