

# Registered pharmacy inspection report

**Pharmacy Name:** Fishlocks Pharmacy, 56 Liverpool Road North,  
Burscough, Ormskirk, Lancashire, L40 4BY

**Pharmacy reference:** 9011619

**Type of pharmacy:** Community

**Date of inspection:** 01/02/2022

## Pharmacy context

This is a community pharmacy situated on a major road through Burscough, in West Lancashire. 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 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
<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 have an understanding about 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 current set of standard operating procedures (SOPs) which were issued in February 2021 and their stated date of review was February 2023. 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 pharmacy technician said the person completing the accuracy check would highlight any mistakes to the member of staff at the point of the accuracy check and ask them to rectify their own errors. But records were not reviewed to identify any possible trends, so learning opportunities may be missed. She gave examples of action which had been taken to help prevent similar mistakes. Such as moving sildenafil away from sumatriptan to help prevent a picking error. The pharmacy team were able to describe the process following a dispensing error. This included recording the details on the company's error reporting form and referring to the pharmacy manager for investigation. But they were not aware of any errors which had occurred since the pharmacy had opened.

Roles and responsibilities of the pharmacy team were described in individual SOPs. The 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. Staff wore standard uniforms. The responsible pharmacist (RP) had their notice displayed prominently.

The pharmacy had a complaints procedure which was explained in the practice leaflet. Any complaints were recorded to be followed up by the pharmacy manager. If a complaint required escalation, it could be referred to the head office. A current certificate of professional indemnity insurance was on display.

Controlled drugs (CDs) registers were maintained with running balances recorded and checked at least monthly. Two random balances were checked, and both found to be accurate. Patient returned CDs were recorded in a separate register. Records for private prescriptions, emergency supplies and the RP appeared to be in order.

The company had an information governance (IG) policy. Signed confidentiality agreements for each member of the pharmacy team were available to view in a folder. When questioned, a trainee dispenser was able to describe how confidential waste was destroyed using the on-site shredder. The pharmacy's practice leaflet provided some information about how patient data was handled. But the details about the pharmacy's privacy notice were not available. So people may not always be fully informed about how the pharmacy uses their data.

Safeguarding procedures were available and the pharmacy team had completed safeguarding training.

The pharmacist said he had completed level 2 safeguarding training. Contact details for the local safeguarding board were present in the dispensary. A trainee dispenser said she would initially report any concerns to the pharmacist on duty.

## 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 three part-time pharmacists – one of whom was the pharmacy manager, a pharmacy technician – who was trained to accuracy check (ACT), four dispensers – three of whom were in training, a medicine counter assistant (MCA) and two drivers. All members of the pharmacy team were appropriately trained or on accredited training programmes. The normal staffing level was a pharmacist and three to four pharmacy support staff. Staffing levels were maintained by part-time staff and a staggered holiday system.

Members of the pharmacy team completed some additional training, for example the counter assistant said she had recently completed a training pack about safeguarding. Training certificates were kept showing what training had been completed. But further training was not provided in a structured or consistent manner, and records were not always kept. So learning needs may not always be fully addressed.

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. The pharmacist said he felt able to exercise his professional judgement and this was respected by members of the pharmacy team. The trainee dispenser said she received a good level of support from the pharmacist and other members of the team. She said she would receive feedback about her work and training and felt able to ask any questions she had. 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 set by the company.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are suitable for the services provided. Consultation rooms are 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 access to it was restricted by use of a gate. 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 central heating and air conditioning. Lighting was sufficient. The staff had access to a kitchenette and WC facilities.

There was no information on display about the COVID-19 measures in place for people visiting the pharmacy. Hand sanitiser was available for people to use. Staff were not wearing PPE and Perspex screens were not installed at the counter. The pharmacy was spacious with low footfall to allow sufficient social distancing between the public, and within the dispensary. Staff said they felt safe due to their own vaccination status, but they were not clear about whether a risk assessment had been completed. So the pharmacy may not always be effectively managing the risks associated with transmission of COVID-19.

Two consultation rooms were available with access restricted by use of a lock and were clean in appearance. They had a desk, seating, and adequate lighting. One was equipped with 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. But members of the pharmacy team do not always know when they are handing out higher-risk medicines. So they might not always be able to make extra checks to ensure that the medicines are still suitable, or give people advice about taking them.

### Inspector's evidence

Access to the pharmacy was level and was 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 signposting information. The pharmacy opening hours were displayed in the practice leaflets. 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 pharmacist performed a clinical check of all prescriptions whilst labelling the prescription, and this enabled an accuracy checker to perform the final accuracy check. But there was no audit trail to show when the clinical check had been completed. So this may increase the risk of a supply which had not received a clinical check by the pharmacist. 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. 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 and logged using an electronic tracking system. When a patient came to collect their prescription, staff searched for the patient's name on the device, and it would reveal the location of the bag. The counter assistant said they would confirm the patient's name and address when medicines were handed out. The electronic device would alert staff if a prescription was out of date, including for schedule 3 and 4 CDs. The pharmacist said he would discuss any new high-risk medicines (such as warfarin, lithium and methotrexate) with patients when they were commenced on the treatment. But they did not routinely check whether ongoing monitoring was in place for high-risk medicines. 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. Before a person was started on a compliance aid the pharmacy would assess their suitability to have their medicines dispensed into a compliance aid. 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 sheets information was sought, and previous records were retained for future reference. 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.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Stock was date checked every 3 months. 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 with the date of expiry written on the side of the box. 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 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 2 months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the MHRA. 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. Separate measures were designated and used for methadone. The pharmacy also had equipment for counting loose tablets and capsules, including tablet triangles, a capsule counter and 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. The consultation room was used appropriately; patients were offered its use when requesting advice or when counselling was required. Substance misuse clients were directed to the use of the consultation room to provide 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.