

Registered pharmacy inspection report

Pharmacy Name: Cleveleys Pharmacy, 42 Kelso Avenue, Thornton-Cleveleys, Lancashire, FY5 3JG

Pharmacy reference: 9011316

Type of pharmacy: Community

Date of inspection: 25/05/2021

Pharmacy context

This is a community pharmacy situated on a major road near to the town centre of Thornton-Cleveleys. 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 private supplies of medicines for patients who meet a set criteria. The pharmacy supplies medicines in multi-compartment compliance aids for some people to help them take the 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
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 so that they can learn from them. But it is not clear whether they always take action to manage the risks they identify. So mistakes could sometimes be repeated.

Inspector's evidence

There was a current set of standard operating procedures (SOPs). Members of the pharmacy team had signed to say they had read and accepted the SOPs.

Near miss incidents were recorded on an electronic recording system. The pharmacist explained how she reviewed the records every month and discussed any learning points with the team. She would also highlight mistakes to staff at the point of accuracy check and ask them to rectify their own errors. But the review for April had not been completed, and there was little evidence of action being taken to help prevent similar mistakes. Dispensing errors were also recorded on the electronic recording system. A recent error had involved the supply of the incorrect strength of salbutamol nebulas. But the record did not show whether any learning had been identified.

Roles and responsibilities of the pharmacy team were described in individual SOPs. The medicines counter assistant (MCA) 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 wore standard uniforms and had badges identifying their names and roles. The responsible pharmacist (RP) had their notice displayed prominently. The pharmacy had a complaints procedure which was on display in the retail area. Any complaints would be recorded and sent to the head office to be followed up.

A current certificate of professional indemnity insurance was on display. Records for the RP, private prescriptions, and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were maintained. Audits of running balances were completed after each dispensing or at least once per month. Four 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, but it had not been completed or signed by members of the pharmacy team. The pharmacist said all members of the pharmacy team had completed a training package about the GDPR requirements. When questioned, the MCA was able to correctly describe how confidential information was segregated to be removed by a waster carrier. A privacy notice was available.

Safeguarding procedures were in place. Registered pharmacy professionals had completed level two safeguarding training, and the rest of the pharmacy team had completed level one training. Contact details for the local safeguarding board were available. The pharmacist provided anecdotal examples where staff had referred vulnerable patients they were concerned about to the pharmacist.

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 additional training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included a pharmacist, an accuracy checking technician (ACT), two trainee pharmacy technicians, three dispensers, an MCA and a driver. All members of the pharmacy team were appropriately trained or on accredited training programmes. The normal staffing level was a pharmacist, four dispensary staff and one MCA until 3pm. The ACT worked three days per week. The volume of work appeared to be 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 weight management. Training records were kept showing that ongoing training was up to date. The MCA gave examples of how she would sell various pharmacy only medicines using a questioning technique based on the 'WWHAM' model and refer people to the pharmacist if needed. The ACT thought the pharmacy team worked well together and received a good level of support from the pharmacist and the head office.

Appraisals were conducted annually. A member of staff explained that during an appraisal she could discuss any concerns she had. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the head office. There were no professional based targets set by the company.

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. 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. 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 air conditioning units. Lighting was sufficient. The staff had access to a kitchenette and WC facilities.

Perspex screens had been installed at the medicines counter to help prevent the spread of infection, and only four people were permitted in the retail area at any one time. Markings were used on the floor to help encourage social distancing and a one-way system was in place. Staff were wearing masks or visors. They had all had their 2nd COVID vaccination and were all completing twice-a-week lateral flow tests to check for any asymptomatic COVID infections. Hand sanitiser was available.

Two consultation rooms were available with access restricted by use of a lock and they were clean in appearance. The space in each was clutter free with a desk, seating, adequate lighting, and a wash basin. The patient entrances to the consultation rooms were clearly signposted.

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

The pharmacy entrance was level and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Various posters gave information about the services offered and information was also available on the website. The pharmacy opening hours were displayed and a range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service. This had been adapted in response to current COVID guidance. The delivery driver would leave the patient's bag of medicines at the door, knock, and stand back to allow social distancing whilst the patient picked up the bag. The driver would wait for the recipient to pick up the bag. If there was no answer the medicines would be returned to the pharmacy. An electronic delivery system was used to record the progress and status of a 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 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.

There was no system in place to highlight prescriptions containing schedule 3 or 4 CDs to remind staff to check the prescription date. So there is a risk some medicines may be supplied when the prescription is no longer valid. The pharmacist said she would counsel patients when she felt it was necessary. But high-risk medicines (such as warfarin, lithium and methotrexate) were not routinely highlighted. So staff may not always be aware when they are handing these out to provide counselling and to ensure the supply is suitable. The pharmacist was 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 she would speak to patients to check the supply was suitable but that there were currently no patients meeting the risk criteria.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid, staff would speak to them to assess their suitability. A repeat slip was kept for each patient, as a record of 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. The ACT would perform the final accuracy check on medicines in compliance aids. The ACT could only perform the final check where there were no changes to a patient's medicines. But there was no audit trail to show who had clinically checked the prescription, which means it may not be possible to identify who was responsible in the event of a query or concern. 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 used patient group directions (PGDs) to supply various medicines. The pharmacist had completed the necessary training required by the PGDs. A consultation form related to the PGD being used was completed by the pharmacist to ensure the patient was suitable for the specific medicine, and that they fell within the PGD requirements.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Stock was date checked on a 3-month basis, whilst stock kept in the dispensary's robot had a monthly date checking process. Records were kept showing what had been checked. 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. 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 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 from the MHRA. An electronic audit trail was kept showing what action had been 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 the BNF, BNFc and Drug Tariff resources. All electrical equipment appeared to be in working order. According to the stickers attached, electrical equipment had last been PAT tested in October 2020. A dispensary robot was used by the pharmacy to help assist with the workload and management of stock. A service plan was in place and staff knew how to escalate any problems they had with the manufacturer.

There was a selection of liquid measures 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.

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.