

Registered pharmacy inspection report

Pharmacy Name: Barry Bladon (Hale) Ltd, 219 Ashley Road, Hale, ALTRINCHAM, Cheshire, WA15 9SZ

Pharmacy reference: 1029503

Type of pharmacy: Community

Date of inspection: 04/11/2022

Pharmacy context

This pharmacy is located on a busy high street. It mainly dispenses NHS prescriptions and it sells a wide range of over-the-counter medicines. It provides NHS and private flu vaccinations. The pharmacy provides a delivery service to people's homes. And it dispenses medication into multi-compartment compliance packs for some people who need help taking their medicines.

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 adequately manages risks to make sure its services are safe and effective. It has written procedures to help make sure its team members work safely. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. They record their mistakes so that they can learn from them and take steps to help stop the same sort of mistakes from happening again. The pharmacy keeps people's private information safe and team members understand their role in safeguarding vulnerable people.

Inspector's evidence

The pharmacy had written standard operating procedures (SOPs) which were in the process of being transferred to a digital platform. Members of the pharmacy team had signed training records to confirm they had read and accepted the SOPs. The name of the responsible pharmacist (RP) was displayed. The RP record was continuous and had largely been filled in correctly. The pharmacy team members knew clearly what they could and couldn't do in the absence of the RP. Records of private prescriptions dispensed were recorded electronically on the pharmacy's computer system, and the entries examined complied with requirements and matched the number of physical private prescriptions. Records of unlicensed medicines supplied contained were in order. Controlled drug (CD) registers were kept and complied with requirements. The RP undertook CD balance checks when a CD was dispensed. The running balances were checked against the physical stock at random for three products and they were all found to be correct. The pharmacy kept a register of CDs returned by people for destruction. These were stored separately and disposed of appropriately. Out-of-date CDs were also stored separately. The CD cupboards were organised and very tidy.

A sheet was available in the dispensary which highlighted and recorded mistakes which had been identified during the dispensing process before the medicine was handed to a person (near misses). Previous sheets had entries made by members of the pharmacy team and any patterns of mistakes were reviewed by the RP and discussed as a team so that they could learn from them and to avoid repeating them in the future. An example of this was checking the names and strength of inhalers for a second time. There was a written procedure in the event of a wrong medicine reaching a person (dispensing errors). The RP showed how he would record dispensing errors on the NHS Learn From Patient Safety Events (LFPSE) service. But no records were available. The RP explained that this was because no dispensing errors had been made recently.

The pharmacy did not have any records of complaints and didn't have a documented complaints procedure available. The RP stated that the people using the pharmacy were generally very happy with its services. He explained that people could provide feedback or make complaints at the pharmacy or by emailing in. But this was not advertised in the retail area so people may be less likely to express their views. The pharmacy had a current professional indemnity insurance certificate displayed.

The pharmacy had an information governance (IG) file which contained policies on handling data, confidentiality and data protection. Confidential waste was segregated and collected for secure destruction. Assembled prescriptions and paperwork containing patient confidential information were stored appropriately so that people's details could not be seen by members of the public. Delivery log sheets kept people's personal information protected. The pharmacy did not have a safeguarding policy

available, however, team members were able to give examples of symptoms that would raise their concerns about vulnerable children and adults. They explained how they would refer their concerns to the RP. The RP confirmed he had completed the level 2 safeguarding course and had a sheet for all the local safeguarding contacts in the area.

There was a chaperone notice on display in the consultation area. Members of the pharmacy team understood when to offer a chaperone to a person if it seemed appropriate and would allow a person's representative to join them in a consultation if this was requested.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members work well together and have the right qualifications for the jobs they do. They do some additional training to keep their skills up to date. But this is not structured so their learning needs might not always be fully addressed.

Inspector's evidence

At the time of the inspection there was the RP, an additional pharmacist, one NVQ3 technician, one NVQ2 dispenser, two members of staff who were enrolled on NVQ2 dispensers training and two medicines counter assistants (MCAs). Another member of the team who was an MCA was not present. There was a constant flow of work in the dispensary but the volume was managed effectively by the team. The majority of dispensing seen was for repeat prescriptions which people ordered directly from the surgery and for multi-compartment compliance packs.

The pharmacy team were observed working collaboratively with each other. Day-to-day issues were discussed as a team as they arose. The team members kept their skills and knowledge up to date by completing learning ad hoc but stated they had not completed any training recently. The RP had enrolled his staff onto an external programme that was due to start in the new year. The pharmacy did not have any formal appraisal process in place for pharmacy team members. One team member who had been employed by the pharmacy for over ten years could not remember when they had last received an appraisal. So learning and development needs may not always be identified. Staff were not given any targets. The pharmacy did not have a whistleblowing policy. But pharmacy team members understood how they could raise concerns if necessary. They felt comfortable sharing ideas to improve the pharmacy and in raising a concern. When questioned, an MCA knew what questions to ask when making a medicine sale and when to refer to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and understood what action to take if she suspected a customer might be abusing medicines such as a codeine containing product.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, bright and suitable for the provision of healthcare services. It has a private consultation room that enables it to provide members of the public with the opportunity to have confidential conversations. The pharmacy prevents unauthorised people accessing its premises so that it keeps its medicines safe.

Inspector's evidence

The premises were generally clean, tidy and in an adequate state of repair. The retail area was professional in appearance and the dispensary had enough clear workspace to allow for safe dispensing. The floors and passageways were free from clutter and obstruction. Lighting was good throughout. Fixtures and fittings were suitable for their intended purpose. There were clearly defined dispensing and checking areas. The pharmacy shelves were generally tidy. The pharmacy had a clean, well-maintained sink in the dispensary which was used for medicines preparation. Pharmacy team members had access to a private consultation room for conversations with people. The room had enough space and private conversations in there couldn't be heard from outside. The kitchen was clean and there was a sink providing hot and cold water. The pharmacy had a toilet which provided a sink with hot and cold running water and other facilities for hand washing.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy has appropriate safeguards to help ensure it delivers its services safely. And to make sure it stores and manages its medicines appropriately. The team understands what additional checks to make when supplying higher-risk medicines, to help people take their medicines safely. It completes a range of checks and audits to help make sure the pharmacy is providing its dispensing services effectively. And it keeps records of the medicines it delivers to people, in case of queries.

Inspector's evidence

The pharmacy had level access from the street outside which was suitable for wheelchair users. It had a health promotion stand containing healthy living information that was changed on a regular basis. There was a variety of healthcare leaflets and cards providing information on common conditions and their treatment. The pharmacy had a large range of over-the-counter (OTC) medicines which were sold by trained assistants, supervised by a pharmacist. Pharmacy-only medicines were stored behind the medicine counter so that sales could be controlled. Pharmacy team members signed the dispensed by and checked by boxes on dispensing labels for medicines they dispensed. This provided an audit trail of the people involved in the dispensing process. And they used dispensing baskets throughout the dispensing process to isolate individual people's medicines and to help prevent them becoming mixed up.

The pharmacy provided medicines in multi-compartment compliance packs for people who find it difficult remembering how to take their medication. It supplied each pack with an accompanying sheet with attached labels which gave directions for administration and descriptions of what each medicine looked like, so they could be identified in the pack. A dispenser explained that people were given patient information leaflets once a month. There were records kept to help team members dispense the medicines into the correct time slots. Multi-compartment compliance packs were prepared for monthly and weekly prescriptions for pharmacists to check for accuracy. An additional pharmacist was employed three days a week to assist with checking the multi-compartment compliance packs.

Pharmacy team members were aware of the risks associated with the use of valproate in pregnancy. The pharmacist confirmed that he counselled people receiving prescriptions for valproate if appropriate and supplied educational material with each supply. The pharmacy had a documented procedure for checking stock for short-dated and expired medicines. When questioned, a dispenser and the RP explained that team members completed date checking for the entire dispensary every month. But the pharmacy did not have any records available of expiry date checking being completed so there was a risk that some stock could be overlooked. Pharmacy team members highlighted medicines that were due to expire by writing on the box and bringing it out to the front so that it got dispensed first. A dispenser explained they would highlight a short-dated medicine if it was within three months of expiry. A spot check was carried out and no out of date medicines were found. Several medicines which looked alike or had similar names had been identified and were separated to reduce the chances of an error when picking medication from the shelves. The pharmacy kept a folder of drug alerts and recalls, which it received via NHS mail from the MHRA. These were checked and actioned by the RP. Medicines requiring cold storage were stored tidily in two fridges. The minimum and maximum temperatures were being recorded regularly and had been within range throughout the month. The pharmacy got its medicines from licensed wholesalers and specials were obtained from specials manufacturers. The

pharmacy had medicinal waste bins to dispose of unwanted medication

The pharmacy offered both NHS and private flu vaccination services. Copies of the signed patient group directives were available alongside up to date training records. The pharmacy had the appropriate kit for allergic shocks, needle injuries and other health and safety equipment to deliver the service.

Medicines waiting to be collected were stored in bags on separate shelves in the dispensary and were checked periodically to remove any that hadn't been collected. This ensured prescriptions that were no longer required were not given out and to increase space. The pharmacy delivered medicines to people and it recorded the deliveries made on a delivery sheet. The delivery driver left a card through the letter box if someone was not at home when they delivered and the medicines were returned to the pharmacy. The pharmacy had a standard operating procedure (SOP) in place for the delivery service and this had been signed by the driver.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. The team uses its facilities and equipment to keep people's private information safe.

Inspector's evidence

The pharmacy had the equipment it needed to provide the services it offered. The pharmacy also had a hard copy of the British National Formulary (BNF) and had access to the internet for up-to-date information. For example, the electronic BNF and medicines compendium (eMC) websites. The pharmacy had a set of clean, well maintained measures available for liquid medicines preparation. Separate measures were used for certain liquids to help avoid cross-contamination. All electrical equipment appeared to be in good working order and had been recently PAT tested. The computer terminals were in secure areas of the pharmacy, away from the public view. And these were password protected. Individual electronic prescriptions service (EPS) smart cards were being used appropriately. Cordless phones were available in the pharmacy, so staff could 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.