

Registered pharmacy inspection report

Pharmacy Name: Bardney Pharmacy, 1 West View, Station Road,
Bardney, LINCOLN, Lincolnshire, LN3 5UB

Pharmacy reference: 1087562

Type of pharmacy: Community

Date of inspection: 23/09/2021

Pharmacy context

The pharmacy is in a rural village in Lincolnshire, it changed ownership in June 2019. The pharmacy's main services include dispensing NHS prescriptions and selling over-the counter medicines. The pharmacy supplies some medicines in multi-compartment compliance packs, designed to help people to take their medicines. And it delivers some medicines to people's homes. The pharmacy was inspected 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	1.4	Good practice	The pharmacy actively encourages feedback from people using its services. And it shares details of how it uses the feedback it receives to inform improvements to its services.
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 identifies and manages the risks associated with its services appropriately. It keeps people's private information secure and advertises how it manages this information. The pharmacy encourages feedback from members of the public. And it responds well to feedback by acting on people's suggestions to improve the way it delivers its services. The pharmacy keeps all records it must by law. And its team members understand how to recognise and respond to safeguarding concerns. Pharmacy team members have a good understanding of their roles and responsibilities. And they are committed to sharing learning to help reduce risk following mistakes they make during the dispensing process.

Inspector's evidence

The pharmacy had appropriately addressed the risks of managing its services during the COVID-19 pandemic. This included fitting a plastic screen at the medicine counter and limiting the number of people in the public area of the pharmacy during periods of social distancing restrictions. Pharmacy team members had supplies of personal protective equipment available to them. They were able to socially distance when working in the dispensary. And they donned a type IIR face mask when speaking with members of the public. Team members had also read and signed the NHS England and NHS Improvement Community Pharmacy COVID-19 standard operating procedure (SOP) and a hand hygiene procedure. The pharmacy had a notice on its door reminding people of the need to wear a face covering when entering a healthcare setting.

The pharmacy had a good range of SOPs to support the safe running of the pharmacy. The SOPs had been prepared by the previous owners. The responsible pharmacist (RP) who was the pharmacy's superintendent pharmacist and owner, had signed the SOPs upon taking over the business to confirm they were fit for purpose. The SOPs were slightly overdue for review as the planned review date was June 2021. Team members had read and signed the SOPs within the last two years. And they were observed working in accordance with dispensary procedures. A team member explained clearly what tasks could not take place if the RP was absent from the premises. The pharmacy also considered business continuity arrangements. For example, on the day of inspection the pharmacy's telephone line was not working. The RP had contacted the service provider and had arranged to have the line diverted to her mobile. This meant people could continue to contact the pharmacy by phone as normal.

Pharmacy team members engaged in processes designed to reduce risk. For example, the team regularly recorded mistakes made during the dispensing process, known as near misses. A team member explained how feedback was provided by the pharmacist following a mistake. And monthly meetings helped the team to identify patterns in near misses. Appropriate action was taken in response to these patterns. For example, a team member demonstrated how the team placed warning stickers on shelf edges to prompt extra checks when picking 'look-alike and sound-alike' (LASA) medicines. The team monitored the actions taken to reduce risk by recording them following the monthly meeting. The pharmacy had an incident reporting procedure. And it shared its learning from these types of mistakes by submitting anonymised reports to the National Reporting and Learning System (NRLS). This supported wider learning across the pharmacy community. Completed incident forms were comprehensive and included learning outcomes and details of the actions taken to reduce risk.

The pharmacy had a complaints procedure. This was advertised to people along with the results of the pharmacy's 2020 patient questionnaire. The results identified a high satisfaction rate with positive comments about the attitude and caring nature of team members. The pharmacy acknowledged feedback about its waiting area and consultation room within this document. This allowed people to see how their feedback was used to inform change. For example, the pharmacy had provided more seating as a result of this feedback. Pharmacy team members had access to information relating to the General Data Protection Regulation. And they had a clear understanding of the need to protect people's confidentiality. The pharmacy stored all personal identifiable information in staff-only areas of the premises and it advertised its privacy policy to members of the public. Team members disposed of confidential waste securely.

The pharmacy had up-to-date indemnity insurance arrangements in place. The RP notice displayed the correct details of the RP on duty. The pharmacy made entries in the RP record and private prescription register in accordance with legal requirements. It held specials records in accordance with the requirements of the Medicines and Healthcare products Regulatory Agency. The pharmacy didn't always record the address of the wholesaler in its controlled drug (CD) register when it received a CD. It maintained running balances in the register and the RP completed a physical balance check of all CDs against the register weekly. A random physical balance check conducted during the inspection complied with the running balance in the register. The pharmacy had a patient returned CD destruction register. And this was maintained to date.

The pharmacy had procedures relating to safeguarding vulnerable adults and children. And contact information for local safeguarding agencies was available to the team. The RP had completed safeguarding training through the Centre for Pharmacy Postgraduate Education. And other members of the team demonstrated a good understanding of how to recognise and report a safeguarding concern. For example, the delivery driver provided details of a recent concern associated with a failed delivery of medicines. The RP also provided an example of reporting a concern to the adult safeguarding team. But the pharmacy team did not take the opportunity to document these concerns and the actions it had taken to safeguard people, on the patient medication records (PMRs).

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a small, dedicated team of people who work together well. The pharmacy provides its team members with support and time to complete ongoing learning associated with their roles. And it ensures its team members feel comfortable with sharing their ideas and providing feedback. Pharmacy team members demonstrate enthusiasm for their roles. And they engage in continual shared learning to inform the safe delivery of pharmacy services.

Inspector's evidence

The pharmacy team consisted of the RP, two part-time trainee dispensers and a part-time delivery driver. The trainee dispensers were currently working additional hours due to a vacancy within the team. The RP explained that a new team member was due to start shortly. Team members also worked additional hours to help cover leave. The pharmacy did not currently have a regular locum to support in providing cover for the RP's days off and leave. And the RP expressed that it had become increasingly difficult to obtain locum cover.

The pharmacy had enrolled both trainee dispensers on a GPhC accredited course relevant to their role. The delivery driver had worked at the pharmacy since early 2020, and had completed internal training associated with their role. The trainee dispensers received time in work to complete regular learning. But they had not made significant progress with their accredited courses to date. And the team explained this was due to the pressures of the pandemic. A discussion took place about the need for the team members to complete the course within three years as set out in the 'GPhC's requirements for the education and training of pharmacy support staff'. The trainee dispenser on duty had a clear understanding of their roles and responsibilities. And was able to discuss and demonstrate how they completed a range of dispensing tasks in accordance with the details written in the SOPs. In addition to the accredited training, team members had completed a range of learning associated with providing the pharmacy's services. Much of this learning focussed on meeting the requirements of the NHS Pharmacy Quality Scheme. The pharmacy did not have a structured appraisal process to support the learning and development of its team members. But all team members received regular one-to-one support from the RP. The pharmacy didn't require team members to meet any targets associated with its services. The RP asked pharmacy team members instead to focus on day-to-day safety tasks such as date checking.

Team members took part in regular discussions relating to patient safety. These meetings provided them with the opportunity to reflect on their practice. The pharmacy maintained notes from these discussions which clearly identified how the team acted to reduce risk. And random checks of these documented actions found them to be completed. Pharmacy team members worked well together and it was clear they felt able to communicate openly and honestly with each other. The pharmacy had a whistleblowing policy to support its team members in raising concerns. And a team member could identify where she would seek support if she needed to escalate a concern. Team members regularly contributed their ideas and these were considered and implemented by the owners. For example, a sounding alarm had been fitted on the pharmacy door to alert the team when somebody entered.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean and secure. They provide a suitable space for the delivery of healthcare services. People using the pharmacy can speak with a member of the pharmacy team in a private consultation room.

Inspector's evidence

The pharmacy was in an established building on a main road running through the village. The premises were secure and well organised. Team members followed a rota to ensure cleaning tasks across all areas of the pharmacy took place regularly. The public area consisted of a retail area stocking both essential and seasonal healthcare, beauty and household items. The pharmacy had heaters and a portable air conditioning unit was available to use in summer months. Lighting throughout the premises was bright.

The dispensary was accessed from the side of the medicine counter. It was a sufficient size for the level of activity carried out. The pharmacy's dispensary was organised and workflow was efficient. There was dedicated space for the assembly of medicines and for accuracy checking. And to the side of the dispensary was a good size stock room with a work bench fitted. This work bench was used to dispense medicines in multi-compartment compliance packs. And it offered a distraction free environment for completing this higher risk activity. To the back of the premises was a dispensary sink area, a staff kitchen and bathroom and a private consultation room. The consultation room had an external door leading off a private drive. And team members signposted people to this door when offering the use of the room.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy ensures its services are accessible to people. It has written procedures and protocols to support its team in managing its services safely. And the pharmacy adapts the way it provides some of its services to help support people's individual needs. The pharmacy obtains its medicines from reputable sources. It stores medicines safely and securely, and it keeps records of the checks it makes to ensure medicines remain safe to use and fit for supply. Pharmacy team members engage people in conversations about their health and the medicines they are taking. But they don't regularly take the opportunity to record the outcomes of these conversations.

Inspector's evidence

The pharmacy was accessible through a simple open/close door. It advertised details of its opening hours and services clearly for people to see. And it provided a range of health information leaflets and posters advertising local services in the community. Team members were knowledgeable about signposting arrangements. And they explained how they would use the internet to obtain up-to-date information when signposting people to other healthcare or community services.

The pharmacy protected Pharmacy (P) medicines from self-selection by displaying them behind the medicine counter. The RP provided regular counselling to people taking higher risk medicines. But did not record the outcomes of these conversations on people's medication records. The RP was aware of the requirements of the valproate pregnancy prevention programme. And the pharmacy had the necessary literature, including patient cards, to support counselling and checks associated with the programme. The RP confirmed she had not dispensed valproate to a person in the high-risk group to date. The team clearly identified prescriptions for CDs and cold chain items by using stickers on assembled bags of medicines to prompt further safety checks upon hand out.

The pharmacy kept an audit trail of prescriptions it ordered on people's behalf. This allowed team members to chase queries with surgeries prior to a person attending to collect their medicine. The pharmacy's medicine delivery service was provided on two days each week. The delivery driver maintained an audit trail of each person they delivered medicine to. And this record included information such as the need to post a slip to advise the person of an attempted delivery if they were not at home. The driver returned medicines to the pharmacy if a delivery attempt was not successful.

Pharmacy team members routinely signed the 'dispensed by' and checked by boxes on medicine labels to form a dispensing audit trail. And they kept each person's prescription separate throughout the dispensing process by using baskets. The pharmacy held part-assembled medicines in baskets on a designated work bench in the dispensary. It held prescription forms associated with these medicines in the baskets. This ensured the prescription was available throughout the whole dispensing process. Team members were observed prioritising this workload once the stock delivery was unpacked. The team also retained prescriptions for owed medicines, and dispensed from the prescription when later supplying the owed medicine.

The pharmacy supplied a small number of medicines in multi-compartment compliance packs. And the RP explained how she took care to assess people's needs for their medicines to be dispensed in this way. The pharmacy did not have a standardised risk assessment tool to support this process. But the

risk versus benefit of supplying medicines in compliance packs was clearly considered. And the RP had supported a number of people in taking their medicines through other interventions. For example, by providing large print labels and providing a chart detailing what time of day each medicine should be taken. And the pharmacy monitored these interventions. A team member demonstrated the pharmacy's management processes for the compliance pack service. This included the use of patient profiles with clear tracked changes recorded when a person's medicine regimen changed. The pharmacy only supplied patient information leaflets to people on the compliance pack service when they received their first pack or for new medicines. A discussion took place about the legal requirements associated with providing patient information leaflets. Backing sheets for the compliance packs contained clear descriptions of each medicine inside. But the team didn't physically attach the backing sheet to the packs. A discussion took place about the requirements to secure the backing sheets to compliance packs. And the conversation highlighted the current risk of a backing sheet becoming separated from the compliance pack.

The pharmacy had a legally valid patient group direction (PGD) which allowed the pharmacist to administer flu vaccinations to eligible people through the seasonal NHS flu vaccination service. But there was some confusion about the requirement to have a separate PGD in place to vaccinate people who did not meet the inclusion criteria within the PGD. A discussion took place about the need to have a separate, private PGD in place to support this service. And this discussion included clarification of the legal requirement associated with prescription only medicines. The RP confirmed the PGD had been used once to support a private vaccination and confirmed no other private flu vaccines would be provided unless a private PGD was sourced, or a patient specific direction for the vaccine was obtained.

The pharmacy sourced medicines from licensed wholesalers. It stored medicines neatly throughout the pharmacy. And had good space for storing larger quantities of commonly dispensed medicines. The pharmacy stored CDs appropriately in a secure cabinet. The pharmacy's fridge was clean and a good size for stock held. Team members used clear bags to hold assembled cold chain medicines. This prompted additional checks when handing out the medicine. The pharmacy maintained an electronic fridge temperature record which showed it was operating within the accepted temperature range of two and eight degrees Celsius.

Team members completed date checking tasks regularly and used stickers to identify short-dated medicines. This activity was recorded which helped the team to identify when the next check was due. A random check of dispensary stock found no out-of-date medicines. The pharmacy had medicinal waste bins and CD denaturing kits available. And it stored these appropriately. It received medicine alerts through email and direct from some wholesalers. And it retained details of actioned alerts.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. And pharmacy team members act with care by using the equipment in a way which protects people's confidentiality.

Inspector's evidence

The pharmacy had up-to-date written reference resources available. These included the British National Formulary (BNF) and BNF for children. The pharmacy's computer was password protected. And it was accessible to team members only. The pharmacy stored bags of assembled medicines in totes behind the medicine counter. The team took care to protect people's information on bag labels and prescriptions from unauthorised view when storing bags in this area. Pharmacy team members used cordless telephone handsets. This allowed them to move out of earshot of the public area when a phone call required privacy.

The pharmacy stored crown-stamped measuring cylinders for measuring liquid medicines at a designated sink towards the back of the dispensary. Equipment for counting capsules and tablets was also available. And the pharmacy clearly marked separate equipment for counting and measuring higher risk medicines. This mitigated any risk of cross contamination when dispensing these medicines. Equipment used to support the multi-compartment compliance pack service was single 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.