

Registered pharmacy inspection report

Pharmacy Name: Astley Village Pharmacy, Unit 5, Hallgate, CHORLEY,
Lancashire, PR7 1XA

Pharmacy reference: 1091617

Type of pharmacy: Community

Date of inspection: 07/09/2020

Pharmacy context

This is a community pharmacy situated on a parade of shops. It is located in Astley Village, near Chorley. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations and a minor ailment service. A number of people receive their medicines in multi-compartment compliance aids.

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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy keeps the records it needs to by law. And members of the team discuss things that go wrong to help identify learning and reduce the chances of similar mistakes happening again.

Inspector's evidence

There was a set of standard operating procedures (SOPs) which had been issued in February 2020. Members of the pharmacy team had signed to say they had read and accepted the SOPs. The pharmacist had discussed with members of the pharmacy team any amendments to the pharmacy's services or procedures in response to the Coronavirus pandemic. But this had not been recorded. So the pharmacy may not be able to always show that the risks are being effectively managed.

The pharmacy had systems in place to identify and manage risk in response to dispensing errors. But the pharmacist said he had not been made aware of any which had occurred. Near miss incidents were recorded on a paper log. The pharmacist said he would review and discuss the records with staff each month. But the details of this discussion were not recorded, so there was no record to show what learning had been identified. The pharmacy team had fallen behind with this process since the Coronavirus pandemic in March. The pharmacist said during this time no records had been made but he had highlighted mistakes to staff and asked them to rectify their own errors. He gave examples of action which had been taken to prevent errors being repeated, such as moving allopurinol stock in the dispensary to help prevent picking errors.

Roles and responsibilities of the pharmacy team were described in individual SOPs. When asked, members of staff were able to explain what their responsibilities were, and they were clear about the tasks which could or could not be conducted during the absence of a pharmacist. The responsible pharmacist (RP) had their notice displayed prominently. The pharmacy had a complaints procedure, but there was no information about it on display to inform people how to make a complaint or give feedback. A current certificate of professional indemnity insurance was on display.

Records for the RP, private prescriptions, emergency supplies and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded. Two random balances were checked and found to be accurate. Patient returned CDs were recorded in a separate register.

There were no written procedures available about information governance (IG). But when questioned, members of the pharmacy team understood the need to protect people's confidentiality. And the dispenser was able to describe how confidential waste was segregated to be destroyed using the on-site shredder. A privacy notice was on display and provided information about how the pharmacy handled people's data.

A notice in the dispensary provided information about the local safeguarding contact details. The pharmacist said he had completed level 2 safeguarding training. There was no written safeguarding policy in place, but members of the pharmacy team said they would report any concerns to the pharmacist on duty. They provided examples of actions they had taken to safeguard vulnerable people

during the Coronavirus pandemic. Such as calling people who were shielding to check up on them.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload. Members of the team complete some additional training to help keep their knowledge up to date. But this is not structured so learning needs may not always be identified or addressed.

Inspector's evidence

The pharmacy team included a pharmacist manager, a pharmacy student and three dispensers. Members of the team had completed the necessary training for their roles. The normal staffing level was a pharmacist and two other members of staff. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system. Each member of the pharmacy team had received a workplace risk assessment to help identify any risks from working during the Coronavirus pandemic.

Members of the pharmacy team received booklets to provide ongoing training. But these were not often completed. And staff did not receive appraisals, so development needs may not always be identified.

A dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines liable to abuse she felt were inappropriate and refer people to the pharmacist if needed. The pharmacist said he felt able to exercise his professional judgement and this was respected by the pharmacy team and the company. Staff said that they would be comfortable reporting any concerns to the manager or superintendent. There were service based targets set by the pharmacy. The pharmacist said he did not feel under pressure to achieve these.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. An enhanced cleaning regime was in place. To help promote social distancing, only one member of the public was permitted in the retail area at any one time. The size of the dispensary was sufficient for the workload. A sink was available within the dispensary. Customers were not able to view any patient sensitive information due to the position of the dispensary and access was restricted by use of a gate. Central heating controlled the temperature. Lighting was sufficient. The staff had access to a kettle, microwave and WC facilities.

A consultation room was available. The space was clutter free with a desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. Members of the team carry out checks to make sure that stock medicines are in good condition. But they do not always know when they are handing out higher-risk medicines. So they might not always be able to check that the medicines are still suitable, or give people advice about taking them.

Inspector's evidence

Access to the pharmacy was level via a single door and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Various posters gave information about the services offered, but there was no practice leaflet. So people may not be aware of all the services provided by the pharmacy. The pharmacy opening hours were displayed and a range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service. Deliveries were provided in a COVID-secure manner, with the delivery driver maintaining social distancing during the delivery. A record of deliveries was kept. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up and the baskets were colour coded to help prioritise dispensing. Owing slips were in use to provide an audit trail if the full quantity could not be immediately supplied. Dispensed medicines awaiting collection were kept on a collection shelf using a numerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out.

Schedule 3 and 4 CDs were highlighted so that staff could check prescription validity at the time of supply. High-risk medicines (such as warfarin, lithium and methotrexate) were not routinely highlighted. So the pharmacy team were not always aware when they were being handed out in order to check that the supply was suitable for the patient. The staff were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist said he would speak to any patients who were at risk to make them aware of the pregnancy prevention programme.

Some medicines were dispensed in multi-compartment compliance aids. People were referred to their GP for an assessment about whether they were suitable for their medicines to be dispensed into a compliance aid. A record sheet was kept for each patient, containing details of their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge sheets were sought, and previous records were retained for future reference. Disposable equipment was used to provide the service, and the compliance aids were labelled with medication descriptions and a dispensing check audit trail. Patient information leaflets (PILs) were routinely supplied.

Medicines were obtained from licensed wholesalers, with unlicensed medicines sourced from a specials

manufacturer. The pharmacy was not yet meeting the safety features of the falsified medicine directive (FMD), which is now a legal requirement. Equipment was installed but the pharmacy team had yet to commence routine safety checks of medicines. Stock was date checked on a 3-month basis. A date checking matrix was signed by staff as a record of what had been checked. Short dated stock was highlighted using a sticker and liquid medication had the date of opening written on.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There was a clean medicines fridge with a minimum and maximum thermometer. The minimum and maximum temperature was generally being recorded each day and showed the temperature had been within the required range. But there were some gaps in the records. So they may not promptly identify if the temperatures went out of the range of 2 to 8 Celsius. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the MHRA, printed with the action taken and date written on, before being stored in a folder.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy's team members have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and drug tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for methadone. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

Perspex screens were installed at the medicines counter to help protect members of the pharmacy team. Disposable masks, gloves and aprons were available for staff use, as well as face visors and alcohol gel.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the staff to move to a private area if the phone call warranted privacy. The consultation room was used appropriately; patients were offered its use when requesting advice or when counselling was required. Substance misuse clients were directed to the use of the consultation room to provide privacy.

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.