

# Registered pharmacy inspection report

**Pharmacy Name:** Longridge Travel Health Clinic, 54 Berry Lane,  
Longridge, Preston, Lancashire, PR3 3JP

**Pharmacy reference:** 9011207

**Type of pharmacy:** Closed

**Date of inspection:** 24/05/2021

## Pharmacy context

This is a registered pharmacy which provides specific services to members of the public by pre-arranged appointments. It is situated on the main high street in Longridge, a market town located outside of Preston. Examples of the pharmacy's services include the supply and administration of travel vaccinations, such as yellow fever, other vaccinations which may not be related to travel, such as hepatitis B vaccines, and COVID-19 PCR tests. The pharmacy also sells a small range of over-the-counter medicines related to travel health.

## 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 how to keep private information safe. They have systems in place to identify and manage risk, and to deal with safeguarding concerns.

### Inspector's evidence

There was a current set of standard operating procedures (SOPs), each of which described the roles and responsibilities of individual members of staff. Members of the pharmacy team had signed to say they had read and accepted the SOPs. The superintendent (SI) had completed a risk assessment for the provision of services during the COVID-19 pandemic.

The pharmacy had systems in place to identify and manage risk. The pharmacist said if an error or incident occurred, he would record it on a standardised form and identify any failings to learn from them. He said since the pharmacy had opened there had not been any incidents.

The pharmacy had a complaints procedure. A notice within the clinic provided details about how members of the public could raise any concerns or provide feedback. Any complaints would be recorded to be followed up. A current certificate of professional indemnity insurance was on display. The responsible pharmacist (RP) had their notice displayed prominently and the RP record was in order.

An information governance (IG) policy was available which had been signed by members of the team. A privacy notice was on display and described how patient information was handled. Confidential waste was segregated and destroyed using an on-site shredder.

Safeguarding procedures were included in the SOPs. The pharmacist had completed level 2 safeguarding training and provided examples of when he would raise a safeguarding concern. Contact details for the local safeguarding board were available.

## 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. The pharmacists who provide the services keep their knowledge up to date and know where to seek further information or advice when they need to.

### Inspector's evidence

The pharmacy was operated by two pharmacists – one of whom was the SI. Members of the public would be invited to visit the pharmacy by a pre-booked appointment and people generally did not visit without one. During this time, just one pharmacist would be present. Due to the nature of how the pharmacy's services were provided, the workload appeared to be managed.

The pharmacists had completed appropriate training in order to provide the available services. This included face-to-face vaccination training and yellow fever training. The pharmacist said he kept up to date by signing up to updated training packages and webinars about travel health and the services he provided. He provided examples of when he would refer the patient to their GP or contact the government's National Travel Health Network and Centre (NaTHNaC) for further advice. There were no professional based targets in place.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are suitable for the services provided and steps have been taken to make the premises COVID secure.

### Inspector's evidence

The entrance of the pharmacy led into a single room, containing a waiting area with a couch and table, and a desk with a computer. A separate room was available to use as a consultation area if the patient requested additional privacy. Members of the public could be excluded from the premises during a consultation appointment by locking the door. The pharmacy was clean and tidy, and appeared adequately maintained. The temperature was controlled by the use of central heating. Lighting was sufficient. The staff had access to a kitchenette and WC facilities.

To help prevent the spread of infection, only a limited number of people were permitted in the clinic at any one time. Markings were used on the floor to help encourage social distancing. The pharmacist was wearing a mask and has had his COVID vaccination. Both pharmacists were completing twice-a-week lateral flow tests to check for any asymptomatic COVID infections. Hand sanitiser was 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 recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition.

### Inspector's evidence

People could find information about the pharmacy's services on its website [www.longridgetravelhealthclinic.com](http://www.longridgetravelhealthclinic.com). They could then contact the pharmacy to book an appointment via phone, email or web chat. The pharmacy entrance was level via a single door and was suitable for wheelchair users. Various posters gave information about the services offered. The pharmacy opening hours were also displayed.

The pharmacy used patient group directions (PGD) in order to supply and/or administer medicines. The PGDs were available to view and appeared to be in order. They provided strict inclusion and exclusion criteria to ensure only people suitable would be supplied with a medicine. The pharmacist said the PGD supplier also provided an online dashboard which was used during a consultation. It would flag any patient who may not be suitable under the PGD due to the answers provided, which helped to decrease the risk of an inappropriate supply. The dashboard also was used as a patient medical record of any consultations or supplies made.

The pharmacy provided a COVID-19 PCR testing service for people who required a negative result certificate in order to travel. This used a local laboratory which was UKAS accredited. The pharmacy had completed a self-declaration form and was listed as a private COVID-19 test provider on the GOV.UK website. People would visit the pharmacy and complete the test themselves, with guidance provided by the pharmacist. The test was then sent to the laboratory either via courier or taken by the pharmacist. Once the result was received back, they would inform the patient and also Public Health England.

Medicines were obtained from licensed wholesalers. Stock was generally ordered in response to a booked appointment, and so minimal stock was kept on the premises. There was a date checking procedure in place to check the stock they had every 3 months. Records were in place for this. 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. Drug alerts were received by email from the MHRA. Only alerts which applied to the pharmacy were printed. The 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.

### 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. Computers were password protected and screens were positioned so that private information could not be seen from outside of the premises. A cordless phone was available in the pharmacy which allowed the staff to move to a private area if the phone call warranted 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.