

Registered pharmacy inspection report

Pharmacy Name: Lancaster University Pharmacy, 66a Bowland College, Lancaster, Lancashire, LA1 4YT

Pharmacy reference: 9011583

Type of pharmacy: Community

Date of inspection: 05/10/2021

Pharmacy context

This pharmacy opened in April 2021 under new ownership. It is situated inside the Lancaster University campus, south of Lancaster 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 emergency hormonal contraception. The pharmacy's workload fluctuates throughout the year, with the busiest periods being during termtime when students are on-site.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	There is a lack of managerial oversight which means the pharmacy's systems and procedures have not been properly developed or implemented. The pharmacy has written procedures in place, but these have not been read by members of the pharmacy team. So they may not always work safely or effectively.
		1.6	Standard not met	The pharmacy does not keep a responsible pharmacist record.
2. Staff	Standards not all met	2.1	Standard not met	There are not always enough people working at the pharmacy to provide all of its services safely and effectively.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.3	Standard not met	Controlled drugs are not stored appropriately. Stock checking procedures are not always followed so the pharmacy cannot show that its medicines are always fit for purpose.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

There is a lack of managerial oversight which means the pharmacy's systems and procedures have not been properly developed or implemented. The pharmacy has written procedures in place, but these have not been read by members of the pharmacy team. So they may not always work safely or effectively. There is no evidence to show whether the risks associated with the pharmacy's services have been identified or that they are being managed. So there may be more risk of things going wrong. Members of the team do not record their mistakes so they may not always learn from them to stop them being repeated. The pharmacy keeps some of the records it needs to keep by law. But it does not keep a record of the responsible pharmacist, so there is no record to show that the pharmacy has always been operating lawfully.

Inspector's evidence

There was a current set of standard operating procedures (SOPs). Both members of the pharmacy team admitted they had not read the SOPs. So they may not have been aware what was expected of them or where responsibility lay. The pharmacy had not completed a risk assessment and there was no evidence to show it had considered all of the risks associated with its services. For example, the pharmacy had suddenly become busier in the previous week due to the arrival of new students on campus at the start of the academic year. But there had been no planning for this, and the team had not thought about the difficulties that could arise when the pharmacist worked alone. A flu vaccination service was about to commence but the team had not considered the risks it might involve. The pharmacy had near miss and dispensing error record sheets available, but they were not being used. So the pharmacy had no records of things that had gone wrong that it could use to learn from.

A 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. The pharmacy had a complaints procedure but details about this were not displayed, so people may not be always aware about how to provide feedback. A current certificate of professional indemnity insurance was seen.

The responsible pharmacist (RP) did not have a RP notice on display, and she had not signed into the RP register since commencing work mid-July. This did not meet legal requirements and meant the pharmacy was not able to demonstrate who the RP was at any particular point in time. Controlled drugs (CDs) registers were maintained with running balances recorded. Two random balances were checked, and both found to be accurate. Private prescriptions were appropriately recorded.

An information governance (IG) policy was available. But this had not been read by members of the pharmacy team. When questioned, the counter assistant had an understanding about protecting people's data. And she was able to explain how confidential waste was shredded using the on-site shredder. There was no information on display to tell people how the pharmacy handle's their data.

Safeguarding procedures were included in the SOPs. The pharmacist had completed level 2 safeguarding training. But the other member of the pharmacy team had not completed any training. The contact details for the local safeguarding team were not available, so this could cause delays in any concerns being dealt with. The counter assistant said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing Standards not all met

Summary findings

There are not always enough people working at the pharmacy to provide all of its services safely and effectively. The pharmacist is not always able to offer private consultations. This means some services are not always available, which could put patients at risk.

Inspector's evidence

The pharmacy team included a locum pharmacist and a counter assistant – who was a trained dispenser. All members of the team had completed the necessary training for their roles. The pharmacist was supported by a counter assistant for part of the day. She did not help in the dispensing of the prescriptions, so the pharmacist dispensed and self-checked her own work. If the counter assistant could not attend work, there were no contingency arrangements to get other pharmacy support staff. During times of the day where the counter assistant was not present and a patient wished to have a consultation, the pharmacist said she would have to lock the pharmacy or consult in-between people coming into the pharmacy. There was no permanent pharmacist or manager, and the owners of the pharmacy did not routinely visit the pharmacy. There was no additional training provided to members of the pharmacy team. So learning and development opportunities were limited.

The counter assistant gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines she felt were inappropriate, and refer people to the pharmacist if needed. She said she felt a good level of support from the pharmacist. The pharmacist and the assistant would discuss their work with each other and provide support where necessary. And they were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the SI. There were no service-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 generally 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 staff had access to a kettle, and microwave. Public WC facilities were available nearby.

Perspex screens had been installed at the medicines counter to help prevent the spread of infection. Markings were used on the floor to help encourage social distancing. Masks and hand sanitiser gel were available for staff.

A consultation room was available with access restricted by use of a lock. There was a computer, desk and seating. But there was retail shelving stored in the consultation room which made it cluttered and detracted from the appearance expected of a healthcare environment.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy is not well advertised so people may not always know that its services are available. The workload is generally very low, which means the pharmacy is able to operate safely. But a lack of systems and procedures makes service delivery less effective and may increase the risks of things going wrong. Stock medicines are obtained from reliable sources. But few checks are made to make sure they are being stored appropriately. So the pharmacy cannot always demonstrate that its medicines are suitable to supply.

Inspector's evidence

Access to the pharmacy was level via a single door and was suitable for wheelchair users. There was also wheelchair access to the consultation room. There was no sign outside the retail unit to indicate what type of business it was. And details about the services provided were not advertised. So people may not always be aware there is a pharmacy available or about the services it offers.

The pharmacist initialled 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. Dispensed medicines awaiting collection were kept on a shelf using an alphabetical retrieval system. Prescription forms were retained, and stickers were attached to 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.

The pharmacist said she would check the prescription for any controlled drugs to ensure it remained valid at the time of supply. She would also counsel any patients if she felt it was necessary. The pharmacist said she hadn't dispensed any high-risk medicines since they had opened. But the pharmacy did not have information resources to hand out, such steroid cards for people taking high dose steroids. So people may not always have important information they may need to take their medicines safely.

Medicines were obtained from licensed wholesalers. But there was no process to ensure stock was routinely checked for any expired medicines. So there is a risk expired medicines may be overlooked. A spot check did not find any out-of-date stock. There were inadequate storage arrangements for CDs. There was a clean medicines fridge with a thermometer. Temperature records had only been recorded for the previous 3 days when staff realised that they had not been keeping them.

Patient returned medication was disposed of in designated bins located away from the dispensary. There was no specific procedure in place for dealing with drug alerts or recalls, and no records were kept. However, the pharmacist said she received drug alerts by email, and she would check for any affected stock.

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. But they do not have any liquid measures so would not be able to dispense liquid medicines unless they were ordered in original packs.

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 liquid measures or tablet triangles. Members of the team said they had not required these since opening.

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.