

Registered pharmacy inspection report

Pharmacy Name: Strachans Chemist, 166A Walmersley Road,
Chesham Precinct, BURY, Lancashire, BL9 6LL

Pharmacy reference: 1092876

Type of pharmacy: Community

Date of inspection: 28/02/2023

Pharmacy context

The pharmacy is at the end of a parade of shops on the outskirts of town. It dispenses NHS and private prescriptions and sells over-the-counter medicines. It supplies some medicines in multi-compartment compliance packs. And it delivers medicines to people's homes. It offers services such as seasonal influenza vaccination, covid-19 vaccination, the New Medicines Service (NMS) and a hypertension finding service. The pharmacy provides a substance misuse service, including supervised consumption.

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 adequately manages its risks to make sure its services are safe. Team members discuss and learn from any mistakes they make. And they are clear about their roles and responsibilities to help make sure they provide services safely. Team members keep people's private information secure and they know how to help protect the welfare of vulnerable people.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in the dispensary which most members of the team had signed and dated to confirm they had read and understood. The SOPs however were last reviewed in May 2020. The pharmacy manager had committed to complete a review of all the SOPs. The pharmacy had a contract to deliver the covid-19 vaccination programme. The pharmacy had SOPs in place, should the service recommence.

The SOPs defined the team members' roles and responsibilities. Team members explained their main responsibilities and worked within their capabilities. They wore uniforms and were easily identifiable with name badges. The responsible pharmacist (RP) notice was visible from the retail area and identified the pharmacist on duty. The pharmacy team members knew clearly what they could and couldn't do in the absence of the RP.

The pharmacy team members highlighted and recorded mistakes identified and made during the dispensing process. These were known as near misses. And they investigated and recorded mistakes that were identified after a person received their medicine, known as dispensing errors. Team members discussed any mistakes made and why they may have happened. They used the learning from these events to make changes to prevent the same mistakes happening again. The pharmacy manager regularly discussed errors with the team, to learn from them. For example, the team members had separated medicines that looked alike or had similar names and separated them to prevent the wrong medicine from being selected. Furthermore, the pharmacy team members asked people to check the contents of controlled drugs packs and obtained a signature to confirm they have received the accurate quantity.

The pharmacy had a documented procedure to manage complaints and for reporting. The pharmacy team members clearly understood how to deal with people's feedback. There was also a notice to inform people how to provide feedback or complain. Team members described how they would try and resolve the complaint and if they couldn't do so in the pharmacy, they would signpost people by giving them the superintendent's contact details.

The pharmacy had up-to date professional indemnity insurance. It maintained appropriate records including controlled drug (CD) registers, RP records and private prescription records. The pharmacy kept running balances in all the CD registers, and these were audited against the physical stock on a regular basis. The balances of three CDs when checked against the physical stock and were found to be correct. Records about private prescriptions and emergency supplies were held electronically in date order. The pharmacy filed unlicensed medicine records in a designated folder, but some records did not contain information about when the medicines had been supplied to the person.

The pharmacy had information governance policies and team members understood the principles of

data protection and confidentiality. The pharmacy stored confidential information securely and separated confidential waste prior to collection and disposal by a licensed contractor. The RP had completed level 3 safeguarding training, the pharmacy technician had completed level 2 safeguarding training and team members had completed relevant safeguarding modules. Although they have not had to report a safeguarding concern, pharmacy team members clearly explained different key safeguarding scenarios and how they would report them. Details for local support agencies were available so concerns could be reported promptly. The pharmacy team members were aware of safe space initiatives, which helped people experiencing domestic abuse. A consultation room was available and pharmacy team members were aware this was an option which could be offered to people.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members work well together in a busy environment to manage the workload. They have the right qualifications and training for the jobs they do and are comfortable sharing ideas and concerns.

Inspector's evidence

At the time of inspection, the pharmacy team members present were the regular pharmacist (who was the RP), an accuracy checking technician (ACT) who was also the manager, a medicine counter assistant, two dispensers, a trainee dispenser and trainee pharmacy technician. There were seven members of the team not present on the day of which there was a trainee ACT, a trainee dispenser, a trainee medicine counter assistant and four delivery drivers. The pharmacy was busy with a large volume of NHS prescriptions dispensed. The pharmacy was busy with over-the-counter sales and people collecting prescriptions. The team coped with their workload during the inspection and worked well together. The staff were aware of the risks of selling over-the-counter medicines subject to misuse, such as painkillers containing codeine. They were seen to be selling one pack per person and asked relevant questions and referred to the RP if they had concerns.

The pharmacy team members were up to date with their training and all the trainees were on track with their mandatory qualification courses. Appraisals were conducted once a year and regular informal huddles occurred to communicate the latest and relevant information. Team members were happy to raise any concerns and comfortable sharing ideas with the pharmacy manager. The team members provided positive feedback about the working environment and about the pharmacy manager. The pharmacy had targets in place, and team members worked towards them and did not feel they were pressured in achieving them. The team members were aware of the whistleblowing policy and knew what to do in the event of needing to raise a concern.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises provide a professional environment for people to receive healthcare services. And they are clean and secure. The pharmacy has a suitable private room so people have the opportunity for confidential conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy premises were clean, organised, adequately maintained and the passageways were generally free of clutter and obstruction. There was enough space to carry out dispensing tasks safely. The dispensary, benches and prescription storage areas were reasonably well-organised. The pharmacy had a private consultation room available, and it was kept locked when not in use. The room had enough space for people to access services and private conversations couldn't be heard from outside.

The pharmacy had a first floor which pharmacy team members mainly used to assemble multi-compartment compliance packs and store medication. There was a clean, well-maintained sink in the dispensary used for medicines preparation. There were toilets with a sink which provided hot and cold running water and other facilities for hand washing. The staff facilities area was clean and there was a sink providing hot and cold water. The levels of ventilation and lighting were seen to be appropriate. The overall appearance was professional, including the pharmacy's exterior which portrayed a professional healthcare setting. The premises were protected against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy has systems in place to help provide its services safely and effectively. The team helps people access its services and provides suitable advice to people about their medicines. The team dispenses prescriptions in an organised way, and it sources its medicines appropriately. Team members make some records to help them manage medicines appropriately. And they take suitable action to the patient safety alerts they receive.

Inspector's evidence

The pharmacy had step-free access and people accessed the pharmacy via an automatic door, but this was not working at the time of inspection. Team members explained they were regularly checking to see if people needed support and helped them access the premises. There was sufficient space for people with wheelchairs to access the pharmacy. The pharmacy didn't have a hearing loop. But team members were confident in helping people with a hearing impairment who regularly visited the pharmacy. There was work being carried out in the retail area so there was limited information about the services provided. The pharmacy routinely checked for people's eligibility for certain services such as the hypertension case-finding service and flu vaccination service when dispensing their prescriptions. This meant people were given the opportunity to help improve their health.

The pharmacy had a clear flow for dispensing and checking activities. Dispensing audit trails were maintained to help identify who was involved in the dispensing, checking, and handing out of prescriptions. Additional notes were added to the patient medication record (PMR) as appropriate. Baskets were used during the dispensing process to isolate individual people's medicines and to help prevent them becoming mixed up. The pharmacy used owing slips when medicines couldn't be supplied in full. One slip was provided to the person and one slip was kept with the prescription in the pharmacy. The pharmacy supplied medicines daily to some people, as supervised and unsupervised doses. These medicines were dispensed in advance to reduce waiting times and the risk of error. The team banded the prescription around the dispensed item which reduced the risk of incorrect selection. Members of the team were observed confirming people's names and addresses before handing out dispensed medicines. Medicines awaiting delivery were stored in a separate area for the delivery driver. These actions helped reduce the risk of errors. The pharmacy used a programme on the computer that was linked to an application the delivery drivers used. This meant the pharmacy team had a record of the deliveries the driver was taking. The application also had the option for the driver to collect people's signature when medicines had been delivered. Furthermore, people signed to confirm they had checked the contents of the delivery for CDs, to ensure they had received the correct quantity.

The pharmacy supplied medicines to people in multi-compartment compliance packs when requested. One of the dispensers held the responsibility for ordering people's prescriptions. The pharmacy kept a list of all people receiving packs and when they were due their medication. This helped team members to ensure they are assembled in a timely manner, so people got their medicines when they needed them. They attached written instructions about how to take their medicines to the packs, so people are clear how many doses to take and at what time of the day. And they provided people with patient information leaflets about their medicines each month. Pharmacy team members documented any changes to medicines provided in packs on the person's master record sheet, which was a record of all their medicines and where they were placed in the packs. Each delivery was recorded, and a signature

was obtained from the recipient.

The pharmacy had SOPs in place when dealing with most higher-risk medicines. Although they did not have an SOP in place for sodium valproate, the team members were aware of the principles of counselling people who were receiving this medication. The pharmacist counselled people receiving prescriptions for valproate if appropriate. And they checked if the person was aware of the risks if they became pregnant while taking the medicine. They also checked if the person was on a pregnancy prevention programme. The pharmacy team asked people receiving warfarin for their latest blood test results each time they received a prescription for warfarin. This was to check that their results were within the expected safe range and the medicine was safe to supply. They would also proactively include the latest blood test result when requesting the medicine at the surgery on behalf of the person.

The pharmacy obtained medicines from licensed wholesalers and stored them on the shelves. It kept all stock in restricted areas of the premises where necessary. The pharmacy had medicinal waste bins to store out-of-date stock and patient-returned medication. It stored out-of-date and patient-returned CDs separate from in-date stock and the pharmacy kept its CDs securely. Pharmacy team members had a robust system in place to check medicine expiry dates every month. A short-dated sticker was attached to these medicines that were due to expire within three months and a record was also made in the medicine expiry book. Furthermore, liquid medicines were annotated with the date opened. No out-of-date medicines were found after a random check of around 30 randomly selected medicines.

The pharmacy had a process in place to make sure the fridges storing medicines were maintaining the appropriate storage conditions, but this was not always followed. Pharmacy team members regularly monitored the downstairs dispensary fridge, and these records were seen to be in range. They did not regularly monitor or record the temperature of the two fridges on the first floor. The two fridges on the first floor, had a built-in thermometer that were working and during the inspection they were within acceptable limits. The RP and the pharmacy manager explained if the fridge went out of range an alarm sound occurred to alert the team so they could intervene.

Over-the-counter medicines were stored appropriately behind the pharmacy counter. The pharmacy received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via email. The manager printed the alerts off, signed them once actioned and then stored them in a folder. There was a clear audit trail of the alerts actioned and they were up to date.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities to provide its services safely. And it uses its equipment appropriately to protect people's confidentiality.

Inspector's evidence

The pharmacy had the equipment it needed to provide its services. The team members had access to up-to-date resources, including the internet. The pharmacy had equipment available to help prevent the risk of transmission of Covid-19. These included hand sanitisers, cleaning equipment and masks. Medicines awaiting collection were stored appropriately and patient-identifiable details were not in view of people from the retail area. The pharmacy had a set of clean, well-maintained measures available for measuring liquids. This included separate measures for medicines, to help avoid cross-contamination. The pharmacy computers were password protected and access to people's records restricted by NHS smart card system. The computer terminals were kept in a secure area of the pharmacy away from public view. The fridge was clean and suitable for storage of medicines. The equipment was tested regularly to make sure it was safe and functional.

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.