

Registered pharmacy inspection report

Pharmacy Name: St Annes Pharmacy, 56 St. Albans Road, Lytham St. Annes, Lancashire, FY8 1TH

Pharmacy reference: 9011365

Type of pharmacy: Community

Date of inspection: 18/05/2021

Pharmacy context

This is a community pharmacy situated in a residential area near St Anne's town 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 substance misuse services. The pharmacy supplies medicines in multi-compartment compliance aids for some people to help them take the medicines at the right time. The pharmacy uses a local church hall as an associated premises to provide a COVID vaccination clinic.

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 | 1.7 | Good practice | Staff are given regular training about the safe handling and storage of data, so that they know how to keep private information safe. |
| 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 set of standard operating procedures (SOPs) which had passed their stated date of review of April 2020. So it was not clear whether these procedures always reflected current practice. There was an up to date SOP related to the COVID vaccination centre. Members of the pharmacy team had signed to say they had read and accepted the SOPs.

Near miss incidents were recorded on a paper log. The pharmacist said he reviewed the records and discussed any learning points with the team. The pharmacist would also highlight mistakes to staff at the point of accuracy check and ask them to rectify their own errors. He gave examples of action that had been taken to help prevent similar mistakes, which included moving amitriptyline and amlodipine to segregate stock with similar sounding names.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A 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 on display. The pharmacy had a complaints procedure which was explained in a leaflet. Any complaints were recorded and sent to the head office to be followed up.

A current certificate of professional indemnity insurance was on display. Controlled drugs (CDs) registers were maintained with running balances recorded and checked monthly. Two random balances were checked, and both found to be accurate. Patient returned CDs were recorded in a separate register. Records for the RP, private prescriptions and unlicensed specials appeared to be in order.

An information governance (IG) policy was available. The pharmacy team completed annual IG training. Confidential waste was segregated and removed by an authorised waste carrier. When questioned, a dispenser was able to correctly describe how confidential information was destroyed. A leaflet was available to provide information about how patient data was handled.

Safeguarding procedures were included in the SOPs and the pharmacy team had completed safeguarding training. The pharmacist had completed level 2 safeguarding training. Contact details for the local safeguarding board were available. A dispenser said she would initially report any concerns to the pharmacist on duty. The pharmacy had signed up to the local 'Ask for ANI' safeguarding initiative, whereby people could seek safe haven and support in the pharmacy's consultation room.

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 training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included a pharmacist, a pharmacy technician, five dispensers – one of whom was trained to accuracy check, and two medicine counter assistants (MCA) – one of whom was still in training. All members of the pharmacy team were appropriately trained or on accredited training programmes. The normal staffing level was a pharmacist, three to four dispensers and one MCA. The volume of work appeared to be managed. Staffing levels were maintained by relief staff and a staggered holiday system.

Members of the pharmacy team completed some additional training, for example they had recently completed a training pack about suicide prevention. Training records were kept showing what training had been completed by each member of staff. Staff were allowed learning time to complete training. An MCA gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique and refer people to the pharmacist if needed.

The pharmacist manager confirmed that he felt able to exercise his professional judgement and that this was respected by the SI and the company. A dispenser said she received a good level of support from the pharmacist. Appraisals were conducted annually by the head office. A dispenser explained that they discussed her performance, and she felt able to provide her own feedback. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or 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 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 and customers were not able to view any patient sensitive information. The temperature was controlled by the use of an air conditioning unit. Lighting was sufficient. The staff had access to a kitchenette area and WC facilities.

Perspex screens had been installed at the medicines counter to help prevent the spread of infection, and only three people were permitted in the retail area at any one time. Markings were used on the floor to help encourage social distancing. Staff were wearing masks. 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.

A consultation room was available with access restricted by use of a lock and it was clean in appearance. 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.

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

Access to the pharmacy was level and suitable for wheelchair users. There was also wheelchair access to the consultation room. Pharmacy practice leaflets gave information about the services offered and information was also available on the website. Pharmacy staff were able to list and explain the services provided by the pharmacy. If the pharmacy did not provide a particular service staff were able to refer patients elsewhere using a signposting folder. 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. A paper record was kept as an audit trail.

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 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 highlighted so that staff could check prescription validity at the time of supply. The pharmacist said he would highlight any high-risk medicines (such as warfarin, lithium and methotrexate) in order to speak to the patient and provide counselling. 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 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 at an off-site dispensing hub. 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. A robot was used at the dispensing hub to assemble the compliance aids. Before the information to dispense a prescription was sent to the hub, the pharmacist would clinically check each prescription to ensure it was suitable for the patient. Assembled compliance aids were received back in the pharmacy in advance of the patient needing their medicines so any

external medicines, such as creams or inhalers, could also be dispensed. Any compliance aids which were urgent would be assembled by the staff at the pharmacy. Patients could 'opt-out' from receiving patient information leaflets (PILs) every time they received their compliance aids. So they may not always have up to date information which may help them to take their medicines safely.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Stock was date checked on a 6-month rotating cycle. 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 segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There were clean medicines fridges, each with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had remained in the required range. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the head office. Alerts were printed, 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. 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 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. |