

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: 14/11/2024

Pharmacy context

This is a community pharmacy in the town of Blackburn, Lancashire. Its main services include dispensing NHS and private prescriptions and selling over-the-counter medicines. It also provides a 'flu vaccination service. 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 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 has a set of written procedures to help the team undertake various tasks. And it keeps the records it needs to by law. Team members keep people's confidential information secure, and the team is equipped to help safeguard the welfare of vulnerable adults and children. The pharmacy team make some changes to the way it works following mistakes to improve patient safety.

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. 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 all team members had read and understood the SOPs. A team member who had been working at the pharmacy for several months explained they had read the SOPs that were relevant to their role but was not aware they needed to sign a document on the rear of each SOP to confirm they had done so. The SOPs were reviewed every two years to ensure they remained up to date. The last recorded review was in 2023 and therefore the next review was due to be completed in 2025.

The pharmacy had a process to record mistakes made during the dispensing process which had been identified by the responsible pharmacist (RP). These mistakes were known as near misses. The RP routinely made the team member who had made the near miss aware of the mistake, and asked them to rectify it immediately. The team member then entered details of the near miss onto a log that was kept on a bench in the dispensary. Team members recorded the date, time, and type of near miss. There was a section in the log for team members to record any actions taken to reduce recurrence, but these were often vague and lacked details of any root cause analysis. The RP discussed common near misses with all team members when it was convenient to do so. And they spoke about what steps they could take to reduce the risk of common near misses from happening again. A dispenser demonstrated some examples of where the team had separated medicines that had similar names or packaging to reduce the risk of them being picked in error. 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 RP explained that they would ensure all such incidents were discussed with all team members and the pharmacy's superintendent pharmacist (SI) to encourage learning. 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.

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. The RP record was completed correctly. The pharmacy kept complete records of the private prescriptions it had 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 inspector checked the balance of two CDs. Both balances recorded in the pharmacy's CD register matched the quantity held in the CD cabinet. The pharmacy kept a register of CDs that had

been returned to the pharmacy for destruction. Returned and expired CDs were stored in a separate CD cabinet to reduce the risk of them being supplied to people in error.

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 the dispenser present during the inspection described 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 met

Summary findings

The pharmacy employs a suitable number of team members to safely manage its workload. It supports its team members to complete courses relevant to their roles. And it has processes in place to support them in giving feedback to improve service delivery.

Inspector's evidence

On the day of the inspection, the RP was a pharmacist who worked at the pharmacy for three days a week. The RP was being supported by a trainee dispenser and another team member who had started working at the pharmacy on the day of the inspection. This team member had no previous pharmacy experience and was seen completing some dispensing activity during the inspection without the proper induction and training. This was discussed with the RP, who directed the team member to cease the activity with immediate effect. The pharmacy employed another qualified dispenser and another team member who was responsible for basic housekeeping tasks. The RP and the dispenser were observed working efficiently and supporting each other in completing various tasks. Team members booked leave in advance and worked additional hours to cover each other's absences. Locum pharmacists worked on days when the RP was absent.

The trainee dispenser was enrolled onto a GPhC approved dispenser course and was making good progress. They described how they felt well supported by the RP to help complete their course within a timely manner. They received some protected time to complete training during working hours. This allowed them to learn without distractions and ask for support from the RP if there was an aspect of the course, they needed help with.

Each team member received an annual appraisal. This was typically in the form of a one-to-one conversation between the team member and the RP or 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 RP or the pharmacy's SI and felt comfortable providing feedback to help improve the pharmacy's services. The team was set some targets to achieve by the pharmacy's owners. These included the number of prescriptions dispensed and retail sales.

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. It has facilities for people to have private conversations about their health with the pharmacy team.

Inspector's evidence

The pharmacy premises were well maintained and kept clean. The dispensary was 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 team used a first-floor room to manage the service for dispensing multi-compartment compliance packs. This room was spacious and kept well organised.

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 small consultation room which was suitable to allow people to have a screened, private conversation about their health 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 met

Summary findings

The pharmacy's services are suitably accessible for people, and the pharmacy provides them safely. It obtains its medicines from appropriate sources and its team undertakes suitable checks to ensure medicines are fit for purpose before supplying to people.

Inspector's evidence

The pharmacy had level access from the street to the entrance door which helped people using wheelchairs access the pharmacy. The pharmacy advertised its opening hours and its services on the entrance door. The pharmacy had a list of pharmacy services displayed on a wall in the retail area. People could select some leaflets to take away with them which provided information on various healthcare topics. 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 manufacturer's packaging and the risks of supplying valproate to males. The pharmacy was offering 'flu vaccinations to people and promoted the service by asking eligible people to book an appointment when convenient to do so.

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 used owing slips to give to people when the pharmacy could not supply the full quantity prescribed. 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. And the pharmacy held records to confirm when the process had been completed. No out-of-date medicines were found following a check of approximately 20 randomly selected medicines. Medicines that were expiring within the next six months were marked using dot stickers to highlight these to use first. The pharmacy used a domestic grade fridge to store medicines that required cold storage. The team kept complete records of the fridges operating temperature ranges. The fridge was operating within of the accepted ranges of between 2 and 8 degrees Celsius. Drug alerts and recalls were received electronically by the team. Team members actioned the alerts and recalls as soon as possible and kept 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 and hard 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-risker 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.