

# Registered pharmacy inspection report

**Pharmacy Name:** Chapel St Pharmacy, 62 New Chapel Street,  
BLACKBURN, Lancashire, BB2 4DT

**Pharmacy reference:** 1033106

**Type of pharmacy:** Community

**Date of inspection:** 26/04/2024

## Pharmacy context

This is a community pharmacy in the centre of the town of Blackburn, Lancashire. Its main services include dispensing NHS and private prescriptions and selling over-the-counter medicines. The pharmacy supplies some people with their medicines in multi-compartment compliance packs and delivers some medicines to people's homes.

## 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
<b>1. Governance</b>	Standards not all met	1.2	Standard not met	Pharmacy team members do not maintain records of mistakes made within the dispensing process. And there is no evidence that the team learns from mistakes to improve patient safety.
<b>2. Staff</b>	Standards not all met	2.2	Standard not met	The pharmacy employs some team members that are not actively undergoing training appropriate for their role in accordance with GPhC training requirements. And so, they carry out tasks for which they are not appropriately qualified or trained.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards not all met	4.3	Standard not met	The pharmacy team doesn't store and manage all its medicine as it should. And so there is a risk some medicines may be supplied that are not fit for purpose.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance Standards not all met

### Summary findings

The pharmacy does not routinely support its team members to make records of mistakes made within the dispensing process and there is no evidence that the team learns from any mistakes made to improve patient safety. The pharmacy provides its team members with a set of written procedures to support them in managing its services. It keeps people's sensitive information secure, and its team members are adequately equipped to safeguard vulnerable adults and children.

### Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs). The SOPs provided the pharmacy's team members with information and instructions on how to complete various tasks. For example, managing controlled drugs (CDs) and dispensing medicines. The SOPs were not readily available for team members to access during the inspection. A team member contacted another pharmacist who worked at the pharmacy via telephone to locate the SOPs. Each team member was required to read the SOPs that were relevant to their role within the first few weeks of starting employment at the pharmacy. However, there were no records to show that team members had read and understood the SOPs. The SOPs were reviewed every two years to ensure they remained up to date.

The pharmacy didn't have a process to record or report mistakes made during the dispensing process which had been identified by the responsible pharmacist (RP). The RP routinely made the team member who had made the mistake aware of the mistake and asked them to rectify it immediately. The pharmacy didn't have a process to share learning from these mistakes with other team members. And so, team members may have missed the opportunity to learn from each other and implement changes to improve accuracy. Team members were unable to provide any examples of any reviews or analysis of mistakes made that had resulted in any changes made to the way the team worked to help improve patient safety. The pharmacy used an electronic system to report and record details of dispensing incidents, which were errors identified after people had received their medicines. Team members were unable to demonstrate how they would report any potential incidents and no examples were available to inspect. The pharmacy had a procedure to support people in raising concerns about the pharmacy. Any concerns or complaints were usually raised verbally with a team member. If the team member could not resolve the complaint, it was escalated to the RP on duty.

The pharmacy had current professional indemnity insurance. It was displaying an RP notice which clearly outlined the name and GPhC registration number of the RP on duty. The RP record was generally completed correctly. However, on several days, the RP had not recorded the time when their RP duties ended. The pharmacy kept records of the private prescriptions it had dispensed. The records were mostly complete, however on some occasions, the team had not recorded the date the prescription was dispensed. The pharmacy maintained complete CD registers. And of the sample checked, the team kept them in line with legal requirements. The team completed balance checks of the CDs against the physical quantity periodically. The pharmacy kept a register of CDs that had been 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. The team placed confidential waste into a separate container to avoid a

mix up with general waste. The waste was periodically destroyed using a shredder. Team members understood the importance of securing people's private information. The RP had completed training on the safeguarding of vulnerable adults and children via the Centre of Pharmacy Postgraduate Education (CPPE). Other team members had not completed any training but were able to describe some common signs that they would feel the need to report. The pharmacy had a formal procedure to support team members in raising a safeguarding concern. Team members explained they would discuss any concerns they had with the RP.

## Principle 2 - Staffing Standards not all met

### Summary findings

Some team members are not actively undergoing training appropriate for their role in accordance with GPhC training requirements. And so, they carry out tasks for which they are not appropriately qualified or trained. The pharmacy does not adequately support its team members to complete the training courses they are enrolled in. Team members can provide feedback to help improve the pharmacy's service delivery.

### Inspector's evidence

On the day of the inspection, the RP was a locum pharmacist who worked regularly at the pharmacy for one day per week. The RP was being supported by another team member. The pharmacy also employed two part-time dispensers and a part-time delivery driver. The pharmacy's superintendent pharmacist (SI) and other locum pharmacists covered the pharmacy's opening hours. Throughout the inspection, team members were observed working efficiently. Team members were supporting each other in completing various tasks. They could cover each other's absences by working additional hours if required.

The team member supporting the RP during the inspection had been enrolled onto a GPhC approved dispenser training course. But they had not accessed the course platform for such a time that the course had expired. The pharmacy had not provided the team member with protected training time to support them in working through the course and so the team member had not completed the training within the set timescale. The team member was unaware that they had not met the timescale for completion of the course and therefore had been completing activities without undertaking training appropriate to their role.

Each team member received an annual appraisal. This was typically in the form of a one-to-one conversation between the team member and one of the pharmacy's owners. They discussed the team member's progress and areas of improvement. Team members explained how they would raise any concerns with the SI and felt comfortable providing feedback to help improve the pharmacy's services. Team members were aware of the presence of a whistleblowing policy to support them in raising anonymous concerns. However, the policy could not be located during the inspection.

The team was set some targets to achieve by the pharmacy's owners. These included the number of prescriptions dispensed and retail sales. Team members felt the targets were generally achievable and were not under any significant pressure to achieve them.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are well maintained and are suitable for the services the pharmacy provides. The pharmacy is kept clean, hygienic and secured from unauthorised access. But team members can't make use of the pharmacy's consultation room for private conversations with people.

### Inspector's evidence

The pharmacy premises were generally well maintained and kept clean. The dispensary was spacious and kept organised throughout the inspection. The benches in the dispensary were well organised with baskets containing prescriptions and medicines awaiting a final check all stored in an orderly manner. There was a separate bench used by the RP to complete final checks of medicines. This helped reduce the risk of mistakes being made within the dispensing process.

The pharmacy had sufficient space to store its medicines. Floor spaces in the dispensary were generally kept clear from obstruction which helped reduce the risk of a trip or fall. There was a consultation room. However, it was being used as a storage area and so there was no facility for people to have a screened, private conversation with a team member. The pharmacy had separate sinks available for hand washing and for the preparation of medicines. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. Team members controlled unauthorised access to restricted areas of the pharmacy. Lighting was bright throughout the premises.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy team doesn't store and manage all its medicine as it should. And so there is a risk some medicines may be supplied that are not fit for purpose. The pharmacy provides a range of services that are suitably accessible to people and support them in managing their health. And it manages these services appropriately.

### Inspector's evidence

The pharmacy had level access from the street to the main entrance door which helped people using wheelchairs access the pharmacy. The pharmacy advertised its opening hours and its services on the main entrance door. The pharmacy had a list of pharmacy services displayed on a wall in the retail area. However, the pharmacy did not offer some of these services such as diabetes testing. There was a small 'stop smoking' display in the retail area. People could select some leaflets to take away with them which provided information on smoking cessation. The pharmacy had the facility to provide large-print labels to people with a visual impairment. Team members described how they supported people with a hearing impairment to access the pharmacy's services. This included providing written messages to people and speaking slowly. 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 pharmacies supplied valproate in the original manufacturers packaging.

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. They used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. The pharmacy had owing slips to give to people when the pharmacy could not supply the full quantity prescribed. But the team didn't always use them. This meant that the pharmacy's electronic patient record was not always accurate. The pharmacy offered an optional delivery service and kept records of completed deliveries. 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 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 patient information leaflets and written descriptions of each medicine within the packs, which helped people easily identify them.

The pharmacy stored pharmacy-only (P) medicines behind the retail counter. The pharmacy had a process for team members to follow to check the expiry dates of the pharmacy's medicines every three months. However, the pharmacy held no records to confirm when the process had been completed. Five out-of-date medicines were found following a check of approximately 20 randomly selected medicines. Team members were not observed checking the expiry dates of its medicines during the dispensing process. The pharmacy used two fridges to store medicines that required cold storage. The team didn't keep records of the fridges operating temperature ranges. Both fridges' thermometers showed they were operating outside of the accepted ranges of between 2 and 8 degrees Celsius. Therefore, there was a risk that people could be supplied with medicines that were not fit for purpose.

Drug alerts and recalls were received electronically by the team. Team members actioned the alerts and recalls as soon as possible but didn't keep a record of the action taken.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriately maintained equipment that it needs to provide its services. And it uses its equipment appropriately to help protect people's confidentiality.

### 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. Team members used a separate cylinder to dispense high-risk medicines. However, the cylinder was not clearly marked and so this increased the risk of cross-contamination with other medicines.

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.