

# Registered pharmacy inspection report

**Pharmacy Name:** Dalston Pharmacy, 2 - 4 Vicars Cottages, The Square, Dalston, CARLISLE, Cumbria, CA5 7LW

**Pharmacy reference:** 1091374

**Type of pharmacy:** Community

**Date of inspection:** 03/06/2024

## Pharmacy context

This community pharmacy is in a residential area of the village of Dalston, Cumbria. The premises includes a Post Office. Its main services include dispensing NHS prescriptions, selling over-the-counter medicines and providing travel vaccinations. It provides some people with their medicines in multi-compartment compliance packs and provides the NHS Pharmacy First service. 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	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 written procedures to support them in managing its services. The pharmacy keeps people's sensitive information secure, and its team members are adequately equipped to safeguard vulnerable adults and children. The pharmacy has a process for team members to record and reflect on mistakes made during the dispensing process. But team members do not record all the mistakes they make and so they may find it difficult to identify specific trends.

### Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs). The SOPs had been removed from the pharmacy some weeks prior to the inspection. And so, they were not readily available for the team to access. Following the inspection, the pharmacy's superintendent pharmacist (SI) provided the inspector with electronic copies of the SOPs. The SOPs provided the team members with information to help them complete various tasks. For example, managing controlled drugs (CDs). Team members read the SOPs periodically. The SOPs were reviewed every two years. The reviews were completed to ensure the SOPs accurately reflected the pharmacy's practices. The SOPs were overdue a review. The SI explained that the SOPs were due to be reviewed within the next few months.

The team used an electronic system to record mistakes made during the dispensing process which were identified before a medicine was supplied to a person. These mistakes were known as near misses. Each team member understood how to use the system to record details of a near miss. Team members recorded the time and date a near miss happened, and a brief description of any contributing factors. However, they didn't record details of every near miss, and so they may have missed the opportunity to identify and trends or patterns. The team had not recorded a near miss since February 2024. The same electronic system was used to record and report details of dispensing incidents that had reached people. Team members described the process which included a team meeting to discuss the incident and raise awareness. Team members described a recent incident where a person was supplied the incorrect insulin. Team members discussed ways to prevent this mistake happening again and decided to store the different types of insulin in designated baskets to ensure they were adequately separated. The pharmacy had a procedure to support people to raise concerns about the pharmacy. It was outlined within leaflets available in the 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 SI.

The pharmacy had current professional indemnity insurance. It was displaying a responsible pharmacist (RP) notice which could be easily seen from the retail area. The notice displayed the correct details of the RP on duty. A sample of the RP record inspected was completed correctly. The pharmacy kept complete records of supplies against private prescriptions. The pharmacy retained complete, electronic, CD registers. And of the sample checked, the team kept them in line with legal requirements. The team completed balance checks periodically. The inspector checked the balance of two randomly selected CDs which were found to be correct. The pharmacy kept complete records of CDs 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 via a third-party contractor. Team members understood the importance of securing people's private information and completed training on General Data Protection Regulation (GDPR) periodically. The pharmacy didn't have a formal written procedure to help the team raise concerns about safeguarding of vulnerable adults and children. Two team members confirmed they had completed training on the subject. Team members described hypothetical safeguarding situations that they would feel the need to report. They explained they would use the internet to access the contact details of the local safeguarding team.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy employs a suitable number of skilled and experienced team members to help manage the pharmacy's workload safely and effectively. It adequately supports its team members to update their knowledge and skills. Team members provide feedback on the pharmacy's operations and are encouraged to implement change to improve service delivery.

### Inspector's evidence

The SI was the RP on the day of the inspection. During the inspection the RP was supported by a full-time pharmacy technician, four qualified pharmacy assistants, a medicines counter assistant, and a second pharmacist. The second pharmacist worked at the pharmacy for three days a week. Another team member worked primarily within the post office. The team member had completed training to be able to hand out dispensed medicines to people if asked to do so. The pharmacy employed other team members who were not present during the inspection. These were a full-time pharmacy assistant and a full-time delivery driver. 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, however team members explained this was not common as they felt they had enough team members to efficiently manage the workload.

The pharmacy didn't provide a formal training programme to its qualified team members. But they engaged in some ongoing training which included reading pharmacy-related press material. Team members received protected time during their working hours to complete any training. This allowed them to train without distractions. The most recent training completed by the team was based on the NHS Pharmacy First service. Team members described how they had learned how to ask the relevant screening questions, the inclusion and exclusion criteria and when to refer any queries to the RP. Team members engaged in an informal appraisal process each year. This was in the form of a one-to-one discussion between the team member and the SI. Team members explained how they would raise any concerns with the SI and felt comfortable providing feedback to help improve the pharmacy's services. They explained they received excellent support from the SI and were confident their suggestions would be considered and implemented if appropriate to do so. For example, team members implemented a process for organising the dispensary shelves. This was to help reduce the risk of medicines of several different strengths, or medicines with similar names, being selected in error during the dispensing process. The team was set some basic targets to achieve by the pharmacy's owners. 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 is well maintained and suitable for the services provided. The pharmacy has the facilities for people to have private conversations with team members.

### Inspector's evidence

The premises were modern, well maintained and kept clean and hygienic. There were several work benches for the team to use during the dispensing process. Throughout the inspection, most of the benches were kept well organised with baskets containing prescriptions and medicines awaiting a final check stored in an orderly manner. There were clearly defined areas used for the dispensing process and there was a separate bench used by the RP to complete the final check of prescriptions. This helped reduce the risk of mistakes being made within the dispensing process. Some benches were cluttered with miscellaneous items. The pharmacy had ample space to store its medicines. Several boxes were stored on the dispensary floor and so were not kept clear from obstruction. This created the risk of a trip or a fall. The risk was discussed with the team. There was a signposted, private consultation room. It was spacious and well maintained.

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. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout the premises.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides people with a range of services to help them improve their health. The services are managed safely and effectively and made suitably accessible to people. The pharmacy stores its medicines safely and securely and completes checks of them to ensure they are fit for purpose before being supplied to people.

### Inspector's evidence

The pharmacy advertised its opening hours and its services on the main entrance door and on an exterior wall. The pharmacy had a facility to provide large print labels to people with a visual impairment. Team members described how they supported people with a hearing impairment 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. The pharmacy had recently started providing the NHS Pharmacy First service. The pharmacy held the appropriate documentation to provide the service and all team members had undertaken training to support them in managing the service. The RP had access to supportive information including current patient group directions (PGDs), clinical pathways and the service specification to help support the safe delivery of the services.

Team members used various stickers to attach to bags containing people's dispensed medicines. They used these as an alert before they handed out medicines to people. For example, to highlight to the RP the presence of a fridge line or a CD that needed handing out at the same time. 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 baskets were of different colours to help the team separate the workload. For example, red baskets were used for prescriptions that were to be delivered. 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 and kept records of completed deliveries.

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 segregated part of the dispensary to help reduce distractions from the retail area. Dispensed packs were well organised on shelves. Team members explained that the process of dispensing the packs was a significant part of the pharmacy's workload and they had taken 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 annotated the master sheets with details of any changes a prescriber may have authorised. For example, if a medicines strength was increased or decreased. However, the details recorded were often vague and didn't always include the identity of the prescriber or the date the change was authorised. And so, a robust audit trail was not in place. The packs were supplied with patient information leaflets, and they were annotated with descriptions of the medicines inside to help people visually identify them.

The pharmacy stored pharmacy-only (P) medicines directly behind the medicines counter. The pharmacy checked the expiry date of the pharmacy's medicines every three months. However, the team didn't keep records of the process. And so, an audit trail was not in place. One out-of-date medicine were found following a check of approximately 30 randomly selected medicines. This medicine was immediately removed from dispensary stock when highlighted to the team. Team members highlighted expiring medicines using alert stickers. The pharmacy used two fridges to store medicines that required cold storage. The operating temperature ranges of both fridges 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. The pharmacy received drug alerts 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. 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. These included an otoscope and several digital blood pressure monitors. 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 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 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.