

Registered pharmacy inspection report

Pharmacy Name: Larkhall Pharmacy, 1 St Saviours Road, BATH, Avon,
BA1 6RT

Pharmacy reference: 1028565

Type of pharmacy: Community

Date of inspection: 27/10/2023

Pharmacy context

This is a community pharmacy which is based on a parade of shops in the Larkhall area of Bath. It serves its local population which is mostly elderly and affluent. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, supplies medicines in multi-compartment compliance packs for people to use living in their own homes and flu vaccinations.

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	The pharmacy does not identify and manage risk appropriately. The pharmacy team do not routinely record near miss mistakes.
		1.6	Standard not met	The pharmacy team do not keep and adequately maintain all of the records necessary for the safe provision of pharmacy services.
		1.8	Standard not met	The pharmacy team could not show that they safeguard vulnerable adults and children adequately.
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards not all met	3.2	Standard not met	The pharmacy does not adequately safeguard people's private information.
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy team do not store medicines securely. Medicines are potentially accessible to people who are not in the pharmacy team.
5. Equipment and facilities	Standards not all met	5.3	Standard not met	The pharmacy premises are set up in a way that means that people's private information is not secure.

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy has written procedures to help make sure the team works safely. But it is not clear that pharmacy team members record and review mistakes that happen and use this information and learning to avoid future mistakes. Pharmacy team members are clear about their roles and responsibilities. The pharmacy team do not keep and adequately maintain all of the records necessary for the safe provision of pharmacy services. The pharmacy asks its customers and staff for their views and uses this to help improve services. But it does not protect people's confidential information adequately. The pharmacy has appropriate insurance to protect people when things do go wrong. But the pharmacy team could not adequately explain how they would protect children and vulnerable adults.

Inspector's evidence

Procedures were in place for identifying and managing risks. But near miss mistakes had not been recorded since March 2023. There was a procedure in place to record dispensing errors. But the pharmacy team were unable to demonstrate examples of how these were recorded and investigated. It was not clear that the pharmacy team investigated errors thoroughly so that they could learn from these and reduce the risk of these occurring in the future.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. The team used stackable containers to hold dispensed medicines to prevent the mixing up different prescriptions. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for the services provided and these were kept electronically and those demonstrated during the inspection were up to date. The pharmacy team reported that they had signed and read these. The pharmacy team understood what their roles and responsibilities were when questioned. There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. The pharmacy team encouraged people to give online feedback via Google reviews. There were cards that were displayed in the dispensary in which people gave positive comments about the pharmacy services. A certificate of public liability and indemnity insurance from the Numark was held and was valid and in date until the end of May 2024.

Records of controlled drugs (CD) and patient returned controlled drugs were kept. The CD balance had not been checked for over a month at the time of the inspection, but the pharmacist said that balance checks were meant to be completed weekly. A responsible pharmacist (RP) record was kept electronically. But the pharmacist was not signed in on the day of the inspection. In addition, the RP record was not consistently kept updated to reflect which pharmacist was responsible each day. The RP notice was displayed and could be clearly seen by the public. There were two fridges in use and temperatures were checked daily. The pharmacy team confirmed that fridge temperature records were kept for one fridge but not for a second fridge used to store flu vaccinations. Date checking records were kept and short dated stock was highlighted. The private prescription and specials records were kept and were in order. The pharmacist was unable to locate the emergency supply records at the time

of the inspection.

The computer screens in the dispensary were all facing away from the public and were password protected. Confidential waste was collected separate to normal waste and disposed of appropriately. There was a policy on information governance and staff had signed confidentiality agreements. The pharmacy team explained how they would protect people's private information. But there was a room above the dispensary that was used to store multi-compartment compliance aids that was accessible to staff that worked in a dental surgery that operated in the same building. On questioning, a member of the dental team reported that patients entering and exiting this area were not always supervised.

The pharmacist had completed a Centre for Pharmacy Postgraduate Education (CPPE) training package on safeguarding children and vulnerable adults. But the pharmacy team could not demonstrate they had a safeguarding policy and did not know how to access contact details for local safeguarding advice, referral and support.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

Inspector's evidence

There was one pharmacist and two dispensing assistants present during the inspection. Staff were seen to be working well together and supporting each other when required. All staff had completed appropriate training courses for their roles or were currently undertaking an appropriate training course.

The staff reported that they had completed training and had regular updates to their knowledge and understanding of the services and medicinal products provided. The pharmacy team used third party materials, such as pharmacy magazines, as reading material to learn from. Recently, the pharmacist had been focusing on completing practical training so that he could administer flu vaccinations to people. This including basic life support and how to manage anaphylaxis training. There was an NVQL3 trainee present at the time of the inspection. She had regular meetings with her mentor, who was a pharmacist, and said that she had adequate time to complete her training when the pharmacy was not too busy.

The pharmacy team reported that they would hold meetings on an ad-hoc basis and advise all staff of any new developments in relation to pharmacy service provision or patient safety issues. The pharmacy team had a 'WhatsApp' group to communicate with each other. Staff explained that they felt comfortable with raising any concerns they had with the superintendent pharmacist. There were no formalised targets in place at the pharmacy.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy generally provides a safe and appropriate environment for the provision of pharmacy services. But it does not adequately safeguard people's private information. The pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy was based in a grade II listed building and was below a dental practice. It was clean, bright and generally well maintained. It had a retail area towards the front and a dispensary area towards the rear of the premises. The dispensary area was separated from the retail area to allow for the preparation of prescriptions in private. But multi-compartment compliance aids were stored in a room above the pharmacy which was accessible to people who did not work in the pharmacy.

There was a sink available in the dispensary with hot and cold running water with hand sanitiser to allow for hand washing. Medicines were organised by generic name and in alphabetical order. There was a consultation room which was well soundproofed and signposted. It was fitted with a pin-code lock and was kept shut when not in use. The ambient temperature and lighting throughout the pharmacy was appropriate for the delivery of pharmaceutical services.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy team helps people manage their high-risk medicines well. The pharmacy obtains and manages medicines safely and ensures that all of the medicines it supplies are fit for purpose. But medicines are stored in an area which is potentially accessible to people who are not pharmacy staff. The pharmacy team takes appropriate action where a medicine is not fit for purpose.

Inspector's evidence

Access to the pharmacy was via a step, but the pharmacy team were available to help people if required. Pharmacy services listed on the door of the consultation room which was in the retail area of the pharmacy. They were also detailed in posters and leaflets around the pharmacy. There was space for the movement of a wheelchair or pushchair in the pharmacy and seating for patients and customers who were waiting. Large label printing was available for people with sight difficulties.

The pharmacy team dispensed multi-compartment compliance packs for approximately 70 patients in their own homes. One compliance aid was examined and an audit trail to demonstrate who dispensed and checked the compliance aid was complete. Descriptions were routinely provided for the medicines contained within the compliance aids. Patient information leaflets (PILs) were not regularly supplied, but the pharmacist agreed to address this. These compliance packs were stored in an area which was accessible to people who did not work in the pharmacy.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent valproate exposure during pregnancy. Valproate patient cards were available for use during valproate dispensing. The pharmacist reported that he would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking effective contraception. The team were also aware of the new regulations requiring valproate medicines to be supplied in original packs.

There were destruction kits available for the destruction of controlled drugs and designated bins for storing waste medicines were available and being used for the disposal of medicines returned by patients. A hazardous medicines waste bin was not available for use during the inspection. Waste collection was regular, and the team explained they would contact the contractors if they required more frequent waste collection. Medicines were obtained from suppliers such as AAH, Alliance and Colorama. Specials were obtained via suppliers such as Colorama specials. Invoices from some of these wholesalers were seen.

Medicines and medical devices were stored within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented and up to date. Short-dated products were appropriately marked. Both fridges were in good working order and the stock inside was stored in an orderly manner. MHRA alerts came to the pharmacy electronically and the pharmacy team explained that these were actioned appropriately. But the pharmacy team did not keep audit trails to verify this.

Principle 5 - Equipment and facilities Standards not all met

Summary findings

The pharmacy has access to the appropriate equipment and facilities needed to provide the services it offers. But the premises are not set up in a way that adequately protects people's private information.

Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Separate crown stamped measures were used for methadone dispensing. Amber medicines bottles were capped when stored. A counting triangle and a cytotoxic counting triangle was available for use. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access. Reference sources were available in the dispensary, including a BNF, a BNF for Children and a Drug Tariff. Internet access was also available should the staff require further information sources.

There were two fridges in use which were in good working order. The maximum and minimum temperatures were recorded daily for only one of the fridges. The fridge temperatures that had been recorded for one of the fridges were seen to be within the correct range. Designated bins for storing waste medicines were available for use and there was enough space to store medicines. The computers were all password protected. But there was a room above the pharmacy which contained patient confidential information and was accessible to people who did not work in the pharmacy.

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.