

Registered pharmacy inspection report

Pharmacy Name: Accrington Pharmacy, 257 Whalley Road,
ACCRINGTON, Lancashire, BB5 5AD

Pharmacy reference: 1033064

Type of pharmacy: Community

Date of inspection: 26/09/2019

Pharmacy context

The pharmacy is in a parade of shops on a main road in the suburbs of Accrington. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. They offer services including medicines use reviews (MUR) and the NHS New Medicines Service (NMS). Pharmacy team members supply medicines to people in multi-compartmental compliance packs. They provide seasonal flu vaccinations. And, offer a smoking cessation service. They provide a substance misuse service, including supervised consumption and needle exchange.

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 assess and manage the risks associated with several key processes. And it does not regularly review its written procedures. The pharmacy does not have procedures covering all its professional services. And, not all pharmacy team members follow the procedures available.
		1.2	Standard not met	Pharmacy team members do not record near miss errors that happen whilst dispensing. They cannot evidence any records they make of dispensing errors as they cannot easily retrieve them. And, they only occasionally discuss or make changes to help prevent mistakes happening again.
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 not all met	4.2	Standard not met	The pharmacy does not effectively manage all of its services. For example, the pharmacy doesn't have adequate controls in place during the dispensing and checking process. And, the pharmacy doesn't have reliable audit trails for some of its services. This includes for the medicines it delivers to people's homes. The pharmacy and pharmacist are not adequately equipped to provide people with advice and written information about valproate.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy does not assess and manage the risks to a number of key processes for providing its services. It has some written procedures available to help manage the risks to its services. But, it doesn't have procedures covering all its professional services. And, not all pharmacy team members follow the procedures available. So, they may be unclear about the safest and most effective way to carry out their tasks. Pharmacy team members do not record all mistakes that happen. They do not analyse the information they collect to spot any patterns to the mistakes. And, they do not always make changes to help prevent mistakes happening again. So, they may miss opportunities to improve and make services safer. The pharmacy keeps the records required by law. It protects people's privacy and confidentiality. And, pharmacy team members generally know how to safeguard the welfare of children and vulnerable adults.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. The sample checked were last reviewed in 2016. And the next review was scheduled for 2018. There was no evidence that the SOPs had been reviewed since 2018. And, some SOPs contained out-of-date information, for example by referring to RPSGB and PCT which no longer exist. Some pharmacy team members had read and signed the SOPs. But the records kept did not state when they had read them. A pharmacy technician had started working at the pharmacy in June 2019 and had not read the procedures. And, the pharmacist, who had started working at the pharmacy approximately a year ago for three days per week, had also not read the procedures. Pharmacy team members did not follow the written procedures to help manage the risks for some key processes. For example, for dealing with mistakes in the dispensing process. And, checking the expiry date of medicines. The pharmacy defined the roles of the pharmacy team members in each procedure. And, Pharmacy team members said they discussed their day-to-day roles with each other throughout the day.

The pharmacist highlighted near miss errors made by the pharmacy team when dispensing. Pharmacy team members said they were told when they had made a mistake. They were asked to fix the problem. And, they were usually asked to be more careful to prevent the mistake happening again. But, they did not discuss any other information about the mistake, such as causes or other more specific steps to prevent a recurrence. And, did not usually make any other changes to prevent the mistake happening again. Near miss errors were not recorded. The pharmacy had records available of near miss errors up to September 2018. But, it had no records of mistakes made after this. The pharmacist said they had identified mistakes made by pharmacy team members. But, they had not recorded them. A dispenser gave an example of the team separating sertraline and sildenafil after pharmacy team members had picked the wrong product from the shelves. But, they said the mistake had been made at least twice in the space of a week before the superintendent pharmacist had made the decision to separate the products. There was no SOP instructing pharmacy team members about what to do if they made a near miss error. And, because there was no data collected, there was no evidence of any analysis to establish patterns of errors. The pharmacy had a documented process for dealing with dispensing errors that had been given out to people. It recorded incidents on the electronic medication record of the person involved in the error. Pharmacy team members were unable to retrieve any records of dispensing errors because they did not know the names of any people involved in a dispensing error. They were also unable to give any examples of dispensing errors or any changes they had made to prevent recurrence.

Pharmacy team members booked appointments for people to receive and flu vaccination. Vaccinations were carried out on days when the accredited pharmacist was working at the pharmacy. The pharmacy had current signed patient group direction documents available for the NHS service being delivered. But, pharmacy team members could not find the documents for the private service being delivered. They also couldn't find evidence of any training that had been completed by the accredited pharmacist to be able to deliver the vaccinations.

The pharmacy had a procedure to deal with complaints handling and reporting. It had a practice leaflet available for customers in the retail area which clearly explained the company's complaints procedure. Pharmacy team members collected feedback from people verbally. But they could not give any examples of any changes they had made to improve their services in response to feedback. The pharmacy had up-to-date professional indemnity insurance in place.

The pharmacy kept controlled drug (CD) registers. It kept running balances in all registers. But, these were not regularly audited against the physical stock quantity, including methadone. The pharmacy kept and maintained a register of CDs returned by people for destruction. And it was complete and up to date. It maintained a responsible pharmacist record electronically. And it was complete and up to date. The pharmacist displayed their responsible pharmacist notice to people. Pharmacy team members monitored and recorded fridge temperatures daily. They kept private prescription records in a paper register, which was complete and in order. And, they recorded emergency supplies of medicines in the private prescription register.

The pharmacy kept sensitive information and materials in restricted areas. It shredded confidential waste. Pharmacy team members had been trained to protect privacy and confidentiality. They had completed training about the General Data Protection Regulations in 2018. Pharmacy team members were clear about how important it was to protect confidentiality. And there was a procedure in place detailing requirements under the General Data Protection Regulations (GDPR).

Pharmacy team members were asked about safeguarding. A dispenser gave some clear examples of symptoms that would raise their concerns in both children and vulnerable adults. And, they would refer their concerns to the pharmacist. The pharmacist said they would assess the concern. And would refer to local safeguarding contacts for advice. Pharmacists and pharmacy technicians had completed training. But, no training had been provided for other pharmacy team members. They said they relied on common sense and knowledge from previous jobs to help them decide the best course of action. The pharmacy did not have a documented procedure in place to instruct staff about what to do in the event of a concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members have the right qualifications and skills for their roles and the services they provide. Pharmacy team members complete ad-hoc training. And, they learn from the pharmacist and each other to keep their knowledge and skills up to date. Pharmacy team members feel comfortable making suggestions to help improve pharmacy services. But, their suggestions are not always implemented.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were a pharmacist, a pharmacy technician and four dispensers. Pharmacy team members completed training ad-hoc by reading various trade press materials. And by having discussions with the pharmacists about current topics. Pharmacy team members received an appraisal every year. They discussed areas of good performance. And, areas where they could improve. Pharmacy team members said they agreed objectives during their appraisal. But, these tended to focus on improvements they could make to the business, rather than their own personal development. They confirmed for any personal learning objectives, they would raise these with the pharmacy owners ad-hoc and informally.

A dispenser explained how they would raise professional concerns with the superintendent pharmacist (SI) or the GPhC. They felt comfortable raising concerns or making suggestions to improve pharmacy services. They explained how they had suggested several changes to improve the way they work, for example using baskets in the dispensing process to help prevent prescriptions being mixed up. And, using fridge and controlled drug alert stickers to highlight prescriptions containing these items. But, these suggestions had not been implemented by the pharmacy owner. The pharmacy did not have a whistleblowing procedure. So, pharmacy team members may find it difficult to raise concerns anonymously if necessary. The pharmacy owners did not ask the team to achieve any targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and properly maintained. It provides a suitable space for the services provided. And, it has a room where people can speak to pharmacy team members privately.

Inspector's evidence

The pharmacy was clean and well maintained. All areas of the pharmacy were tidy and well organised. And, most floors and passage ways were free from clutter and obstruction. Pharmacy team members carried out most dispensing and checking in the same place. So, there was not a clear segregation of work. The pharmacy kept equipment and stock on shelves throughout the premises. The pharmacy had a private consultation room available. The pharmacy team used the room to have private conversations with people. The room was signposted by a sign on the door.

There was a clean, well maintained sink in the dispensary used for medicines preparation. There was a toilet, which provided a sink with cold running water and other facilities for hand washing. Heat and light in the pharmacy was maintained to acceptable levels. The overall appearance of the premises was professional, including the exterior which portrayed a professional healthcare setting. The professional areas of the premises were well defined by the layout and well signposted from the retail area.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy does not effectively manage all of its services. It doesn't have adequate controls in place during the dispensing and checking process. And the pharmacy and pharmacist are not adequately equipped to provide people with advice and information about certain high-risk medicines. So, pharmacy services may not be provided in ways that properly manage the risks to patient safety. The pharmacy is accessible to people. It sources its medicines from reputable suppliers. And, it has a process for checking for out-of-date medicines. But, pharmacy team members do not always keep up to date with their checks.

Inspector's evidence

The pharmacy had ramped access from the street. Pharmacy team members explained they would use written communication with someone with a hearing impairment. And, they could provide large print labels for people with a visual impairment. The pharmacy was an accredited Healthy Living Pharmacy (HLP). It had a selection of health promotion leaflets available for people. And, pharmacy team members regularly made displays communicating key health promotion messages in line with local and national health promotion campaigns. One example had been a campaign to promote stopping smoking in line with the national Stoptober campaign. Pharmacy team members detailed how they regularly engaged people in discussions about their health. And, how they suggested services to people, such as blood pressure testing. Pharmacy team members used the electronic medication records system to record notes about people's specific needs. For example, whether they required a specific brand of medicines or notes of any interventions made.

Pharmacy team members did not sign the dispensed by and checked by boxes on dispensing labels attached to medicines. Instead, they signed once on each prescription or printed electronic prescription token to document who had assembled the medicines and who had checked them. They explained that at the end of each month, prescriptions and prescription tokens were either sent for payment or destroyed. So, there was no audit trail retained about who had been involved in the dispensing process. They said they did not sign dispensing labels to help save time during the dispensing process. Pharmacy team members did not use dispensing baskets to help prevent prescriptions being mixed up during the dispensing process. Prescriptions were lined up along the bench used for dispensing and checking. Medicines were picked, and a label was attached to the box. The labelled medicines were then placed on top of the prescriptions for the pharmacist to check. The prescription for the next person was placed alongside, with very little separation between the two. The team had recognised there were risks of dispensing this way. And, that the current way of working made them feel uncomfortable, particularly when they were broken off from dispensing to respond to someone at the pharmacy counter or to answer the telephone. They said it was sometimes difficult to establish where medicines and prescriptions were meant to go when they came back to a bench full of medicines for different people. They had suggested using baskets to the superintendent pharmacist (SI). But, this had not been implemented by the pharmacy owners. The inspector also discussed using dispensing baskets as best practice at the pharmacy's last inspection. And, because the pharmacy kept little or no records of errors, it was unable to establish if this way of working was contributing to any errors.

The pharmacy didn't have any formal process to identify and support people taking valproate. The pharmacist wasn't sure of the details of what was required to meet the safety alert criteria. And they

didn't know how to check whether someone was enrolled on a pregnancy prevention programme. The pharmacy did not have stock of printed materials to give to people to help them understand and manage the risks of taking valproate. There was no training available.

The pharmacy supplied medicines in multi-compartmental compliance packs when requested. The pharmacy provided backing sheets with each pack, so people had written instructions of how to take the medicines. But, these did not include descriptions of what the medicines looked like, so they could be identified in the pack. And, the backing sheets were not attached to the packs, as required, to prevent them from being lost or discarded. Pharmacy team members provided people with patient information leaflets about their medicines each month. And, they created a new master record sheet for each person when changes were made to their medication. But, they did not keep the old master sheet, or another audit trail of the changes made to be able to refer to later.

The pharmacy obtained medicines from eight licensed wholesalers. It stored medicines tidily on shelves. And all stock was kept in restricted areas of the premises where necessary. It had adequate disposal facilities available for unwanted medicines, including controlled drugs (CDs). Pharmacy team members kept the CD cabinets tidy and well organised. And, out of date and patient returned CDs were segregated. The inspector checked the physical stock against the register running balance for two products. And they were found to be correct. The pharmacy team kept the contents of the pharmacy fridge tidy and well organised. They monitored minimum and maximum temperatures in the fridge every day. And they recorded their findings. The temperature records seen were within acceptable limits.

Pharmacy team members were required to check medicine expiry dates every 12 weeks. But, they said they were not up to date with their checks. They had records available that showed that medicines in some areas of the pharmacy had last been checked in February 2019. And, others had been checked in September 2019. Pharmacy team members showed a record book, which they used to record medicines expiring each month up to December 2019. And, they highlighted short-dated items with an elastic band around the pack. The inspector did not find any out-of-date medicines after a search of a sample of shelves. Pharmacy team members were aware of the requirements of the Falsified Medicines Directive (FMD). But, the pharmacy did not have the necessary equipment, software or procedures to comply with the requirements. And, pharmacy team members had not been trained. They said they did not know the owner's plans to comply with the change in the law.

The pharmacy delivered medicines to people. But, it did not keep any records of the deliveries it made. And, it did not ask people to sign for their deliveries to confirm they had received them. The delivery driver asked people to sign for controlled drugs delivered. The delivery driver left a card through the letterbox if someone was not at home when they delivered. The card asked people to contact the pharmacy to arrange a re-delivery.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment available, which it generally maintains as required. And, it manages and uses the equipment in ways that protect people's confidentiality.

Inspector's evidence

The pharmacy had the equipment it needed to provide the services offered. The resources available included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and use of the internet. The pharmacy had a set of clean, well maintained measures available for medicines preparation. They used a separate set of measures to dispense methadone. It positioned computer terminals away from public view. And, these were password protected. It also stored people's prescription medicines waiting to be collected away from public view. The pharmacy had a breath carbon monoxide monitor and a blood glucose monitor. Both were clean and in a good state of repair. But, pharmacy team members could not provide any evidence of any regular calibration of either machine. The pharmacy had a dispensary fridge, which was in good working order. And, pharmacy team members used it to store medicines only. They restricted access to all equipment and they stored all items securely.

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.