

Registered pharmacy inspection report

Pharmacy Name: Alston Pharmacy, Front Street, ALSTON, Cumbria,
CA9 3QP

Pharmacy reference: 1030132

Type of pharmacy: Community

Date of inspection: 29/02/2024

Pharmacy context

This is a community pharmacy in the town of Alston, Cumbria. Its main services include selling over-the-counter medicines, dispensing NHS prescriptions, and providing the NHS Pharmacy First service and NHS Hypertension Case Finding service. The pharmacy supplies some people with their medicines in multi-compartment compliance packs.

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 suitably manages the risks with the services it provides to people and it manages these services safely. The pharmacy keeps people's sensitive information secure, and it is adequately equipped to safeguard vulnerable adults and children. The pharmacy's team members follow a process to record details of mistakes made during the dispensing process. And they implement changes to the way they work to reduce the risk of similar mistakes happening again.

Inspector's evidence

The pharmacy had a set of electronic standard operating procedures (SOPs). They covered tasks such as dispensing, responsible pharmacist requirements and controlled drug (CD) management. The SOPs were scheduled to be reviewed every two years. All team members had read SOPs that were relevant to their role and had signed a document to confirm this.

The responsible pharmacist (RP) spotted errors made and identified by team members during the dispensing process, known as near misses. They informed the dispenser of the error and asked them to rectify the mistake. The RP made a record of the error in a near miss log and discussed with the dispenser why the error might have happened. The log had sections to record details such as the type of error. For example, if the error involved medicines of similar names or were manufactured in similar looking packaging. The RP often completed both the dispensing process and the accuracy check. Following the completion of the dispensing process, the RP took a short break to complete an unrelated task before completing the accuracy check. The RP explained this helped them reduce the risk of mistakes being made.

The pharmacy kept records of any dispensing errors that had reached people. A form was completed which contained details of the error, reasons the error might have happened and actions taken to prevent a similar error recurring. A copy of the form was printed and retained for future reference. The pharmacy had recently supplied a person with the incorrect bag of dispensed medicines. Following a root cause analysis, it was established that the error was likely due to two people who used the pharmacy, having similar names and addresses. To reduce the risk of a similar mistake recurring, the team implemented a system to mark name and address labels using a highlighter pen where two people had similar names. This helped alert team members to take care to confirm people's names and addresses before handing out medicines to them. The pharmacy had a concerns and complaints procedure in place. It was clearly outlined for people through leaflets stored in the retail area that people could select and take away with them. Any complaints or concerns were required to be raised verbally with a team member. If the matter could not be resolved by the team member, it was escalated to the RP.

The pharmacy had current professional indemnity insurance. The RP notice displayed the name and registration number of the RP on duty. Entries in the RP record complied with legal requirements. The pharmacy kept accurate records of private prescriptions. It kept CD registers and records of CDs returned by people to the pharmacy. The CD registers were audited against physical stock every week. The physical stock of a CD was checked against the running balance in the CD register and they were found to be correct. The pharmacy kept complete records of CDs returned to the pharmacy for destruction.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. Confidential waste was placed into a separate bag to avoid being mixed with general waste. The waste was periodically destroyed using a shredder. Team members understood the importance of keeping people's private information secure and they had all completed information governance training each year. The RP had completed training on safeguarding vulnerable adults and children via the Centre of Pharmacy Postgraduate Education up to level 3. Other team members had completed internal training and were aware of their responsibilities and when they should escalate any concerns. The pharmacy held the contact details of various local safeguarding teams.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy employs a skilled and experienced team to help manage its workload. Team members are supported to update their knowledge and skills. And they provide feedback on the pharmacy's services to help improve service delivery.

Inspector's evidence

At the time of the inspection the RP was the pharmacy's full-time superintendent pharmacist. The RP was supported by full-time pharmacy assistant. The RP had been working at the pharmacy for several years and demonstrated a positive rapport with the local community. The pharmacy employed another part-time pharmacy assistant who was not present during the inspection. The pharmacy assistants covered each other's absences. The part-time pharmacy assistant worked some additional hours during busier periods of business. Locum pharmacists covered the days the RP didn't work. The RP had completed relevant training to deliver the NHS Pharmacy First service and had signed the relevant patient group directions (PGDs). The two pharmacy assistants were supported to complete ongoing training to update their knowledge and skills. They were asked to complete mandatory modules periodically and received protected training time to achieve this. They had recently completed training on infection control and antimicrobial resistance. Certificates confirming completed training were retained in the pharmacy. Team members attended ad-hoc team discussions where they discussed workload, near misses and pharmacy related news.

The RP and the pharmacy assistant were observed supporting each other throughout the inspection and managing the workload well. The pharmacy assistant explained they were supported in making suggestions to improve service delivery and raise concerns if necessary. The pharmacy assistant was observed asking people appropriate screening questions when making sales of medicines and asked the RP to intervene where necessary. For example, when selling medicines liable to misuse, such as analgesics containing codeine. The pharmacy didn't set the team any targets to achieve. The team explained it was focused on providing a professional, efficient service to the local community.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services it provides. And the premises are well maintained. The pharmacy has a private consultation room which is suitable for people to have confidential conversations with team members about their health.

Inspector's evidence

The pharmacy premises portrayed a professional image and was clean, hygienic, and well maintained. The main dispensary was small but suitable for the volume of prescriptions the pharmacy dispensed. It was kept organised and tidy throughout the inspection. There was a first-floor storeroom and another room used to dispense multi-compartment compliance packs. This room was spacious and allowed team members to dispense the packs away from the retail area and this helped minimise distractions. The pharmacy had sufficient space to store its medicines and floor spaces were kept clear to help prevent trips and falls.

There was a spacious and tidy consultation room available for people to use to have confidential conversations with team members about their health. It was located on the first floor of the premises. The pharmacy had separate sinks available for hand washing and for the preparation of medicines. Team members controlled unauthorised access to restricted areas of the pharmacy. Lighting was bright in the dispensary and retail area.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers people a range of services which are accessible and managed efficiently. The pharmacy generally manages and stores its medicines correctly. Team members respond appropriately when the pharmacy receives alerts about the safety of medicines.

Inspector's evidence

The pharmacy had level access from the street which provided access for people who used wheelchairs or had pushchairs. As the consultation room was on the first floor, it was not accessible to people with limited mobility. Team members explained they waited for the pharmacy to be empty to talk to such people who wished to have a private conversation about their health. The pharmacy's opening times were clearly advertised. It had the facility to provide large-print labels for people with a visual impairment. Team members had access to the internet which they used to signpost people requiring services that the pharmacy did not offer. Team members were aware of the Pregnancy Prevention Programme (PPP) for people in the at-risk group who were prescribed valproate, and of the associated risks. They were aware of recently issued legislation to ensure people received valproate in the original manufacturers packaging. The RP had discussed the NHS Pharmacy First service with local GP surgeries and the pharmacy had received several referrals from the surgeries since the service had launched. The pharmacy provided an NHS Hypertension Case-Finding service. Team members demonstrated examples of where they had identified people who had raised blood pressure and explained how they had provided suitable advice to people to help them manage their blood pressure. This included giving dietary advice or referring them to their GP where appropriate.

Team members used various alert stickers to attach to bags of dispensed medicines. The stickers reminded team members to complete an action before they handed these medicines to people. For example, to highlight interactions between medicines or the presence of a fridge line or a CD that needed handing out at the same time. Team members signed the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. Owing slips were given to people on occasions when the pharmacy could not supply the full quantity prescribed. One slip was given to the person, and one was kept with the original prescription for reference when dispensing and checking the remaining quantity.

The pharmacy supplied some people with medicines in multi-compartment compliance packs. The packs were designed to help people take their medicines correctly. The workload was spread over a four-week cycle. This helped keep the workload manageable. Team members kept master sheets which detailed the person's current medicines and administration time. They used these as a reference source to help them dispense the packs accurately. The packs were kept unsealed until they had been checked by the RP. The unsealed packs were stored in an organised manner which reduced the risk of them being knocked over. The original packs of medicines were stored with the packs so the RP could check them with prescriptions to ensure the correct medicines had been picked. The packs were supplied with written descriptions of the medicines inside which helped people easily identify them. And they were supplied with patient information leaflets for each medicine.

Pharmacy (P) medicines were stored behind the pharmacy counter. Prescription only medicines were kept in restricted areas of the premises, and they were stored tidily on shelves and in drawers. The

pharmacy had medical waste bins, sharps bins and CD denaturing kits available to support the team in managing pharmaceutical waste. The CD cabinet was well organised and out-of-date and patient returned CDs were appropriately segregated. The pharmacy had one domestic grade fridge. It was used to store medicines that required cold storage. The contents of the fridges were well organised. The pharmacy had an electronic thermometer that monitored the fridge's temperature and it was designed to sound an alarm if the temperature went above or below the accepted range of between 2 and 8 degrees Celsius. However, records showed the fridge had, on occasions, operated slightly outside of the range but the alarm had not sounded. Following the inspection, the team monitored the fridge using another thermometer which showed the fridge was operating within the correct range. Additionally, the pharmacy had ordered a new, clinical grade fridge to replace the current fridge. This was due to arrive at the pharmacy within the next few weeks.

The pharmacy had a process to check the expiry dates of its medicines every three months. The team was up to date with the process. No out-of-date medicines were found after a random check of around 20 randomly selected medicines. The pharmacy marked medicines to highlight if they were expiring in the next 12 months. The date of opening was recorded on medicines that had a short shelf life once they had been opened. The pharmacy received drug alerts and recalls. The team quarantined any affected stock and a record of the action taken was retained.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities to safely manage its services. The equipment is well maintained to ensure it is fit for purpose.

Inspector's evidence

Team members had access to up-to-date reference sources including access to electronic copies of the British National Formulary (BNF) and BNF for children. The pharmacy used a range of CE marked measuring cylinders. These were kept clean and there were separate cylinders used to dispense medicines or water. There was a suitable, electronic blood pressure monitor to support the team in taking blood pressure measurements. The monitor was scheduled to be replaced each year.

The pharmacy stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. It positioned computer screens to ensure people couldn't see any confidential information. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members could have conversations with people in private.

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.