

Registered pharmacy inspection report

Pharmacy Name: Well, 26-30 Rainhall Road, Barnoldswick, COLNE,
Lancashire, BB18 5DR

Pharmacy reference: 1033363

Type of pharmacy: Community

Date of inspection: 21/11/2024

Pharmacy context

This community pharmacy is in a residential area in the village of Barnoldswick, Lancashire. Its main services include dispensing NHS prescriptions and selling over-the-counter medicines. The pharmacy offers the NHS Pharmacy First and 'flu vaccination services. It supplies some people with their medicines dispensed in multi-compartment compliance packs, designed to help people remember to take their medicines. And it delivers some medicines to people's homes.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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 provides its team members with a set of documented procedures to help them complete various tasks. It keeps the records it needs to by law and keeps people's confidential information safe. Team members are suitably equipped to help safeguard the welfare of vulnerable adults and children. Team members record details of mistakes made during the dispensing process and they make changes to the way the pharmacy operates to reduce the risk of similar mistakes happening again.

Inspector's evidence

The pharmacy held electronic standard operating procedures (SOPs). A dispenser explained they had read and understood the SOPs that were relevant to their role. The pharmacy's superintendent pharmacist (SI) office reviewed the SOPs every two years. This was to ensure they remained up to date. Team members completed a short assessment after reading each SOP to confirm their understanding. A trainee dispenser who had been employed at the pharmacy for around six months had completed all SOPs relevant to their role.

Pharmacy team members had access to an electronic system to record mistakes made and identified during the dispensing process. These were called near miss errors. Team members explained they had made a significant effort over the last few months to ensure each near miss error was logged onto the system. Details recorded included the time and date the near miss error happened, the identity of the team members involved, and any action taken to reduce the risk of a similar error happening again. They demonstrated examples of where they had made changes to the way the pharmacy stored its medicines in the dispensary to reduce the risk of medicines that had similar names or packaging being selected in error during the dispensing process. The pharmacy used the same electronic system to record dispensing incidents where mistakes were identified after people had been supplied their medicines. Following such incidents, the team completed an incident report form and held a team meeting to discuss the incident. This helped each team member to learn from the incident. The report was sent to the SI's office for analysis and a copy of the report was stored in a clear bag alongside the associated prescription and medicine that was supplied in error. The team provided further confirmation to the SI's office after actions had been completed following the reporting of an incident. For example, any additional training to be provided to team members. The pharmacy had a procedure to support people in raising concerns about the pharmacy. It was outlined via a notice displayed in the pharmacy's retail area. 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 pharmacy's SI team.

The pharmacy had current professional indemnity insurance. It was displaying a responsible pharmacist (RP) notice which showed the full name and GPhC registration number of the RP on duty. A sample of the RP record inspected was completed correctly. The pharmacy held electronic controlled drug (CD) registers. The balances recorded in the registers were checked against physical stock at least each month to make sure they matched. A random check of two CDs showed that the physical stock matched what the pharmacy had recorded in its registers. The pharmacy held complete records of CDs that had been returned by people 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 confidential waste was periodically destroyed via a third-party contractor. Team members understood the importance of securing people's private information. They described how they offered people the use of the pharmacy's consultation room if people felt uncomfortable discussing their health in the retail area. The team members present during the inspection confirmed they had completed training on General Data Protection Regulation (GDPR). The RP had completed safeguarding training via the Centre for Pharmacy Postgraduate Education (CPPE). Other team members had completed training provided by the pharmacy's head office team. The pharmacy had a safeguarding reporting policy, to support team members in raising a safeguarding concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team has the appropriate qualifications and skills to provide its services. Team members provide feedback and implement change to the way the pharmacy operates to help improve efficiency. And they are adequately supported to update their knowledge and skills.

Inspector's evidence

The RP was the pharmacy's full-time pharmacist and manager. They had joined the pharmacy around six months ago following a period of about 12 months where the pharmacy used locum pharmacists. During the inspection the RP was supported by a full-time trainee pharmacy assistant, a full-time qualified pharmacy assistant, and a qualified accuracy checking pharmacy technician (ACPT). The ACPT was a relief team member who worked across several Well pharmacies in the local area. Following some team members ceasing their employment at the pharmacy, the ACPT was working one day per week at the pharmacy. The pharmacy also employed a delivery driver who was not present during the inspection. The pharmacy was busy throughout the inspection with a constant flow of people collecting dispensed prescriptions, presenting prescriptions to be dispensed and speaking with team members about their health. Team members were observed working efficiently and without any time pressures. Team members were ahead of the workload by around two days. Team members accepted that there was a risk they would be working under some pressure if another team member took unplanned leave, for example, for sickness. They explained such a situation had not arisen, but they were confident they would be well supported by the pharmacy's wider management team to arrange additional staffing cover at short notice to ensure they could safely manage the pharmacy's workload. Team members were generally required to request any planned leave at least four weeks in advance. They were not permitted to take planned leave during busy periods of business such as the week before Easter and in the month of December.

The pharmacy provided team members with access to an online training programme. Each team member had their own login details and could track their own progress through a series of mandatory modules. They also completed additional modules in response to their own identified learning needs. The trainee pharmacy assistant was provided with some protected training time to support them in completing their course. But they were not always able to take the time to train during their working hours due to workload pressures. So, they often completed training in their personal time. The pharmacy provided team members with a formal appraisal process. Team members discussed their development and career progression with the pharmacy's manager approximately every twelve months.

Team members attended team meetings where they could give feedback on ways the pharmacy could improve. They discussed how they could better manage the storage of medicines in the dispensary to reduce the number of near misses. Following a team meeting, team members decided to create a segregated area to store inhalers. The implementation of the change had resulted in the number of near misses involving inhalers had significantly decreasing. The pharmacy did not set the team some targets to achieve. They explained the targets were achievable and they were focused on providing an efficient and effective service for the local community.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are kept clean and secure from unauthorised access. The pharmacy has the facilities for people to have private conversations with team members.

Inspector's evidence

The pharmacy was on the ground floor of the premises. It had two sections with several benches used for dispensing medicines. The RP used a separate, segregated bench to complete final checks of prescriptions. All benches were kept well organised throughout the inspection. Floor spaces within the dispensary were kept clear. A room behind the dispensary was used to store retail stock. It contained several boxes of products for retail sale. These products were due to be placed in the retail area. During the inspection, a non-pharmacy team member from the pharmacy's head office team was organising this stock. There was a staff kitchen and toilet. The pharmacy had a hot water supply. On the first floor, there was a large storeroom used to store additional supplies of medicines. This room was kept clean and well organised.

There was a spacious and tidy consultation room available for people to use to have confidential conversations with team members about their health. The pharmacy had separate sinks available for hand washing and for the preparation of medicines. Team members controlled unauthorised access to restricted areas of the pharmacy. Lighting was bright in the dispensary and retail area.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are made suitably accessible, and it provides them safely. The pharmacy obtains its medicines from appropriate sources and its team undertake suitable checks to ensure medicines are fit for purpose before supply to people.

Inspector's evidence

The pharmacy had level access from the street. Its opening times were clearly advertised. It had the facility to provide large-print labels to help people with a visual impairment. 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 people received valproate in the original manufacturers packaging and recently issued guidance on supplying valproate to males. The pharmacy provided the NHS Pharmacy First service. It held all the necessary documentation to provide the service. A notice affixed to a wall in the dispensary outlined the inclusion and exclusion criteria for each condition.

Team members used dispensing baskets to safely store medicines and prescriptions throughout the dispensing process. This helped manage the risk of medicines becoming mixed-up. Team members signed dispensing labels when they completed the dispensing and final checking processes to maintain an audit trail. They attached alert stickers to bags containing dispensed medicines to provide a prompt when they handed them out 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 pharmacy offered a delivery service and kept records of completed deliveries. It had some prescriptions assembled at the pharmacy's offsite hub pharmacy. This process was designed to help reduce the workload pressures on the team. Team members inputted data from each prescription onto the pharmacy's computer system. The RP completed a clinical and accuracy check prior to any prescriptions being sent to the hub. They completed this process in a timely manner. Team members recalled a period several months ago where they were unable to submit prescriptions to the hub on time. Completing the process on time reduced the risk of people presenting at the pharmacy to collect their medicines before the medicines had arrived at the pharmacy from the hub pharmacy.

The pharmacy supplied some people with their medicines dispensed into multi-compartment compliance packs. These packs were designed to help people take their medicines at the right times. Each person had a 'master-sheet' which team members used to cross-reference with prescriptions before the dispensing process began. If they spotted a discrepancy, for example, if a medicine was missing from the prescription, they made enquires with the prescriber. Team members recorded details of authorised changes to people's treatment on their electronic medical record. The packs were supplied with descriptions of the individual medicines so people could identify them. Team members dispensed the packs in a segregated area of the dispensary. This area was kept organised and tidy to help reduce the risk of mistakes being made.

The pharmacy had a process for the team to follow to ensure medicines were within their expiry date before being supplied to people. The team was up to date with the process and kept complete records to confirm this. Additionally, team members checked expiry dates of medicines during the dispensing process. No expired medicines were found following a check of around 30 randomly selected

medicines. Medicines that had a shorter shelf life once opened were clearly marked with the date of opening. Expiring medicines were marked with alert stickers. Team members kept a record of these medicines, and they removed them for destruction the month before they were due to expire. The pharmacy had two fridges to store medicines that required cold storage. And the team kept keep records of the fridge's minimum and maximum temperature ranges. A sample seen showed the fridges were operating within the correct ranges. The pharmacy had medicine waste bags and bins, sharps bins and CD denaturing kits available to support the safe disposal of medicine waste. The pharmacy received medicine alerts through email. The team actioned alerts and kept a record of the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary 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 electronic and hard copies of the British National Formulary (BNF) and the BNF for Children. The pharmacy used a range of measuring cylinders. There were separate cylinders to be used only for dispensing water. This helped reduce the risk of contamination. There was a blood pressure monitor to support the team in taking blood pressure measurements and there was an otoscope used to undertake ear examinations.

The pharmacy stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. It suitably 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.