

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: 07/07/2022

Pharmacy context

This is a community pharmacy on a parade of shops in the village of Barrowford in the town of Nelson, Lancashire. The pharmacy sells over-the-counter medicines, dispenses NHS and private prescriptions and provides a 'flu vaccination service. And it delivers medicines for some people to their homes. The pharmacy supplies some people with their medicines in multi-compartment compliance packs to help them take their medicines.

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 effectively identifies the risks with its services. And it manages these services well. Team members appropriately keep the records they need to by law, and they keep people's private information safe. The team is well equipped to manage any safeguarding concerns. Team members discuss and record details of mistakes they make while dispensing. And they regularly review them to help make changes to the way they work to improve patient safety.

Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs). These provided information to help team members carry out various tasks, including dispensing and record keeping. Team members described their roles within the pharmacy and the processes they were involved in. Team members had read and understood the SOPs relevant to their roles. And they did this as part of their employment induction process. Team members signed a document to confirm they had read and signed an SOP. And the document was counter signed by a pharmacist once they were satisfied the team member was competent in following the SOP. The pharmacy prepared the SOPs in 2014 and they were scheduled to be reviewed every two years. But they had not been reviewed since 2016. And so, they may not reflect the current way the team worked.

The pharmacy had a process to record and report mistakes made by team members during the dispensing process. These were known as near misses. Team members used a near miss log to help them record each near miss. They recorded details including the type of near miss and the date and time the near miss happened. There were sections in the log for team members to record the reason why a near miss might have happened. And what action was taken to prevent a similar mistake happening again. But team members mostly left these sections incomplete. The responsible pharmacist (RP) completed a patient safety report each month. The process involved looking through the near miss log to identify any trends. The RP shared the findings of the report with the team and printed a copy to be kept in the dispensary for future reference. Team members discussed and suggested ways they could change the way they worked to help improve patient safety. Most recently, the team placed warning stickers on the shelves next to medicines that looked or sounded like each other. The stickers helped remind team members that these medicines were at a higher risk of being dispensed in error. The pharmacy used an electronic reporting system to record any dispensing errors that had reached people. The RP printed a copy and stored it in a file for future reference. The pharmacy had a concerns and complaints procedure. Any complaints or concerns were verbally raised with a team member. If the team member could not resolve the complaint, it was escalated to the pharmacy's superintendent pharmacist (SI).

The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist (RP) notice displayed the name and registration number of the RP on duty. Entries in the RP record were kept in line with legal requirements. The pharmacy kept records of supplies against private prescriptions. It kept CD registers, and to make sure they were accurate, each week the pharmacy audited CD registers against physical stock. During the inspection, the balance of a randomly selected CD was checked. The balance was correct.

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 basket to avoid a mix up with general waste. The waste was periodically destroyed by third-party contractor. Team members understood the importance of securing people's private information. The pharmacy kept the company's information governance policy in the dispensary. It had been read by each team member. The pharmacy had a formal procedure to help the team raise any concerns team members may have about the safeguarding of vulnerable adults and children. And team members described hypothetical safeguarding situations that they would feel the need to report. The RP had completed training via the Centre for Pharmacy Postgraduate Education. The pharmacy displayed the contact details of the local safeguarding teams on poster affixed to a wall in the dispensary.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members have the skills to effectively provide the pharmacy's services. It supports its team members in keeping their knowledge and skills up to date. Team members are supported in making changes to improve the way the pharmacy operates. They feel comfortable in raising professional concerns and giving feedback to the pharmacy's owners.

Inspector's evidence

At the time of the inspection the RP was the pharmacy's full-time pharmacist and had some managerial responsibilities. The RP was supported by two part-time pharmacy assistants. The pharmacy also employed another three part-time pharmacy assistants, a part-time trainee pharmacy assistant and a part-time delivery driver. The pharmacy used locum pharmacists to cover the days the RP didn't work. Team members covered each other's absences. Team members were working well, and they were not seen dispensing prescriptions under any significant time pressures. If people wanted to wait for their prescriptions to be dispensed, team members asked people to take a seat in the retail area, or come back to the pharmacy in a few minutes. This helped them dispense without pressure. They demonstrated a good rapport with many people who visited the pharmacy and were seen effectively helping them manage their healthcare needs.

The trainee pharmacy assistant was enrolled onto an approved training course. They received some protected training time but completed most of their training at home. Other team members were not provided with a structured training programme to help them update their knowledge and skills. But they were given some time to read training material that was occasionally provided to the pharmacy by third party providers. A pharmacy assistant had recently started work at the pharmacy after a break of several years. The assistant was supported to help update her knowledge of common over-the-counter medicines. This was achieved by the assistant reading a workbook called 'Counterskills'. The assistant also needed additional support using the pharmacy's dispensing software system. The RP provided the assistant with protected time to demonstrate various features of the system.

The pharmacy had an informal performance development appraisal process in place for its team members. They were to be completed on an ad-hoc basis. The RP and the team member discussed what they were doing well in their role, areas they could improve on, and any personal development plans. The team held informal, weekly meetings. The pharmacy's owners set some of the agenda points to be discussed and team members added additional points which were relevant to the pharmacy. Team members discussed topics such as upcoming work streams, staff rotas and were given the opportunity to give feedback and suggest ways the pharmacy could improve the way it worked. For example, the team had recently decided to use a separate part of the dispensary to store its most dispensed medicines. Team members explained the system helped them visually check if the pharmacy was running low on stock on any of these medicines. And so, reduced the risk of the pharmacy having no stock of these medicines. Team members felt comfortable raising professional concerns with the SI or the pharmacy's owners. And they felt confident their thoughts would be considered. The pharmacy had a whistleblowing policy in place. The team was set some basic targets to achieve by the pharmacy's head office.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises clean, secure, and well maintained. The premises are suitable for the services the pharmacy provides for people. The pharmacy has a suitable consultation room where people can have private conversations with the pharmacy's team members.

Inspector's evidence

The pharmacy was clean, well maintained, and professional in appearance. Benches were generally kept tidy and well organised. The pharmacy's floor space was mostly clear from obstruction. There were clearly defined areas used for the dispensing process and there was a separate bench used by the RP to complete the final checking process. The pharmacy had plenty of space to store its medicines. There was a private consultation room available for people to have private conversations with team members. The room was well organised and kept tidy. It was large enough for people to be able to socially distance from each other. And it was appropriately soundproofed.

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 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 team manages the pharmacy's services well to help people manage and improve their health. It makes its services easily accessible to people. The pharmacy correctly sources, stores, and manages its medicines, and it completes regular checks of its medicines to make sure they are in date.

Inspector's evidence

People had level access into the pharmacy through the main entrance door. This made it easy for people with wheelchairs or pushchairs to enter the pharmacy. There was car parking directly outside the pharmacy. The pharmacy advertised its services in the main window. The pharmacy provided large print labels to people with a visual impairment. Team members had access to the internet which they used to signpost people requiring services that the pharmacy didn't offer. The pharmacy had an up-to-date SOP for the NHS hypertension case finding service and up-to-date documentation to support the team in providing the 'flu vaccination service. The team had not yet started providing the NHS hypertension case finding service. The pharmacy had completed around 200 'flu vaccinations. Team members were aware of the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They demonstrated the advice they would give in a hypothetical situation, including checking people were enrolled on a pregnancy prevention programme if they fit the inclusion criteria. The pharmacy had a wide range of leaflets and books material that provided information on various minor ailments that the team could give to people to take away with them.

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 interactions between medicines or 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 pharmacy had owing slips to give to people when the pharmacy could not supply the full quantity prescribed. But team members didn't always use them. And so, some people were not given a record of medicines they were owed by the pharmacy. The pharmacy offered a delivery service. People signed a sheet to confirm they had successfully received their medicines. The pharmacy retained these records for future reference.

The pharmacy supplied medicines in multi-compartment compliance packs to several people. The team dispensed the packs in a segregated part of the dispensary. This helped team members dispense the packs away from the retail area to reduce the risk of distractions. Team members used master sheets which contained a list of the person's current medication and dose times. Team members checked prescriptions against the master sheets before the dispensing process started to make sure they were accurate. Team members discussed any queries with the relevant prescriber. They recorded details of any changes such as dosage increases or decreases on the person's master sheet and their electronic record. The pharmacy supplied the packs with patient information leaflets. And with descriptions of the medicines to help people identify them. For example, 'orange, round, tablet'.

The pharmacy stored pharmacy (P) medicines behind the pharmacy counter. It stored other medicines

in their original packaging on shelves and in drawers. The pharmacy used an up-to-date date-checking matrix. Team members described the process for highlighting stock that would expire within six months. These items were highlighted with alert stickers and the details added to record sheets. The team checked the records at the start of each month to ensure the team removed stock due to expire from the shelves. No out-of-date medicines were found after a random check of around 20 randomly selected medicines. The pharmacy had medical waste bins, sharps bins and CD denaturing kits available to support the team in managing pharmaceutical waste. It used a medical grade fridge to store medicines that needed cold storage. The team kept daily records of the fridge temperature ranges. And a sample of the record showed the fridge was operating within the correct range. The pharmacy received regular updates via email of any drug alerts. Team members recorded the action they took following an alert.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriately maintained equipment that it needs to provide its services. And it uses its equipment appropriately to help protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources. The pharmacy used a range of CE quality marked measuring cylinders. It 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 couldn't 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. Team members had access to personal protective equipment including face masks and gloves. The team used suitable blood pressures monitors.

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.