

Registered pharmacy inspection report

Pharmacy Name: O'Briens Pharmacy, 50-52 Liverpool Road North,
Burscough, Nr Ormskirk, Lancashire, L40 4BY

Pharmacy reference: 9011810

Type of pharmacy: Community

Date of inspection: 14/09/2022

Pharmacy context

This is a community pharmacy located on a main high-street in the town of Burscough, West Lancashire. Another pharmacy is situated nearby, and a sister pharmacy belonging to the same company is approximately 200 yards up the road. The nearest GP surgery is 150 yards away. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations, COVID 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
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 discuss when things go wrong to help identify learning, but they don't record their mistakes so some learning opportunities may be missed.

Inspector's evidence

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

The pharmacy had an electronic recording system to record any near miss incidents or dispensing errors. But none had been recorded in the past 6 months. Members of the team said their new patient medical record (PMR) system, which had built-in accuracy checking software, had helped to reduce the number of errors to almost none. But the team confirmed that there had still been a few incidents. For example, on one occasion, dispensed medicines had been placed into a bag for a different person. The pharmacist had resolved the error and discussed it with members of the team. But it had not been recorded.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A trainee pharmacist 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 responsible pharmacist (RP) had their notice displayed prominently. The pharmacy had a complaints procedure. Any complaints were recorded and followed up by the head office. But there was no information on display to inform people about this process. A current certificate of professional indemnity insurance was on display.

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

An information governance (IG) policy was available. Members of the pharmacy team had completed IG training. When questioned, the trainee pharmacist was able to describe how confidential waste was segregated and placed in a lockable confidential waste bin to be taken away by a waste contractor.

Safeguarding procedures were included in the SOPs. There was also a separate folder containing the local safeguarding board's procedures and contact details. Members of the pharmacy team had completed safeguarding training, whilst registered members he had completed level 2 safeguarding training. The trainee pharmacist 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 training to help them keep their knowledge up to date. But this was not structured, so learning and development needs may not always be addressed.

Inspector's evidence

The pharmacy team included a pharmacist, a pharmacy technician who was trained to accuracy check, a trainee pharmacy technician, a trainee pharmacist, a dispenser and a new starter. All members of the pharmacy team were appropriately trained or on accredited training programmes. The normal staffing level was a pharmacist and three other members of the team. The volume of work appeared to be managed. Staffing levels were maintained by a staggered holiday system. Relief staff from other branches could also be requested if necessary.

The pharmacy provided the team with e-learning training programmes. For example, some staff who were going to be vaccinating had recently completed training about new COVID vaccines and flu vaccines. Training records were kept showing that ongoing training was up to date. But there wasn't a consistent approach to how ongoing training was provided to members of the team.

The trainee pharmacist 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. As she had recently begun her foundation training year, she said she spoke to the pharmacist regularly to check whether sales were appropriate. Members of the pharmacy team were seen working well together.

Appraisals were conducted annually by the pharmacy manager. Members of the team discussed when things had gone wrong to try and learn from them. They were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or superintendent. 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 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 area and WC facilities.

A consultation room was available and kept locked when not in use. 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.

Part of the retail area was screened-off for use for COVID vaccinations. The screens provided privacy for people receiving a vaccination.

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. Additional checks are carried out when higher-risk medicines are supplied to ensure they are being used appropriately.

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. Various leaflets and posters 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. The pharmacy opening hours were displayed.

The pharmacy had a delivery service. Deliveries were electronically recorded, and the driver used a hand-held device to obtain signatures from the recipient to confirm delivery. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

The pharmacy used a PMR system which had built-in accuracy checking software. Prescriptions were organised into different 'workflows' on the PMR system and assigned to different roles within the pharmacy team. The first workflow upon receipt of a prescription was for a pharmacist, who performed the clinical check of each prescription. This was then released to a dispenser, who would pick the stock and scan each box of medication using the PMR system. If the medication matched the electronic prescription, a dispensing label would print, and the dispenser would affix this to the box. If it was incorrect the dispenser would have to amend the product or request assistance from the pharmacist. There was no further accuracy check unless the items were a CD, a split pack, or a parallel imported medicine. The PMR system kept an audit trail of who carried out each stage of the process.

Once medicines had been dispensed and bagged, the location of where the medicines were stored was recorded on the PMR software. Staff were seen to confirm the patient's name and address when medicines were handed out. As part of the pharmacist's clinical check, the pharmacist could put a counselling note onto the record. When the bag was scanned to be given to the patient, an alert would show of any counselling notes recorded by the pharmacist, or the patient could be referred to the pharmacist. This was routinely done for high-risk medicines (such as warfarin, lithium and methotrexate). The PMR system would also alert the member of staff if the dispensed medicines contained a CD for which the prescription had expired. Members of the pharmacy team were aware about the concerns about use of valproate medicines in females of a child-bearing age. Education material was available to hand out. Members of the team confirmed that the pharmacist would counsel any at-risk 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, members of the pharmacy team would check it would be suitable for them. 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 were 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.

The pharmacy provided COVID vaccinations under local NHS arrangements. To help manage the workload, the pharmacy only offered vaccinations by appointment and generally did not accept walk-ins unless there was clear capacity to do so. People could book appointments through the national booking system for an allocated time. The national protocol was used to supply the vaccinations. The RP would act as the clinical supervisor and would complete the clinical assessment and consent upon arrival. People would then be called from a small waiting area to be vaccinated by one of the trained vaccinators. Details were recorded instantly onto the Pinnacle system using an iPad.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. A date checking matrix was on display as a record of what stock had been date checked. Short-dated stock was marked using a marker pen. 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. There was a clean medicines fridge with a thermometer. The minimum and maximum temperature was generally being recorded daily, but there were gaps in the fridge records. So the pharmacy may not notice straight away if a fridge started to fail. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email and were available on the computer which provided an audit trail of any action taken. But the pharmacy did not record what they did with drug alerts. So they may not be able to always show drug alerts have been suitably actioned.

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. 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. 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.