

Registered pharmacy inspection report

Pharmacy Name: Silverdale Pharmacy, 18 Emesgate Lane,
SILVERDALE, Lancashire, LA5 0RA

Pharmacy reference: 1084805

Type of pharmacy: Community

Date of inspection: 11/07/2024

Pharmacy context

This community pharmacy is in the centre of the village of Silverdale, Lancashire. Its main services include dispensing prescriptions and selling over-the-counter medicines. The pharmacy provides a range of NHS services including the NHS blood pressure check service and the Pharmacy First service. It supplies some medicines 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

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 takes steps to identify and appropriately manage the risks associated with the services provided to people. Pharmacy team members implement improvement measures to help improve patient safety and they are suitably equipped to support the safeguarding of vulnerable adults and children. The pharmacy keeps most of the records it needs to by law, however it does not keep a complete record of which pharmacist is working when the pharmacy is open.

Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs) to help support the safe and effective operations of the pharmacy. The SOPs provided team members with detailed information to help them complete various processes. For example, managing controlled drugs (CDs). The SOPs available were written in 2017 and had not been updated since. The responsible pharmacist (RP) explained the pharmacy had recently introduced a digital set of SOPs that were to replace the written versions. However, the team was not able to access the digital SOPs and so they were not inspected. Team members confirmed they had read and understood the digital SOPs that were relevant to their roles but there was no evidence to confirm this. The pharmacy's dispenser was aware of the tasks they were could and could not do in the absence of an RP.

The pharmacy had a process for recording details of mistakes made during the dispensing process which were identified before a medicine was supplied to a person. These mistakes were known as near misses. The pharmacy had not recorded a near miss since the implementation of a new dispensing software system which was completed around 12 months ago. The system used a QR code scanning system which alerted team members if they had selected the incorrect medicine during the dispensing process. During the inspection the dispenser had incorrectly selected metformin 500mg tablets instead of metformin modified release 500mg tablets. The dispenser demonstrated how the system would not allow them to continue the dispensing process until the correct medicine had been scanned. This was not recorded as a near miss. Team members described how the system had significantly reduced the risk of the incorrect medicine being dispensed to a person. Team members took additional steps to reduce the risk of near misses being made. These included ensuring medicines that were produced in differing strengths were appropriately separated and not stored on top of each other. The team had a process to report and record dispensing incidents that had reached people. The team followed a process to investigate the incident to help establish any contributing factors that may have caused the error and implement an action plan to reduce the risk of a similar mistake recurring. Since the implementation of the new dispensing software system the pharmacy had not had a dispensing incident.

The pharmacy did not advertise its feedback and complaints procedure clearly to people who used the pharmacy. Team members explained that feedback, complaints, and suggestions were generally received verbally via telephone. They knew how to escalate concerns to the attention of the pharmacy's owners or superintendent pharmacist (SI).

The pharmacy had current professional indemnity insurance. It was displaying an RP notice which displayed the correct name and General Pharmaceutical Council (GPhC) registration number of the RP on duty. The pharmacy had an RP record, but it had not been completed since May 2024. The RP

explained that they had not completed the record as they believed that logging into the pharmacy's dispensing software system each day was sufficient. The importance of maintaining a complete RP record was discussed and the RP gave assurances that the RP record would be completed correctly following the completion of the inspection. The pharmacy kept records of supplies against private prescriptions. The pharmacy retained complete CD registers. And of the sample checked, the team mostly kept them in line with legal requirements. However, some headers, detailing the name of the CD, were not fully completed. The importance of doing so was discussed with the team. The team checked that the physical quantities of CDs matched the balance recorded in the register periodically. The inspector checked the balance of a randomly selected CD which was found to be correct. The pharmacy kept complete records of CDs returned to the pharmacy for destruction.

Team members completed mandatory learning on the protection of people's confidentiality and data protection when they started employment with the pharmacy. 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. The RP and the dispenser had completed mandatory learning on the safeguarding of vulnerable adults and children. The pharmacy did not have a formal procedure to support team members in reporting any concerns identified. They described hypothetical scenarios that they would report. The contact details of the local safeguarding teams were readily available to the team.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy employs a skilled and experienced team to help manage its workload. Team members support each other while they work, and the pharmacy adequately supports them to update their knowledge and skills. Team members are provided with the opportunity to give feedback and raise concerns about the pharmacy's operations.

Inspector's evidence

The RP was the full-time pharmacist and worked 6 days a week at the pharmacy. They were supported by a full-time qualified pharmacy dispenser during the inspection. The pharmacy also employed a part-time, qualified medicines counter assistant (MCA) who was not working on the day of the inspection. A regular locum pharmacist covered the days the pharmacist was not working. The team had worked to adjust the staffing rotas to ensure that both the dispenser and MCA were working together during the pharmacy's busiest times of the week. As the pharmacy only employed one qualified dispenser, the RP completed all dispensing activity when the dispenser was absent. The RP recognised the increased risk with working in this way but felt the new dispensing software system had helped reduce the risk of mistakes being made. The RP explained they always aimed to take a mental break between the labelling, dispensing and clinical check phases of the dispensing process. The RP was able to ask the SI for additional staffing support to be provided if the team felt this was necessary. On the day of the inspection, the team was ahead of its dispensing workload and team members were observed working efficiently and dispensing without any time pressures.

The pharmacy did not provide qualified team members with a structured training programme to support them in updating their learning and development needs. However, they took the time during their working hours to read training material that had been provided to the pharmacy by third-party contractors on an ad-hoc basis. The qualified dispenser described how they had taken some time to gain a better understanding of the conditions some specific medicines were commonly prescribed for. The team completed some mandatory training as a part of the pharmacy's NHS contractual requirements. Most recently, team members had completed training on antibiotic stewardship.

The pharmacy did not have a whistleblowing policy to help support team members raise a concern anonymously. Team members attended regularly held meetings with the SI to discuss workload and any feedback they wished to share. The SI completed annual, informal appraisals with team members. They discussed their progress and development. The team was not set any targets to achieve by the pharmacy's owners.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are well maintained and suitable for the services provided. The pharmacy has the facilities for people to have private consultations with team members.

Inspector's evidence

The pharmacy was kept secure, well maintained, and hygienic. Any maintenance concerns were reported to the pharmacy's SI. The dispensary was located at the rear of the premises. It was of a suitable size for the number of prescriptions the pharmacy dispensed. It was kept well organised throughout the inspection with baskets containing prescriptions and medicines awaiting a final check stored in an orderly manner. There was a separate area used by the RP to complete clinical checks of prescriptions. This helped reduce the risk of mistakes being made within the dispensing process. There was ample space to store the pharmacy's medicines. The dispensary floor was kept generally clear of obstruction, except for some boxes containing medicines that had been delivered to the pharmacy on the day of the inspection. The pharmacy had a consultation room where people could speak privately with a team member. The room was kept well organised and was appropriately signposted and soundproofed.

The pharmacy had a clean sink 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. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are readily accessible to people. And the team manages the services safely and effectively. The pharmacy stores its medicines safely and securely. Team members follow a robust process to check that medicines are within their expiry date and are safe to supply to people.

Inspector's evidence

People accessed the pharmacy via its main entrance door up a small step from street level. Team members supported people with prams or pushchairs to enter the premises. They helped people who used wheelchairs at the entrance door. The pharmacy clearly advertised its opening hours and the services it offered on its main window. The pharmacy had recently started providing the NHS Pharmacy First service. Team members knew the relevant inclusion and exclusion criteria of the service and the pharmacy held all the appropriate documentation to provide the service. These included patient group directions, clinical pathways, and service specifications. The pharmacy sub-contracted the use of its consultation room to an audiologist who provided a hearing and ear wax removal service during an appointment-based clinic every Saturday. This service was not managed by the pharmacy team. The services offered were clearly advertised on the pharmacy counter and team members promoted the service to those people they felt would benefit. The pharmacy provided the NHS blood pressure check service. The RP provided examples of instances where they had diagnosed hypertension and referred people to commence treatment from their GP.

The pharmacy had a process in place to support team members in supplying medicines that were of higher risk. Team members were aware of their responsibilities when selling codeine-based painkillers over the counter and when supplying valproate. Team members knew of the requirements of the valproate, topiramate and alitretinoin Pregnancy Prevention Programmes (PPPs). They were aware of the importance of ensuring they did not cover up any warnings on the packaging of these medicines when attaching dispensing labels. And they were aware of the requirement to supply valproate in the manufacturers original packaging.

Throughout the dispensing process team members used baskets to help keep people's prescriptions and medicines together and reduce the risk of them being mixed up which could lead to errors being made. The baskets were of differing colours to help segregate the workload. Team members logged into the dispensing software system when they commenced the dispensing process. This helped maintain a clear audit trail of which team member had completed the dispensing and the clinical check phases of the dispensing process. The team used a handheld device to log bags containing dispensed medicines onto a specific place within the prescription retrieval area of the dispensary. When handing out these medicines, team members scanned the QR code on the bags using the handheld device. The device displayed a warning if the incorrect bag had been scanned. This helped reduce the risk of the incorrect medicines being supplied to a person. The pharmacy had owing slips to give to people when the pharmacy could not supply the full quantity prescribed. The pharmacy offered a delivery service once a week. Deliveries were completed by the dispenser. Bags containing medicines for delivery were kept separately from those for collection. The barcodes of the bags were scanned immediately prior to the dispenser leaving the pharmacy to deliver. And so, an audit trail was in place which indicated when medicines had left the pharmacy. People were not required to sign on receipt of their medicines. And so, the team may find it difficult to resolve a discrepancy.

The pharmacy supplied several people living in their own homes with medicines dispensed in multi-compartment compliance packs. These packs were designed to help people take their medicines at the correct times. The packs were dispensed by team members in a designated area in the storeroom to help reduce distractions from the retail area. Dispensed packs were well organised on shelves. Team members had implemented several steps to help them manage the process safely and effectively. These steps included spreading the workload evenly over four, colour-coded weeks. Prescriptions and 'master sheets' for each person that received a pack were stored in individual, clear wallets. The master sheets had a list of each medicine that was to be dispensed into the packs and times of administration. Team members replaced the master sheets when any changes were authorised by a prescriber. For example, if a medicine's strength was increased or decreased. The packs were supplied with patient information leaflets, and some were annotated with descriptions of the medicines inside to help people visually identify them.

The team had a process to follow to check the expiry dates of the pharmacy's medicines on an ad-hoc basis. However, the pharmacy did not keep records of when this process was completed, and so an audit trail was not in place. No out-of-date medicines were found following a check of approximately 20 randomly selected medicines. The dispensing software system displayed a warning if an expired medicine was scanned for dispensing. This helped reduce the risk of an expired medicine being supplied to a person. The team marked bulk, liquid medicines with details of their opening dates to ensure they remained fit to supply. One liquid medicine was identified that had not been marked. This medicine was brought to the attention of a team member who removed it from the dispensary. The pharmacy used a fridge to store medicines that required cold storage. The operating temperature ranges of the fridge were checked and recorded by a team member each day to ensure they were within the accepted range of 2 to 8 degrees Celsius. A sample of the record showed both fridges were operating within the accepted temperature range. Medicines stored in the fridges and CD cabinets were kept well organised. The pharmacy received drug alerts and medicine recalls via email. Team members actioned the alerts as soon as possible and kept a record of the action taken to maintain an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy used a range of CE marked measuring cylinders for preparing liquid medicines. There was suitable equipment to support the team to manage the NHS Pharmacy First service and to measure people's blood pressure. This included an otoscope, a digital and an ambulatory blood pressure monitor. The pharmacy stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. It suitably positioned the computer screen in the consultation room to ensure people could not see any confidential information. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members working in the dispensary could have conversations with people without being overheard by people in the waiting area.

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. |