

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: 11/09/2020

Pharmacy context

This is a community pharmacy in a residential area close to the centre of the town of Accrington, Lancashire. The pharmacy sells over-the-counter medicines and dispenses NHS prescriptions. And it delivers medicines for some people to their homes. The pharmacy supplies some medicines in multi-compartment compliance packs to help people take their medication. 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	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 associated with the services it provides to people. It generally maintains the records it needs to by law and keeps people's private information safe. The team members openly discuss and share details of any mistakes made while dispensing so they can learn from each other and prevent similar mistakes from happening again. They understand when and how they can escalate any concerns they may have to help protect the wellbeing of vulnerable people.

Inspector's evidence

The pharmacy was inspected during the Covid-19 pandemic. It had several procedures in place to help manage the risks and help prevent the spread of coronavirus. These included posters on the entrance door and in the retail area reminding people visiting the pharmacy to wear a face covering as required by law. The pharmacy was previously limiting the number of people in the retail area at any one time, to two. It had since stopped the limit as the team found that the retail area was large enough to allow people to socially distance from each other. There was a large clear plastic screen which covered the entire pharmacy counter. It provided a physical barrier between the pharmacy team members and members of the public. There was a folder kept in the dispensary which was labelled 'Covid'. It contained a 'Covid business continuity checklist' and various risk assessment documents which had been completed in June 2020 and were due for review in June 2021. Each team member had read and signed the documents to confirm they had understood its contents. Each team member had also signed a declaration which reminded them of their responsibility to regularly check the General Pharmaceutical Council (GPhC) website for any Covid-19 related updates. The team members were taking their lunch breaks at different times to reduce the risk of spreading infection.

The pharmacy had a set of standard operating procedures (SOPs). They covered tasks such as dispensing, responsible pharmacist requirements and controlled drug (CD) management. They were last reviewed in 2016 and were due for the next review in 2022. This could mean that the pharmacy's SOPs were out of date and didn't reflect current practice. Each team member had signed the SOPs that were relevant to their role, but there was no record of when they had last read the SOP. The latest NHS Covid-19 SOP was kept in the dispensary.

Occasionally the pharmacists spotted near miss errors made by team members during the dispensing process. They immediately informed the dispenser of the error and asked them to rectify the mistake. The team members kept records of the near miss errors and stored them in a folder. They recorded details such as the time and the nature of the error, as well as why it might have happened and what they would do to prevent a similar error happening again. Records were seen dating back approximately nine months. The SI would regularly inspect the records to see if there were any patterns or trends and if any were identified, the team would discuss how to prevent similar errors happening again. This meant that every team member could learn from the error and make improvements to the way the team worked. For example, the team decided to separate esomeprazole tablets and capsules following a series of errors. The pharmacy kept records of any dispensing errors that had reached people. An electronic form was completed, and a copy was printed and stored in a folder for future reference. A sample seen, had several details recorded including the nature of the errors and why the errors might have happened. But any learning from the errors had not been recorded and so the pharmacy may have missed the opportunity to make improvements to the way the team works.

The pharmacy had a concerns and complaints procedure in place, and it was outlined in the pharmacy's practice leaflet which was available for people to select and take home 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 pharmacy's superintendent pharmacist (SI). It obtained feedback from people who used the pharmacy each year through a customer satisfaction survey. No records of previous surveys were available for inspection.

The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist notice displayed the name and registration number of the responsible pharmacist on duty. Entries in the responsible pharmacist record mostly complied with legal requirements but occasionally the time responsible pharmacist duties ended was not recorded. The pharmacy kept up-to-date and accurate records of private prescriptions. The pharmacy kept CD registers and records of CDs returned by people to the pharmacy. The pharmacy held certificates of conformity for unlicensed medicines, but they weren't always completed in line with the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA).

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 bin to avoid a mix up with general waste. The confidential waste was periodically destroyed by using a shredder. The team members understood the importance of keeping people's private information secure and they had all completed information governance training as part of their employment induction process.

The SI had completed safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE), and a safeguarding procedure was in place and displayed on a wall in the dispensary. The displayed listed the contact details of the local safeguarding team. When questioned, the team members accurately described various scenarios which they considered to be a safeguarding concern, and they explained they would raise any such concerns with the SI at the earliest opportunity.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members have the qualifications and skills to suitably provide the pharmacy's services. The team is of a sufficient size to ensure the workload is managed well. The pharmacy encourages its team members to discuss their personal development and they regularly talk about and implement ideas that help them deliver pharmacy services more efficiently.

Inspector's evidence

At time of the inspection the SI was working alongside a second pharmacist who worked at the pharmacy three days a week. They were supported by three NVQ2 qualified dispensers, of which two worked full-time and one worked part-time. The second pharmacist provided double cover for the SI on the three days in the week that she worked. This helped the SI have more time to complete administrative tasks. The pharmacy also employed two qualified pharmacy technicians, another qualified part-time dispenser and two delivery drivers.

The pharmacy occasionally provided the team members with some protected training time to complete any training to refresh and update their pharmacy knowledge and skills. They had recently been given time to read any Covid-19 related information to ensure they were working safely and preventing the spread of infection. The pharmacy didn't provide the team members with formal performance appraisals, but they were encouraged to discuss any personal goals or any additional training they needed with the SI.

The team members attended regular, informal team meetings during which they were encouraged to provide feedback and suggest ways the pharmacy could improve its way of working. The team members had recently improved the way they stored dispensed Fostair inhalers that were kept in the pharmacy's fridge. They explained they were spending a lot of time struggling to locate people's inhalers as they didn't store them in an organised way. To improve this, the team members decided to write the person's initials on the top of the packaging. This allowed them to easily find people's inhalers and reduce the time they were waiting in the pharmacy.

The team member said they were able to discuss any professional concerns with the SI or the second pharmacist, and they felt comfortable doing so. The pharmacy didn't have a whistleblowing policy and so the team members may not be able to raise and escalate a concern anonymously. There were no specific targets set for the team to achieve.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is kept clean, tidy, secure and is well maintained. It has two sound-proofed rooms where people can have private conversations with the pharmacy's team members.

Inspector's evidence

The pharmacy was clean, highly professional in appearance and well maintained. It had separate sinks available for hand washing and for the preparation of medicines. The team cleaned the pharmacy several times during the day to reduce the risk of spreading infection. They paid attention to areas of the pharmacy that were touched regularly such as benches and door handles. The pharmacy dispensary was relatively large, and it was kept tidy throughout the inspection. Floor spaces were kept clear to prevent the risk of a trip or a fall.

The pharmacy had two sound-proofed consultation rooms which contained adequate seating facilities. The temperature was comfortable throughout the inspection. Lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its services accessible to people and it manages them appropriately. It sources and stores its medicines properly and completes some checks to make sure they aren't expired. It takes the right action in response to safety alerts to make sure that people get medicines and devices that are safe to use. But it doesn't always record what action it has taken. And this could make it harder for the pharmacy to show what it has done in response if there was a future query.

Inspector's evidence

The pharmacy had steps up from the pavement. And there was a ramp and an automatic entrance door, so people using wheelchairs and prams could easily access the pharmacy. The pharmacy advertised its services and opening hours in the main window. There were seats available in the retail area for people to use while they waited for their prescriptions to be dispensed. Large-print labels were provided on request to help people with a visual impairment. The team members had access to the internet which they used to signpost people requiring services that the pharmacy did not offer.

The team members were using various stickers within the dispensing process and they used these as an alert before they handed out 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. The team members signed the bottom of the paper prescription or the electronic prescription token when the dispensing and checking processes were complete. But the pharmacy sent the prescriptions to the NHS prescription pricing authority at the end of each month for payment. And so, the pharmacy may find it difficult to appropriately investigate any potential dispensing errors. Typically, pharmacies use baskets during the dispensing process to hold medicines and prescriptions. The SI said he didn't feel the use of baskets was beneficial and instead prescriptions and medicines were placed on a dispensary bench until the pharmacist was ready to complete a final check. Different people's prescriptions and medicines were kept separate from each other to reduce the risk of them being mixed up. The team was ahead of their workload and was managing it well. 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 kept a record of the delivery of medicines to people. Due to the pandemic, the delivery driver didn't ask people to sign for receipt of their medication. The driver left the medicines on the person's doorstep before moving away and waiting to watch them pick up the medicines. The team members were aware of the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They demonstrated the advice they would give in a hypothetical situation and they had access to reading material about the programme that they could give to people to help them take their medicines safely.

The pharmacy supplied medicines in multi-compartment compliance packs to several people. The packs were provided either weekly or every four weeks. This schedule was agreed with the person following an initial risk assessment carried out by the team. To help the team manage the workload evenly, the dispensing of the packs was divided across a four-week cycle. Each person who received a pack was assigned a specific week, for example week three, and all their documentation was kept in a separate folder. The team members used master sheets which contained a list of the person's current medication and dose times. Prescriptions were checked against the master sheets for accuracy before

the dispensing process started. Any queries were discussed with the relevant prescriber. Any details of any changes such as dosage increases or decreases, were recorded on the person's master sheet. The packs were supplied with dispensing labels and patient information leaflets. But they weren't supplied with visual descriptions of the medicines to help people easily identify them.

Pharmacy (P) medicines were stored behind the pharmacy counter so people couldn't self-select any items without speaking to a team member. The team members were seen speaking to people about any P medicines they wished to buy. The pharmacy's medicines were stored tidily in the dispensary and were easy to find. The pharmacy had a process to date-check its medicines and a team member was doing this during the inspection. The checks were recorded, but this was not done consistently. This could make it harder for the pharmacy to confirm that the checks had been done correctly. No out-of-date medicines were found after the inspector completed a check of 20 randomly selected medicines. The pharmacy attached rubber bands around medicines to highlight them if they were expiring in the next six months. The date of opening was recorded on medicines that had a short shelf life once they had been opened. The pharmacy had medical waste bins, sharps bins and CD denaturing kits available to support the team in managing pharmaceutical waste. The team was not currently scanning products or undertaking manual checks of tamper evident seals on packs, as required under the Falsified Medicines Directive (FMD). The SI received drug alerts via email and actioned them. But a record of the action taken wasn't retained and so an audit trail was not in place. The team members checked and recorded fridge temperature ranges each day. A sample of records seen were within the correct ranges.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy's equipment is clean and suitable for the services it provides. The pharmacy uses its equipment appropriately 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. Medicines waiting to be collected were stored in a way that prevented people's confidential information being seen by members of the public. Computer screens were positioned to ensure confidential information wasn't seen by people. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so the team members could have conversations with people in private. It had a wireless card terminal for contactless transactions and reduce the use of physical cash. The team members were wearing personal protective equipment including face masks and gloves. There was a bottle of hand sanitiser and aprons kept in each consultation room. All equipment was clean and regularly monitored to ensure it was safe to use.

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.