

# 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:** 21/06/2022

## Pharmacy context

This is a community pharmacy 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 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 has written procedures, and this helps to maintain the safety and effectiveness of its services. It has a process to review any mistakes which may occur, and it keeps the records it needs to by law. The pharmacy takes adequate steps to help keep private information safe.

### 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 understood them.

The pharmacy had a blank near miss log and record sheets to record any dispensing errors. The pharmacist said there had not been any incidents which he said was due to the very low levels of dispensing undertaken. He said if there was an error of any kind, he would record it and complete a review to help identify any learning.

A dispenser 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) notice was displayed prominently.

Records for the RP and private prescriptions appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded. Two random balances were checked, and both found to be accurate. CD balances were generally checked monthly.

An information governance (IG) policy was available and had been read by members of the team. When questioned, the dispenser said she would destroy any confidential information using the on-site shredder. There was no information on display to tell people how the pharmacy handled data. Safeguarding procedures were included in the SOPs. The pharmacist had completed level 2 safeguarding training. Contact details for the local safeguarding team 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. Members of the pharmacy team complete self-directed learning to help them keep their knowledge up to date. But this is not structured so learning needs may not always be identified or addressed.

### Inspector's evidence

The pharmacy team included a pharmacist and two dispensers. All members of the team had completed the necessary training for their roles. The usual staffing level was a pharmacist and a dispenser. Two of the company's directors were pharmacists and would usually work two days a week at the pharmacy to provide some managerial oversight.

When questioned, a dispenser said she would keep her knowledge up to date by reading pharmacy magazines and using the internet. But this was not directed by the pharmacy or recorded. So there was limited learning and development opportunities. The dispenser 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 able to ask for additional help from the pharmacist if she needed it. The pharmacy team used a WhatsApp group to share information with the wider team. A whistleblowing policy was available in the dispensary. There were no service-based targets in place.

## 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 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.

A consultation room was available with access restricted by use of a lock. There was a computer, desk and seating.

## 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. People who use the pharmacy are counselled to ensure they understand how to use their medicines safely.

### 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. Details about the pharmacy's opening hours and services were displayed.

Members of the 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. 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 was seen to counsel people who were collecting dispensed medicines. The pharmacy dispensed very few high-risk medicines. There were information resources available to hand out, such as steroid cards for people taking high dose steroids. Members of the pharmacy team were aware about the risks associated with the use of valproate during pregnancy. The pharmacist said he would counsel any affected people but that there were currently no patients meeting the risk criteria.

Medicines were obtained from licensed wholesalers. A date checking matrix was used as a record, and stock was checked on a 3-month basis. A diary was also used to record short-dated stock to be removed. There was a clean medicines fridge with a thermometer. Temperature records were kept and had been within the required range. Controlled drugs were stored appropriately within the CD cupboard. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email. But there was no audit trail to show what 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 was a selection of liquid measures. The pharmacy also had equipment for counting loose tablets. Equipment was kept clean.

### 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.  |