

Registered pharmacy inspection report

Pharmacy name: Fairfield Pharmacy

Address: 139 Victoria Park Road, BUXTON, Derbyshire, SK17 7PE

Pharmacy reference: 1092640

Type of pharmacy: Community

Date of inspection: 21/01/2025

Pharmacy context and inspection background

This community pharmacy is located in a residential area on the edge of the town. Most people who use the pharmacy are from the local area and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it sells a range of over-the-counter medicines. It provides Covid-19 and seasonal flu vaccination services and some other NHS funded services including the Pharmacy First Service. The pharmacy supplies a number of medicines in multi-compartment compliance aid packs to help people take their medicines at the right time.

This was a full inspection in response to information received by the GPhC.

Overall outcome: Standards not all met

Required Action: Improvement Action Plan

Follow this link to [find out what the inspections possible outcomes mean](#)

Standards not met

Standard 1.1

- The pharmacy does not identify and manage all of the risks involved with its services. Members of the pharmacy team do not have a clear understanding of the pharmacy's operating procedures.

So, they may not always work safely or fully understand their responsibilities.

Standard 1.2

- The pharmacy cannot demonstrate that records are made when things go wrong and there is no evidence of learning. This could make it harder for the team to review mistakes and identify any patterns or trends, so there is a risk that errors might be repeated.

Standard 1.3

- The pharmacy team members do not have clearly defined roles and responsibilities, appropriate to their level of training and experience. They are not always clear what activities are allowed in the presence and absence of a responsible pharmacist (RP).

Standard 1.6

- The pharmacy's records are not adequately maintained. Checks of controlled drug (CD) registers found some inconsistencies. Running balances of CDs are not regularly audited so missing entries might not be identified promptly. Adjustments to methadone solution balances are made without any assessment of whether the adjustment is within a reasonable range or should be investigated and reported to the CD accountable officer, and patient returned CDs are not always recorded when returned to the pharmacy. The RP has not recorded the time they ceased their duties on many of the entries in the RP log. And the incorrect prescriber has often been recorded on private prescriptions records.

Standard 1.7

- Team members do not use individual NHS smartcards appropriately to access people's healthcare information. This means the information is being accessed without appropriate controls and audit trails.

Standard 2.2

- Members of the pharmacy team have not received any formal training. This does not meet GPhC minimum training requirements and means the pharmacy is unable to demonstrate that staff have the necessary skills to carry out their roles safely and effectively.

Standard 4.2

- The pharmacy's compliance aid pack service is not adequately managed. Some packs are assembled in advance of the prescription and there isn't a robust audit trail of changes to medication and communications with GPs. The packs are not adequately labelled with cautionary and advisory labels, and packaging leaflets are not included to ensure people have all of the information they need to take their medicines safely. Medicines used for the supervised consumption service are not always correctly labelled or supplied in clean containers.

Standard 4.3

- The pharmacy does not store and manage all of its medicines appropriately. Some medicines are not stored in their original packaging or in containers with appropriate labelling. The pharmacy

cannot demonstrate that the temperature of the medical fridge is appropriately monitored or that it has a robust date checking procedure. And opened liquids with limited stability are not always dated. This means the pharmacy cannot always provide assurance that medicines are in a suitable condition to supply. The pharmacy does not suitably safeguard higher risk medicines requiring safe custody which is a security risk.

Principle 1: The governance arrangements safeguard the health, safety and wellbeing of patients and the public

Summary outcome: Standards not all met

Table 1: Inspection outcomes for standards under principle 1

Standard	Outcome of individual standard	Area for improvement/ Area of good or excellent practice
1.1 - The risks associated with providing pharmacy services are identified and managed	Not met	
1.2 - The safety and quality of pharmacy services are regularly reviewed and monitored	Not met	
1.3 - Pharmacy services are provided by staff with clearly defined roles and clear lines of accountability	Not met	
1.4 - Feedback and concerns about the pharmacy, services and staff can be raised by individuals and organisations, and these are taken into account and action taken where appropriate	Met	
1.5 - Appropriate indemnity or insurance arrangements are in place for the pharmacy services provided	Met	
1.6 - All necessary records for the safe provision of pharmacy services are kept and maintained	Not met	
1.7 - Information is managed to protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services	Not met	
1.8 - Children and vulnerable adults are safeguarded	Met	

Principle 2: Staff are empowered and competent to safeguard the health, safety and wellbeing of patients and the public

Summary outcome: Standards not all met

Table 2: Inspection outcomes for standards under principle 2

Standard	Outcome of individual standard	Area for improvement/ Area of good or excellent practice
2.1 - There are enough staff, suitably qualified and skilled, for the safe and effective provision of the pharmacy services provided	Met	
2.2 - Staff have the appropriate skills, qualifications and competence for their role and the tasks they carry out, or are working under the supervision of another person while they are in training	Not met	
2.3 - Staff can comply with their own professional and legal obligations and are empowered to exercise their professional judgement in the best interests of patients and the public	Met	
2.4 - There is a culture of openness, honesty and learning	Met	
2.5 - Staff are empowered to provide feedback and raise concerns about meeting these standards and other aspects of pharmacy services	Met	
2.6 - Incentives or targets do not compromise the health, safety or wellbeing of patients and the public, or the professional judgement of staff	Met	

Principle 3: The environment and condition of the premises from which pharmacy services are provided, and any associated premises, safeguard the health, safety and wellbeing of patients and the public

Summary outcome: **Standards met**

Table 3: Inspection outcomes for standards under principle 3

Standard	Outcome of individual standard	Area for improvement/ Area of good or excellent practice
3.1 - Premises are safe, clean, properly maintained and suitable for the pharmacy services provided	Met	
3.2 - Premises protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services	Met	
3.3 - Premises are maintained to a level of hygiene appropriate to the pharmacy services provided	Met	
3.4 - Premises are secure and safeguarded from unauthorized access	Met	
3.5 - Pharmacy services are provided in an environment that is appropriate for the provision of healthcare	Met	

Principle 4: The way in which pharmacy services, including management of medicines and medical devices, are delivered safeguards the health, safety and wellbeing of patients and the public

Summary outcome: Standards not all met

Table 4: Inspection outcomes for standards under principle 4

Standard	Outcome of individual standard	Area for improvement/ Area of good or excellent practice
4.1 - The pharmacy services provided are accessible to patients and the public	Met	
4.2 - Pharmacy services are managed and delivered safely and effectively	Not met	
4.3 - Medicines and medical devices are: obtained from a reputable source; safe and fit for purpose; stored securely; safeguarded from unauthorized access; supplied to the patient safely; and disposed of safely and securely	Not met	
4.4 - Concerns are raised when medicines or medical devices are not fit for purpose	Met	

Principle 5: The equipment and facilities used in the provision of pharmacy services safeguard the health, safety and wellbeing of patients and the public

Summary outcome: **Standards met**

Table 5: Inspection outcomes for standards under principle 5

Standard	Outcome of individual standard	Area for improvement/ Area of good or excellent practice
5.1 - Equipment and facilities needed to provide pharmacy services are readily available	Met	
5.2 - Equipment and facilities are: obtained from a reputable source; safe and fit for purpose; stored securely; safeguarded from unauthorized access; and appropriately maintained	Met	
5.3 - Equipment and facilities are used in a way that protects the privacy and dignity of the patients and the public who receive pharmacy services	Met	

What do the summary outcomes 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.