

# 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:** 05/06/2024

## 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 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 satisfactory written procedures to help make sure the team works safely. Pharmacy team members have procedures in place to record and review mistakes when they happen. They use this information and learning to avoid future mistakes. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information, and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong.

### Inspector's evidence

Processes were in place for identifying and managing risks. The pharmacy manager reported that near miss mistakes were recorded and reviewed when they occurred, and the pharmacist would discuss the incident with the members of the dispensary team. Examples of these had been recorded and these were kept in the dispensary. 'Sound alike' and 'look alike' medicines such as sildenafil and sumatriptan had been separated on the dispensary shelves. A process was in place to record dispensing errors, and this included an analysis of what had happened as part of the error investigation.

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 reviewed annually. 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 submit feedback online. A certificate of public liability and indemnity insurance was displayed and was valid and in date until the end of May 2025.

Records of controlled drugs (CD) and patient-returned controlled drugs were kept. The CD balances were generally checked monthly. A responsible pharmacist (RP) record was kept, and the RP notice was displayed in pharmacy where people could see it. The fridge temperatures were recorded daily and were within the two to eight degrees Celsius range. Date checking was carried out in a manner which meant the whole pharmacy was date checked regularly and records of this were seen to be completed appropriately. Short-dated stock had the date of expiry highlighted. The private prescription and specials records were retained and were in order. The pharmacist could not locate the emergency supply records during the inspection.

Confidential waste was separated from general waste and disposed of appropriately. An information governance policy (IG) was in place. Staff were aware of the signs to look out for that may indicate safeguarding concerns in vulnerable adults. Local contact details to raise safeguarding concerns were displayed in the dispensary.

## 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 three 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 started an independent prescribing course. He explained that this would help expand his scope of practice when treating minor ailments.

There was an NVQL3 trainee present at the time of the inspection. She had recently restarted this course 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 met

### Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protects 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 well maintained. It had a retail area towards the front and a dispensary area towards the rear of the premises. There was a room above the pharmacy that was used for dispensing multi-compartment compliance aids. Patient information and medicines were stored securely in this room which was kept locked when not in use. There was a sink available in the dispensary with running water to allow for hand washing and preparation of medicines. Medicines were stored on the shelves in a generic and 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 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, stores, and manages medicines safely and ensures that all of the medicines it supplies are fit for purpose. 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 aids for approximately 80 patients in their own homes. One compliance aid was examined and an audit trail to demonstrate who dispensed and checked it was complete. Descriptions were provided for all the medicines contained within the compliance aids. Patient information leaflets (PILs) were regularly supplied with the packs.

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 highly effective contraception. The team were also aware of the new regulations requiring valproate medicines to be supplied in original packs. A valproate warning poster was displayed in the dispensary.

The pharmacy used recognised wholesalers such as AAH, Alliance and Trident to obtain medicines and medical devices. Specials were ordered via Colorama specials. Invoices from some of these wholesalers were seen. Destruction kits for the destruction of controlled drugs were available. Designated waste bins were available and being used for patient returned and out-of-date medicines. A bin for the disposal of hazardous waste was also available for use.

Medicines and medical devices were stored in an organised fashion 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. The 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. The pharmacy team kept audit trails to verify this.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has access to the appropriate equipment and facilities needed to provide the services it offers. These are used in a way that helps protect patient confidentiality and dignity.

### Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Amber medicines bottles were capped when stored. A 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. The pharmacy team could access references sources such as the BNF and BNF for Children online or on their mobile devices.

There was one fridge in use which was in good working order. The maximum and minimum temperatures were recorded daily and 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 and patient information was safeguarded.

### 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.