

Registered pharmacy inspection report

Pharmacy Name: The Village Pharmacy, 110-112 Gisburn Road,
Barrowford, NELSON, Lancashire, BB9 6EW

Pharmacy reference: 1092725

Type of pharmacy: Community

Date of inspection: 17/06/2019

Pharmacy context

The pharmacy is in a parade of shops in the village of Barrowford. Pharmacy team members mainly provide NHS dispensing and sell a range of over-the-counter medicines. They offer services including medicines use reviews (MUR), the NHS New Medicines Service (NMS) and emergency contraception. And, they provide medicines in multi-compartmental compliance packs and seasonal flu vaccinations.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.2	Standard not met	The pharmacy doesn't have any documented systems in place for the team members to record mistakes that happen. And they don't have a process to follow if a mistake does happen. They don't regularly record their mistakes. And, they don't explore and regularly discuss why mistakes happen or review their errors for patterns. There is little evidence of learning from mistakes. So, the team may be missing out on opportunities to make changes to stop similar errors in the future.
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 not all met	4.2	Standard not met	The pharmacy doesn't have appropriate safeguards in place for all its services. It doesn't have a robust process for medicines it delivers to people's homes. The pharmacy doesn't keep a record of the deliveries it completes each day. And it doesn't obtain signatures from people it delivers to. So, there is no audit trail for any part of the service.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy has some procedures in place to identify and manage risks. But it doesn't review these procedures regularly. And some procedures for key tasks are missing. So, the processes the team follows may be out of date. And, the pharmacy team might be confused about how to do things in the agreed, safest and most effective way. Pharmacy team members know how to keep people's information secure. And they know what to do if there is a concern about the welfare of a child or vulnerable adult. The pharmacy keeps the records required by law. But, it doesn't keep other records that help the team to operate safely. The pharmacy does not have any documented systems in place for the team members to record mistakes that happen. And they don't have a process to follow if a mistake does happen. They don't regularly record their mistakes. And, they don't explore and regularly discuss why mistakes happen or review their errors for patterns. There is little evidence of learning from mistakes. So, the team may be missing out on opportunities to make changes to stop similar errors in the future.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. The sample checked were last reviewed in 2016. And the date of the next review was not documented. The pharmacy team members present had read and signed the SOPs in 2018. But the processes may not be up to date. The pharmacy defined the roles of the pharmacy team members in each procedure.

The pharmacist explained he highlighted near miss errors made by the pharmacy team when dispensing. Pharmacy team members said they had recorded their own mistakes. And they had discussed the errors made. But, there were no records available of near miss errors after June 2018. And, pharmacy team members said that errors had been made since then. In the examples of records available, pharmacy team members did not record any details about why a mistake had happened. And, they said they did not discuss every error or discuss much detail about why mistakes had happened. A dispenser could not give any recent examples of near miss mistakes made or what they had done to stop them happening again.

The pharmacist provided an analysis completed by the superintendent pharmacist (SI) in November 2018 using the previous years near miss data. He said he did not do any other analysis of the data collected. The data in the analysis did not match the raw data of mistakes provided by the pharmacist. And, the SI had stated in the report that there had been an increase amongst the team of reporting culture, despite no records being kept since June 2018. The pharmacist could not provide any explanations about the discrepancies. He also said he could not provide an explanation about why mistakes had not been recorded. He thought there may have been some data that had been lost but wasn't sure. There was no documented procedure for the handling, reporting or analysis of near miss errors. And, there was no procedure for dealing with dispensing errors that had been given out to people. The pharmacist said that in the event of a dispensing error, he would contact the SI to find out how to record and report a dispensing error. He provided a blank template reporting form. But, there were no records of any dispensing errors available. The pharmacist said there had not been any dispensing errors. But, the SI's report from November 2018 stated a dispensing error had occurred in October 2018. After the inspection, the SI informed the inspector that the report she had provided via email during the inspection related to another of the company's pharmacies, which is why the report

did not match the raw data available.

The pharmacy had a procedure to deal with complaints handling and reporting. But, they did not advertise the procedure to people in the retail area. It collected feedback from people by using questionnaires. But, there was no analysis available from the last set of questionnaires collected. And, pharmacy team members could not give any examples of any changes they had made in response to feedback.

The pharmacy had up to date professional indemnity insurance in place. The pharmacy kept controlled drug (CD) registers complete and in order. It kept running balances in all registers. And they were audited against the physical stock quantity monthly. It kept and maintained a register of CDs returned by people for destruction. And it was complete and up to date. The pharmacy maintained a responsible pharmacist record on paper. And it was complete and up to date. The pharmacist displayed their responsible pharmacist notice to people. They kept private prescription records in a paper register, which was complete and in order. And, they recorded emergency supplies of medicines electronically.

The pharmacy shredded confidential waste or sent it to a sister pharmacy for secure waste disposal via their pharmacy owner. Pharmacy team members had been trained to protect people's privacy and confidentiality. They said they had completed an online training module about the general data protection regulation (GDPR) in 2018. But, they did not have any record of their training. Pharmacy team members were clear about how important it was to protect confidentiality. And there was a procedure in place detailing requirements under the GDPR.

When asked about safeguarding, a dispenser some examples of symptoms that would raise their concerns in both children and vulnerable adults. They explained how they would refer to the pharmacist. The pharmacist said they would assess the concern. And would refer to local safeguarding teams for advice. The pharmacy had a procedure available and contact details for the local safeguarding service. But, the procedure and contacts were from 2012, so they were out of date. The pharmacist had trained in 2017 by completing distance learning with The Centre for Pharmacy Postgraduate Education (CPPE). The other pharmacy team members had not received and training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members have the right qualifications and skills for their roles and the services they provide. They complete training ad-hoc. But, they do not regularly reflect on their own performance. They discuss any training with the pharmacist. But, they don't complete regular planned training. And they don't have a regular formal process to discuss their performance or individual training needs. So, it may be difficult to tailor learning to the needs of the person and to make sure their knowledge and skills are up to date. The pharmacy team do not always establish and discuss specific causes of mistakes. This means they may miss chances to learn from errors and make changes to make things safer.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were a pharmacist and two dispensers. Pharmacy team members completed training ad-hoc by reading various trade press materials. And by having regular discussions with the pharmacists about current topics. The pharmacy had an appraisal process in place for pharmacy team members. But, the process was not being followed and team members had not received an appraisal.

A dispenser explained that she would raise professional concerns with the pharmacist or superintendent pharmacist (SI). She said she felt comfortable raising a concern. And confident that her concerns would be considered, and changes would be made where they were needed. She said that some other issues were more specific to other team members and so could be more difficult to raise. This was discussed as a whole team during the inspection. And the team member appreciated the discussion and welcomed support and help. The pharmacy had a whistleblowing policy.

The pharmacy team communicated with an open working dialogue during the inspection. The dispenser said she was told by the pharmacist when she had made a mistake. She said that if a discussion followed, they did not usually fully explore why she had made the mistake. The pharmacy owners and SI did not ask the team to achieve any targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and properly maintained. It provides a suitable space for the services provided. And, it has a room where people can speak to pharmacy team members privately.

Inspector's evidence

The pharmacy was clean and well maintained. Most areas of the pharmacy were tidy and well organised. But some benches and floor areas were cluttered with boxes and paperwork. So, this reduced the amount of bench space to work on. There was a safe and effective workflow in operation. And clearly defined dispensing and checking areas. It kept equipment and stock on shelves throughout the premises.

The pharmacy had a private consultation room available. The pharmacy team used the room to have private conversations with people. The room was signposted by a sign on the door. There was a clean, well maintained sink in the dispensary used for medicines preparation. There was a WC and a sink with hot and cold running water and other facilities for hand washing.

Heat and light in the pharmacy was maintained to acceptable levels. The overall appearance of the premises was professional, including the exterior which portrayed a professional healthcare setting. The professional areas of the premises were well defined by the layout and well signposted from the retail area.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy is accessible to people. It stores, sources and manages medicines safely. The pharmacy has appropriate processes in place for some of the services it provides. But it doesn't have a robust process or audit trail for medicines it delivers to people's homes. So, it could be difficult to investigate and resolve if there are any queries or mistakes. The pharmacy identifies people on high-risk medicines and takes extra care to monitor their treatment and give them some advice. But it doesn't always give people information leaflets when it dispenses medicines in multi-compartmental compliance packs. So, people may not have the information they need to help them take their medicines safely.

Inspector's evidence

The pharmacy provided level access from the street. But, it did not have a bell or sign telling people what to do if they needed help getting in. Pharmacy team members could provide large-print labels to help people with a visual impairment taken their medicines. And, they said they would communicate with someone with a hearing impairment in writing.

The pharmacy delivered medicines to people. But, it did not keep any records of deliveries made or ask people to sign for their deliveries to maintain an audit trail. This included any deliveries it made of controlled drugs.

Pharmacy team members used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. They signed the dispensed by and checked by boxes on dispensing labels. This was to maintain an audit trail of staff involved in the dispensing process. They explained that there was sometimes a one dispenser labelling the prescription. And, another dispenser picking the medicines and assembling the prescription. They said that in this situation, the person labelling would take responsibility and be captured in the audit trail.

The pharmacy supplied medicines in multi-compartmental compliance packs when requested. It attached labels to the pack, so people had written instructions of how to take the medicines. And it added the descriptions of what the medicines looked like, so they could be identified in the pack. But, pharmacy team members did not regularly provided people with patient information leaflets about their medicines. They documented any changes to medicines provided in packs on the patient's electronic record. But, they did not record who had informed them of any changes.

The pharmacy obtained medicines from four licensed wholesalers. It stored medicines tidily on shelves. And all stock was kept in restricted areas of the premises where necessary. It had adequate disposal facilities available for unwanted medicines, including controlled drugs (CDs). Pharmacy team members kept the CD cabinet tidy and well organised. And, out of date and patient returned CDs were segregated. The inspector checked the physical stock against the register running balance for three products. And they were found to be correct.

Pharmacy team members checked medicine expiry dates every 12 weeks. And records were seen. They highlighted any short-dated items with a sticker on the pack at least three months in advance of its expiry. But, there was no system to remove items if they expired before the next check, apart from relying on someone noticing a highlighted pack. The pharmacy responded to drug alerts and recalls. And, any affected stock found was quarantined for destruction or return to the wholesaler. But,

pharmacy team members did not record the action they had taken in response to alerts. The pharmacy team kept the contents of the pharmacy fridge tidy and well organised. They monitored minimum and maximum temperatures in the fridge every day. And they recorded their findings. The temperature records seen were within acceptable limits.

The pharmacist said he would counsel people in at risk groups receiving sodium valproate. And, he would question them to find out if they were taking adequate pregnancy prevention. The pharmacy had a supply of information material to provide to people. It had scanners and software available to identify counterfeit medicines. But, it had not changed the procedures to incorporate the requirements of the Falsified Medicines Directive. And, pharmacy team members had not been trained. So, it was not complying with current law.

Principle 5 - Equipment and facilities Standards met

Summary findings

The pharmacy has the necessary equipment available, which it properly maintains. And it manages and uses the equipment in ways that protect people's confidentiality.




Inspector's evidence

The pharmacy had the equipment it needed to provide the services offered. The resources available included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and use of the internet.

The pharmacy team obtained equipment from the licensed wholesalers used. And they had a set of clean, well maintained measures available for medicines preparation. The pharmacy kept sensitive information and materials in restricted areas. It positioned computer terminals away from public view. And they were password protected. It stored medicines waiting to be collected in the dispensary, also away from public view.

The dispensary fridge was in good working order. And the team used it to store medicines only. Access to all equipment was restricted and all items were stored securely.

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.