

Registered pharmacy inspection report

Pharmacy Name: Asphar Ltd, 19-21 South King Street, Blackpool, Lancashire, FY1 4LS

Pharmacy reference: 9011861

Type of pharmacy: Community

Date of inspection: 14/12/2023

Pharmacy context

This is a community pharmacy in Blackpool. It is situated near to a GP surgery. The pharmacy dispenses NHS prescriptions and private prescriptions. The pharmacy supplies some medicines in multi-compartment compliance packs to people to help them take their medicines at the right time. Building work had been taking place at the pharmacy outside of operating hours.

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. Team members record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again. The pharmacy generally keeps the records it needs to by law. And members of the team understand the need to keep private information safe.

Inspector's evidence

There was a set of standard operating procedures (SOPs). But these were overdue their stated review date in 2018, so may not always reflect current practice. Members of the team confirmed they had read and understood the SOPs, but they had not signed the training sheets to show when this had been done.

Near miss incidents were recorded on a paper log. The pharmacist highlighted mistakes at the point of accuracy check and asked team members to rectify their own errors, so they could learn from them. But there was no review of the records to help ensure all potential learning opportunities had been identified. To help manage the risk of picking errors, team members had recently re-arranged the layout of the stock in the dispensary and moved similar sounding medicines away from each other. Dispensing incidents were recorded, investigated, and contained details of learning outcomes.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A dispenser was able to explain what their responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. The correct responsible pharmacist (RP) notice was on display. The pharmacy had a complaints procedure. Any complaints were recorded and followed up. But details about it were not on display to help encourage feedback. A certificate of professional indemnity insurance was available.

Records for private prescriptions appeared to be in order. The RP records were kept on electronic software, but the pharmacist did not routinely record when they finished. So the pharmacy may not be able to always show when a pharmacist was present. Controlled drugs (CDs) registers were maintained with running balances recorded. Two random balances were checked, and both were found to be accurate. Patient returned CDs were recorded in a separate register.

When questioned, a dispenser was able to describe how confidential waste was segregated and removed by a waste carrier. And members of the team said they had read the information governance (IG) policy and understood the need to protect people's information. Members of the team had completed safeguarding training, including the pharmacist who had completed level 2 safeguarding training. A dispenser said she would raise any concerns to the pharmacist on duty. But the IG policy and safeguarding procedures were not available and the team believed that they had been misplaced during the current building work.

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 some additional training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included a pharmacist and three dispensers. All members of the pharmacy team were appropriately trained. The volume of work appeared to be managed. Staffing levels were maintained by a staggered holiday system.

Members of the pharmacy team completed some additional training, for example they completed training packs as part of the NHS pharmacy quality scheme. Certificates were kept as a record of what training had been completed. But further training was not provided in a structured or consistent manner. So learning needs may not always be fully addressed.

Members of the team were seen to be working well together. The pharmacist felt able to exercise their professional judgement and said this was respected by the superintendent (SI) and the pharmacy team members. The dispenser said they felt well supported by the pharmacist. But there was no appraisal programme for team members. So learning and development needs may not always be identified. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the pharmacist. There were no targets in place for professional services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. And improvements are being made to meet the pharmacy's future needs.

Inspector's evidence

The pharmacy was undergoing building work to improve the image of the pharmacy and provide more space in the dispensary. As part of the work a consultation room was being fitted. The work was being done outside of the opening hours to minimise disruption to the pharmacy service. And the pharmacy team dusted and hoovered each morning to ensure the dispensary was clean and tidy. The size of the dispensary was sufficient for the workload. People were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled by the use of electric heaters. Lighting was sufficient. Team members had access to a kitchenette and WC facilities.

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 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 check that the medicines are still suitable, or give people advice about taking them.

Inspector's evidence

The pharmacy was accessible by wheelchair users. The pharmacy opening hours were displayed. But there was little information on display about the services offered, or to help promote healthcare topics. So people may not always know what services are provided by the pharmacy. And there is a missed opportunity to promote healthcare.

The pharmacy had a delivery service. Records of successful deliveries were kept. Any unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

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 an alphabetical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Team members were seen to confirm the patient's name and address when medicines were handed out. The pharmacy's computer software would highlight any prescriptions which were due to expire in the next 7 days, including schedule 3 and 4 CDs. The pharmacy team 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 they had spoken to patients who were at risk to make sure they were aware of the pregnancy prevention programme. And this was recorded on their PMR. But the pharmacy did not routinely highlight prescriptions containing high-risk medicines (such as warfarin, lithium, and methotrexate).

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacy team would check whether the person was suitable for the service. But this was not recorded, so the pharmacy whether the checks were appropriate. 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 kept with the record sheet. But compliance aids were not routinely labelled with medication descriptions or supplied with patient information leaflets. So people may not always be able to identify the individual medicines or have up to date information about them.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Members of the pharmacy team explained how they checked the expiry dates

of stock medicines every two weeks. Short-dated stock was highlighted using a sticker, and liquid medication had the date of opening written on. But the pharmacy did not keep records of the date checking, so it could not show what had been checked and there was a risk some medicines could be overlooked. Controlled drugs were stored appropriately in the CD cabinet, 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 temperatures were being recorded daily and records showed they had remained in the required range for the last 3 months. Patient returned medication was disposed of in designated bins. Drug alerts were received by email from the MHRA. But there were no records kept once the pharmacy had actioned them. So the pharmacy could not show it had actioned the drug alerts appropriately.

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

Team members had access to the internet for general information. This included access to the British National Formulary (BNF), BNFC and Drug Tariff resources. All electrical equipment appeared to be in working order. 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 team members 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.