

# 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:** 21/01/2020

## Pharmacy context

The pharmacy is in a parade of shops in the village of Barrowford. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. They offer services including the NHS New Medicines Service (NMS) and seasonal flu vaccinations. And they provide medicines to people in multi-compartment compliance packs. They provide a home delivery service.

## 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	1.2	Good practice	Pharmacy team members regularly record and discuss their errors. They analyse their errors for patterns. And make changes to improve safety based on the information available. They reflect on these changes to make sure they improve the quality and safety of their services.
<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 has procedures to identify and manage risks to its services. And pharmacy team members follow them to complete the required tasks safely and effectively. Pharmacy team members know how to safeguard the welfare of children and vulnerable adults. They protect people's confidential information. And keep the records they must by law. Pharmacy team members record and discuss mistakes that happen. They use this information well to learn and reduce the risk of further errors.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. The sample checked were last reviewed in January 2019. And the date of the next review was January 2021. Pharmacy team members had read and signed the SOPs after the last review. The pharmacy defined the roles of the pharmacy team members in each procedure. And pharmacy team members further defined their tasks verbally throughout the day. They had developed a tasks matrix that was attached to the wall in the dispensary. They used the matrix to document any tasks that needed to be completed each day, such as checking the expiry date of stock. Pharmacy team members signed the matrix when they had completed each task. They explained the matrix was new and they were modifying and adding to the list of tasks each day. The pharmacy kept records of any procedure that had been changed during the review process. One recent recorded change was the introduction of procedures incorporating the requirements of the Falsified Medicines Directive.

The pharmacist highlighted near miss errors made by the pharmacy team when dispensing. Pharmacy team members recorded their own mistakes. And they had made regular and consistent records since the last inspection. Their records were comprehensive and sometimes included information about the causes of their mistakes. They discussed the errors made. And they discussed causes and the changes they could make to prevent a recurrence. The pharmacist analysed the data collected about mistakes every month. And pharmacy team members discussed the patterns identified. The team also reflected on the changes they had made the previous month to establish if they had made the intended improvements. One example was a pattern they had identified with error involving different formulations of aspirin. Their first step had been to attach stickers to the shelf where aspirin was stored to highlight the risks when dispensing. When they analysed the data of their errors the following month, they discovered there had been no significant reduction in error with aspirin. So, in addition to the shelf stickers, they started highlighting the formulation of aspirin on prescriptions to further highlight the risks of error. In the following month's analysis, they found a marked reduction in the number of errors involving aspirin. And they explained that the improvement had been sustained since. Pharmacy team members had highlighted several look-alike and sound-alike (LASA) medicines that had been involved in errors, such as amlodipine and amitriptyline. They did this by attaching alert sticker to the shelves where the products were kept. They were in the process of proactively highlighting other medicines to help prevent mistakes happening. The pharmacy had a clear process for dealing with dispensing errors that had been given out to people. It recorded incidents using a template reporting form. And a copy of the form would be sent to the superintendent pharmacist (SI). There had been no dispensing errors since the last inspection.

The pharmacy had a procedure to deal with complaints handling and reporting. It advertised the

procedure to people in a practice leaflet available 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. It kept controlled drug (CD) registers complete and in order. It kept running balances in all registers. And these 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. Pharmacy team members monitored and recorded fridge temperatures daily. 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 had completed an online training module about the general data protection regulation (GDPR) in 2018. 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, which had been updated recently. All pharmacy team members had completed level 2 training on safeguarding in August 2019.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members are suitably qualified and have the right skills for their roles and the services they provide. Pharmacy team members complete training to improve their knowledge and skills. They reflect on their own performance informally, discussing any training needs with the pharmacist and other team members. And they support each other to reach their learning goals. Pharmacy team members feel able to raise concerns and use their professional judgement.

### 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 completing online training. And by having regular discussions with the pharmacists about current topics. The pharmacy had an appraisal process in place for pharmacy team members. But pharmacy team members had not received an appraisal. The pharmacist said he was aware of how useful appraisals were. And he planned to implement the pharmacy's appraisal process in the first quarter of 2020. Currently, pharmacy team members raised any learning needs informally with the pharmacist or superintendent pharmacist (SI). And they supported them with teaching and signposting to relevant resources.

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. The pharmacy had a whistleblowing policy. And pharmacy team members knew how to access the procedure. They communicated with an open working dialogue during the inspection. Team members explained they had introduced a daily task matrix after discussing that some tasks were not being completed. Since introducing the matrix, key tasks were being completed each day. And they found it easier to prioritise tasks. 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. All areas of the pharmacy were tidy and well organised. 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. Pharmacy team members 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 toilet 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 met

### Summary findings

The pharmacy's services are easily accessible to people, including people using wheelchairs. And it has systems in place to help provide its services safely and effectively. It keeps records of deliveries it makes to people's homes. And people sign for the delivery of their medicines. So, the pharmacy can effectively manage any queries. The pharmacy stores, sources and manages its medicines appropriately. Pharmacy team members dispense medicines into devices to help people remember to take them correctly. They manage this service well. And they provide these people with the information they need to identify medicines in their packs. Pharmacy team members take steps to identify people taking some high-risk medicines. They provide these people with relevant advice to help them take their medicines safely.

### Inspector's evidence

The pharmacy provided level access from the street. The pharmacy advertised its services and its opening times in the window. And these could be seen when the pharmacy was closed. The retail area was large and had neat shelves and stands which clearly displayed the products and services available. Pharmacy team members could provide large-print labels to help people with a visual impairment take their medicines. And they described how they would communicate with someone with a hearing impairment in writing.

Pharmacy team members 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 used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. The pharmacist described how he would counsel people receiving prescriptions for valproate that could become pregnant. And he would find out if they were enrolled on a pregnancy prevention programme (PPP). He would refer people back to their GP if they were not enrolled on a PPP or if there were any concerns about their contraception. The pharmacy had a supply of information material to provide to people to help them understand the risks. The pharmacy supplied medicines in multi-compartment compliance packs when requested. It attached labels to the packs, so people had written instructions of how to take the medicines. And pharmacy team members added descriptions of what the medicines looked like, so they could be identified in the packs. Pharmacy team members provided people with information leaflets about their medicines each month. They documented any changes to medicines provided in packs on a change record sheet kept with each patient's master record sheet. The record sheet captured comprehensive details about the change, such as when it had been requested, what the change was and who had requested the change. This helped pharmacy team members deal with any future queries efficiently. The pharmacy delivered medicines to people's homes. It recorded the deliveries made and asked people to sign for their deliveries. The delivery driver left a card through the letterbox if someone was not at home when they delivered. The card asked people to contact the pharmacy. The team highlighted bags containing CDs with a sticker on the bag and on the driver's delivery sheet.

The pharmacy obtained medicines from four licensed wholesalers. The pharmacy had the necessary equipment and software in place to scan medicines packaging to meet the requirements of the Falsified Medicines Directive (FMD). Pharmacy team members had trained to use the new system. And about the requirements of FMD to try and identify counterfeit medicines. The pharmacy had documented procedure in place for the scanning process. And pharmacy team members were regularly scanning

products during dispensing. The pharmacy 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. 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. 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 up to three months in advance of its expiry. And they recorded expiring items on a monthly stock expiry sheet, for removal in the month before expiry. The pharmacy responded to drug alerts and recalls. And, any affected stock found was quarantined for destruction or return to the wholesaler. It recorded any action taken. And, records included details of any affected products removed.



## 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. It 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 these were password protected. Pharmacy team members stored medicines waiting to be collected in the dispensary, also away from public view. The pharmacy had a dispensary fridge which was in good working order. Pharmacy team members used the fridge to store medicines only. They restricted access to all equipment. And they stored all items 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.