

Registered pharmacy inspection report

Pharmacy Name: Baxenden Pharmacy, 514-516 Manchester Road,
Baxenden, ACCRINGTON, Lancashire, BB5 2RG

Pharmacy reference: 1033058

Type of pharmacy: Community

Date of inspection: 12/10/2021

Pharmacy context

This is a community pharmacy in the village of Baxenden in Accrington, Lancashire. The pharmacy sells over-the-counter medicines and dispenses NHS prescriptions. It delivers medicines for some people to their homes. The pharmacy supplies some people with their medicines in multi-compartment compliance packs to help them with taking their medicines. The inspection was completed during the COVID-19 pandemic.

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	1.4	Good practice	The pharmacy is good at getting feedback from people on how it manages its services. And the team uses the feedback to help improve the way it works.
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 mostly follows written procedures that are in place to help team members manage the risks associated with the services the pharmacy provides to people. The team members discuss why near miss errors happen during the dispensing process and put into place ways they can reduce the risk of similar errors happening again. The pharmacy is good at getting feedback from people on how it manages its services. And the team uses the feedback to help improve the way it works. The pharmacy suitably protects people's private information, and the team members are confident in their ability to help safeguard vulnerable adults and children. The pharmacy keeps most of the records it needs to by law.

Inspector's evidence

The pharmacy had some procedures in place to help manage the risks of the services it offered during the COVID-19 pandemic. Team members had completed assessments of their own personal risk of COVID-19. At the beginning of the pandemic, the pharmacy had put markings on the floor of its retail area to help people socially distance from each other, but these had been removed since all COVID-19 restrictions were lifted on July 19, 2021. The retail area was large and so people were able to easily socially distance from each other. Team members weren't wearing face coverings when the inspector arrived. The inspector reminded the team of Public Health England guidance for people to wear a face covering within a healthcare setting.

The pharmacy had a set of written standard operating procedures (SOPs). There wasn't an index available which made it difficult to find a specific SOP. The SOPs seen were reviewed every two years to make sure they were still up to date with the pharmacy's current ways of working. An SOP outlining the labelling process instructed team members to create an owing slip if the pharmacy didn't have in stock the full quantity of a medicine to be dispensed. But the team wasn't following this process. Each SOP had a sheet which team members signed showing that they had read and understood the contents of the SOP. One team member hadn't signed the SOPs that were relevant to their role. The team member explained they had read them some years ago but hadn't had the chance to sign them.

The pharmacy had a process in place to record and report near miss errors made during dispensing. For example, if the team members had dispensed the wrong quantity or the wrong strength of the medicine. If the responsible pharmacist (RP) spotted a near miss error, they asked the team member to rectify the mistake as soon as possible. Team members were asked why the near miss error might have happened and to think about how they could stop it happening again. A team member described how they had made some near miss errors involving medicines that looked, or sounded like each other, known as LASAs. The team discussed what they could do to reduce the risk of near miss errors involving LASAs. Team members decided to separate some LASAs away from each other on their dispensary shelves, for example, lisinopril and losartan. A team member explained most of the near miss errors she made involved lisinopril and losartan, but she hadn't made many since they had been separated. The RP was responsible for recording details of the near miss errors into a near miss logbook. But during the inspection, the team couldn't find the book and so no records were seen. The pharmacy had a similar method in place to record and report any dispensing errors that might have reached people. Team members explained the pharmacy's superintendent pharmacist (SI) recorded details of these errors and they were unsure where the records were kept. Team members couldn't give any examples of any such

errors as they explained that such an error hadn't happened in a long time.

People who used the pharmacy could speak to a team member if they wanted to make a complaint or raise a concern. They raised any concerns with the SI if they couldn't resolve them. The way for people to make a complaint or raise a concern was described in leaflets that were kept in the retail area. The pharmacy had recently completed a patient satisfaction survey. It completed the survey every year. People who used the pharmacy were asked to participate by completing a questionnaire and returning them to the pharmacy. A team member explained in previous surveys, some people who used the pharmacy's home delivery service were often excluded from the survey as they didn't physically come into the pharmacy. This year, the pharmacy had delivered questionnaires to people's homes and collected them when they were complete. Around 200 people had participated in this year's survey. The completed questionnaires were sent to an external company. The company analysed the results of the survey and sent a final report to the pharmacy. A team member described how several people had told the team the pharmacy didn't have facilities for people to have a private conversation with a team member about their healthcare needs. The pharmacy had a private consultation room, but it was hard to find from the retail area. The team had discussed how they could make people aware that the room was available for them to use. And they decided to make sure people were offered the use of the room if they were speaking to team members when other people were present in the retail area and there was a risk of people overhearing the conversation. To further improve access, the pharmacy had decided to install a sign hanging from the retail area ceiling and put a poster on a wall that directed people to the room.

The pharmacy had up-to-date indemnity insurance. An RP notice was on display, but it was showing the wrong name and registration number of the RP on duty. During the inspection, this was changed to show the correct details. The pharmacy had an electronic RP record. The team couldn't show records for earlier than seven days before the inspection. The records seen met legal requirements. The pharmacy kept registers for controlled drugs (CDs) and they also met legal requirements. Every few months, the team checked the balances in the registers against the pharmacy's stock to make sure they matched. During the inspection, two randomly selected CDs were balance checked. The balances were correct. The pharmacy occasionally dispensed private prescriptions. But the team couldn't show the inspector any records of supplies made against private prescriptions. So, it was not possible to confirm that records were being properly kept.

The pharmacy held records that had personal identifiable information in areas of the pharmacy that could only be accessed by team members. They placed the confidential waste into a separate basket to avoid a mix up with general waste and destroyed it. The RP had completed training on safeguarding vulnerable adults and children through the Centre of Pharmacy Postgraduate Education. A team member described situations that needed reporting and knew how to find the contact details of the local safeguarding teams. The team member had recently raised concerns about the wellbeing of a vulnerable person with a local GP practice and the local safeguarding team.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members have the skills to safely provide the pharmacy's services. They manage the workload well and support each other as they work. The pharmacy supports its team members to complete their training courses. And team members complete some ongoing ad-hoc learning to keep their knowledge up to date. They can raise professional concerns where necessary and have meetings to discuss ways the pharmacy can improve the way it manages its services.

Inspector's evidence

The RP was a locum pharmacist who worked at the pharmacy every Tuesday. On Monday's a different locum pharmacist worked and the SI covered the rest of the opening hours. During the inspection, two pharmacy assistants, and a trainee counter assistant supported the RP. The counter assistant was also the pharmacy's delivery driver. A pharmacy technician and another pharmacy assistant were also employed by the pharmacy. Team members were seen to be supporting each other in completing various tasks and managing their workload well.

The pharmacy didn't provide its qualified team members with a formal, ongoing training programme to help them to continue to improve their knowledge and skills. Team members usually completed training in their own time by reading training material they received in the pharmacy press or provided by manufacturers of medicines. The SI gave team members informal feedback on their performance. The trainee counter assistant was enrolled on an approved training course and was progressing well with the course. The trainee counter assistant was given protected training time during their working hours and had weekly one-to-one progress reviews with the SI. The trainee counter assistant was currently working on understanding the cough and cold products the pharmacy sold. She explained the pharmacy was seeing more people asking for advice on how to manage symptoms of cold and flu and she wanted to be able to be better at advising people on which products would work best for the symptoms they had.

The team held ad-hoc meetings where team members could talk about professional concerns and ways to improve the pharmacy's services. During a recent meeting, the team had talked about the ways to report concerns about vulnerable adults and children and the importance of doing so.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises clean and secure. The team works well to keep the areas where it dispenses medicines tidy. The pharmacy has a suitable sound-proofed room and another screened area, where people can have private conversations with the pharmacy team members.

Inspector's evidence

The pharmacy was modern and provided a professional image. The dispensary was clean and tidy. The dispensary had a separate room so team members could work separately if needed to reduce distractions. The dispensary was of a suitable size for the volume of services the pharmacy offered. The pharmacy safely stored medicines in several rooms throughout the premises.

There was a sound-proofed consultation room and a screened section of the retail area that the team used to have private conversations with people. There was a sink in the dispensary for professional use. The team had toilet facilities with hot water for handwashing. Lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of accessible services that support people's health needs. It obtains its medicines from reputable sources. And it mostly stores and manages them as it should. The pharmacy adequately manages its services. But doesn't always keep a full audit trail of medicine supplies. And it doesn't always provide people with full information about their medicines.

Inspector's evidence

The pharmacy was accessible via a large step from the street. There was a handrail to help people with mobility issues. People who used wheelchairs or had prams and couldn't enter the premises, would often knock on the entrance door to get the team's attention. A team member would attend to the person and manage their needs from the entrance door. There were window displays which detailed the pharmacy's opening times and the services it offered to people. Team members had internet access which they used to help people find providers that offered services the pharmacy didn't. The pharmacy provided large-print labels on request to help people with a visual impairment. A team member described how she provided writing materials to people with a hearing impairment. This meant they could write down what they needed to explain to the team. The team also made sure they didn't stick any dispensing labels over braille on medicines packaging.

Team members didn't provide owing slips to people on occasions when the pharmacy couldn't dispense every medicine on a prescription. For example, if the pharmacy didn't have a medicine in stock. Instead, the team kept the dispensing label of the medicine with the prescription until the medicine became available. This meant that the date on the dispensing label didn't always match the date the medicine was dispensed and the pharmacy didn't keep an accurate audit trail. The pharmacy kept a record of the delivery of medicines to people. During the pandemic the driver left the medicines on the person's doorstep before moving away and waiting to watch them pick up the medicines.

Team members showed their understanding of the pregnancy prevention programme for people who were prescribed valproate. They explained the questions they would ask of people to make sure they knew to use appropriate contraception. They knew to take care they didn't place dispensing labels over written warnings on packs and to make sure they attached a warning sticker on the container if valproate was supplied outside of its original packaging. But at the time of the inspection, the pharmacy didn't have any warning stickers available. The inspector signposted the team to where it could get additional supplies.

Some of the prescriptions the pharmacy received were for people who benefitted having their medicines dispensed in a multi-compartment compliance pack. These were dispensed in a separate room away from the main dispensary. This allowed team members to dispense them without distractions. People received their packs either weekly or monthly depending on their personal needs. The team ordered prescriptions for people from their GP practice. When the pharmacy received the prescriptions, the team checked them against master sheets to make sure they were correct. The master sheets detailed which medicines went in the packs and at what time of the day they were to be taken. For example, in the morning or at bedtime. One master sheet was seen which showed the pharmacy dispensed Epilim tablets in the packs. During the inspection, the inspector discussed the stability risk with the team. The packs weren't always supplied with visual descriptions of the medicines

to help people identify them. And the pharmacy didn't supply the packs with patient information leaflets unless a medicine was dispensed for a person for the first time. This meant that some people weren't provided with full information about their medicines.

The pharmacy obtained medication from several reputable sources. It stored its Pharmacy (P) medicines behind the pharmacy counter to control sales. Team members were seen asking people who wanted to purchase P medicines, appropriate questions to make sure the medicine they wished to buy was suitable for the symptoms they were describing. Team members checked expiry dates of the pharmacy's medicines. They did this approximately every three months and kept a record of the medicines that had a short expiry date. They used these records to remind them to remove the medicines before they went out of date. The pharmacy highlighted medicines that had a short expiry date using small stickers that were affixed to the front of the packaging of the medicine. The inspector didn't find any out-of-date medicines after a check of around 20 randomly selected medicines. The pharmacy had a medical grade fridge which it used to store medicines that needed cold storage. The team tidily stored the medicines in the fridges. Each day, the team recorded the fridge temperature records to make sure it was correctly operating. The team recorded the fridge temperatures daily and had recognised the temperatures had been slightly out of range, so the SI had ordered a replacement fridge.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for its services. And it appropriately uses its equipment to protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources. The pharmacy used a range of CE quality marked measuring cylinders. It positioned the computer screens so unauthorised people didn'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. It had a wireless card terminal for contactless transactions and reduce the use of cash during the pandemic. Team members had access to personal protective equipment including face masks and gloves.

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.