

Registered pharmacy inspection report

Pharmacy Name: 4 Court Pharmacy, Blackburn Service Station,
Whalley Banks, BLACKBURN, Lancashire, BB2 1NT

Pharmacy reference: 1093283

Type of pharmacy: Community

Date of inspection: 11/08/2021

Pharmacy context

This pharmacy is on a petrol station forecourt on a busy road close to Blackburn town centre. It is open extended hours seven days a week. The pharmacy's main focus is to dispense NHS prescriptions, including some medicines in multi-compartment compliance packs. It delivers people's medicines to their homes. The pharmacy provides a substance misuse service, including supervising some people's medicine doses. It sells over-the-counter medicines and provides advice to people about minor ailments. Enforcement action has been taken against this pharmacy, which remains in force at the time of this inspection, and there are restrictions on the provision of some services. The enforcement action taken allows the pharmacy to continue providing other services, which are not affected by the restrictions imposed. The inspection was completed during the COVID-19 pandemic.

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 suitably identifies and manages the risks with the services it provides. It has robust processes for safely managing the purchase and sale of over-the-counter medicines liable for misuse. The pharmacy keeps people's private information secure and mostly makes the records it must by law. Pharmacy team members learn from mistakes they make and work together to prevent similar mistakes in the future. They understand their role in helping protect vulnerable people and children.

Inspector's evidence

The pharmacy had identified risks associated with the COVID-19 pandemic. Following 19 July government changes the pharmacy still had signs up in the pharmacy to restrict access to two people and for people to wear face coverings. Pharmacy team members worked behind plastic screens but were not wearing face masks at the start of the inspection. The pharmacy had a separate entrance and hatch to provide its substance misuse services. And it had hand sanitiser next to the hatch door for team members to use. It had a plastic screen across the hatch area. Team members donned face masks once the inspector accessed the dispensary area.

The pharmacy held its standard operating procedures (SOPs) electronically. The RP described how these had been reviewed since the last inspection with few changes. The pharmacy held the SOPs in a file dated 2019, but the release date on some of the individual SOP documents still referred to 2018, with no updated date of review. This included the child protection and safeguarding SOPs. The pharmacy, since the last inspection, had released a new SOP relating to the purchase and sale of codeine and promethazine (Phenergan). And the team was seen to be following the SOP during the inspection. All team members had signed to confirm that they had read the company's SOPs and the records were dated from October 2020, after the last inspection. The records did not indicate which SOPs were current at the time of reading, which would help show the pharmacy's audit of record of training. The pharmacy had SOPs relevant to the services provided, including Responsible Pharmacist (RP), management of controlled drugs (CDs), dispensing and other services.

The pharmacy managed the risks associated with the purchase and sale of over-the-counter codeine-containing medicines. When a person requested a codeine-containing product the team member asked relevant questions. This included offering an alternative product and ensuring the person knew the medicine was for short term use. The RP authorised all sales. The team member documented each sale and which RP had authorised the sale. This process was observed being followed for a sale of Solpadeine, during the inspection. The pharmacists and superintendent (SI) used this documented information at the end of the month to audit the level of purchases and sales of these products. The pharmacy had completed monthly audit forms from October 2020 to present date and these showed some reduction in monthly sales of these products. The pharmacy did not stock over-the-counter codeine linctus. The RP, a dispenser and a medicines counter assistant (MCA) confirmed no codeine linctus was sold. People still requested to purchase codeine linctus and Phenergan, but neither were sold from the pharmacy.

The pharmacy had a near miss error log and the team had completed one or more entries for the last few months. The team included more information in the near miss error log than since the previous inspection, meaning there was more opportunity for team learning. The RP and one of the dispensers

described how they minimised selection errors of look-alike and sound-alike (LASA) medicines by speaking the names of the medicines out loud, such as loprazolam and lorazepam. The pharmacy had tall man lettering stickers attached to the dispensing shelves, such as amLODIPine. The team reviewed the errors made but did not make a record of these discussions or actions taken. The pharmacy had historical documented dispensing errors, which had reached the patient, but no recent reports.

The pharmacy displayed an accurate RP notice. Pharmacy team members were clear about their roles and were seen appropriately referring queries to the pharmacist when needed. The pharmacy had a written procedure to manage complaints and a form for team members to use to record any complaints. There were some historical completed forms. The team members explained the circumstance when they would refer complaints to the RP. The pharmacy had asked people to complete a feedback survey but had not received any results back to review.

The pharmacy had up-to-date professional indemnity insurance until August 2022. It kept an up-to-date electronic CD register. The pharmacy completed monthly balance checks of the physical quantity against the register and signed and dated in a separate book when this had been completed. The physical balance matched the CD register balance for one item checked. The pharmacy kept an up-to-date record of the destruction of patient-returned CDs, although there was one patient return that was awaiting destruction and it had not been entered into the register. The pharmacy held printed private prescription records. Not all the entries had the prescriber's address entered as required. The pharmacy printed these records from the patient medication record (PMR) record. And some prescriber details were handwritten, this meant the PMR record was incorrect. The pharmacy held an electronic RP record that was mostly complete except two occasions in the last month the RP had failed to sign out.

The pharmacy had written information relating to Information Governance and the General Data Protection Regulation (GDPR). Team members knew the importance of keeping people's private information secure. This included the foundation year trainee pharmacist, who had started work the previous week and she had received initial training on confidentiality. The pharmacy separated confidential waste from general waste and appropriately shredded waste was seen on site. The regular pharmacists had completed CPPE level 2 safeguarding in 2019, and acknowledged the training was due to be redone. The pharmacy had a child protection policy and a SOP regarding safeguarding vulnerable adults, for the team to refer to. The pharmacy had contact details of the local safeguarding team clearly displayed close to the substance misuse handout area.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members have the qualifications and skills to help provide the pharmacy's services safely. And they work well together to manage the workload. They complete relevant ongoing training to keep their knowledge up to date. And they feel comfortable to discuss ideas and share concerns to help improve the pharmacy's services.

Inspector's evidence

The RP was a regular pharmacist. Two dispensers and an MCA supported the RP on the day of the inspection. There was also a foundation year trainee pharmacist and a work experience student working during the inspection. The pharmacy was open extended hours and it employed more team members to work in the evenings. The RP was supported at these times by two team members. The pharmacy employed delivery drivers to deliver people's medicines to their homes and reported no concerns with changes to deliveries during the pandemic. Team members were seen working well together and managing the workload. The work experience student was reading and observing. The trainee pharmacist clearly described her current tasks and areas to concentrate her learning. The regular pharmacists organised any staff rota changes.

The pharmacy held a training record file and team members had recently completed a training module relating to codeine, so they had a better understanding when selling codeine-containing medicines and for dispensing. They had recently completed suicide awareness training online and had certificates of completion. The SI had completed a team meeting following the previous inspection to discuss concerns around the pharmacy's sales of codeine linctus. Team members felt comfortable discussing ideas and concerns with the pharmacists. Team members had documented appraisals to review their performance and training needs. The discussions highlighted the team members strengths and where they could improve. This gave team members the opportunity to have one-to-one discussions in private.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is suitably clean, hygienic and properly maintained. It has enough space for the team to provide the pharmacy's services safely. It has adequate facilities for the team to have private conversations with people.

Inspector's evidence

The pharmacy was generally clean and properly maintained. It had two entrances for people to access services. A main entrance off the forecourt and a separate entrance at the side of the premises to access the substance misuse service. People gained admittance to this separate area using a buzzer. The team released the door to allow one person to enter at a time. This helped with social distancing. People didn't wear face coverings in this area, but the team was protected by plastic screening. This area was reasonably dark with scuff marks on the walls. The retail area of the pharmacy portrayed a more professional appearance. The positioning of the pharmacy counter prevented people from accessing the staff only areas of the pharmacy. The pharmacy had enough bench and storage space for the workload. The benches were clear from clutter. There were no slip or trip hazards. The temperature and lighting throughout the premises were sufficient. The pharmacy had clean toilet facilities with hot and cold running water, and it had a separate sink in the rear dispensing area with hot and cold running water for staff use and medicines preparation. These two activities were kept separate.

The pharmacy had an adequately sized soundproof consultation room. It was suitable for the services the pharmacy usually offered, with seating for people. People accessed the room from the retail area. The consultation room had a separate entrance from the rear dispensing area for use by the pharmacy team. The team didn't keep either of the doors locked. This had been the same at the last two inspections. There was minimal risk of unauthorised access to staff only areas, but security could be improved. The team could have private conversations just off the retail area to help with social distancing during the pandemic.

Principle 4 - Services ✓ Standards met

Summary findings

People access the pharmacy's services easily. And the pharmacy suitably manages its services to deliver them safely and effectively. The pharmacy has good safeguards in place to monitor the purchase and sale of some of its higher risk medicines. It mostly stores the medicines it uses for dispensing appropriately. And it has robust processes for the team to follow to effectively manage medicine safety alerts.

Inspector's evidence

The pharmacy had parking directly next to the premises and it had level access from the petrol forecourt outside. It opened extended hours over seven days a week. The pharmacy had a healthy living area just off the retail area with seating and healthy living displays on the walls. The pharmacy delivered a high volume of the prescriptions it dispensed to people's homes. This service had increased during the pandemic according to demand. The pharmacy stored the deliveries for that day separately. During the pandemic the driver was not asking people to sign for receipt of their medicines apart from CDs and the drivers social distanced whilst completing the deliveries. The pharmacy kept a record of the medicines it delivered to people. The RP reported no issues with the changes in the process during the pandemic.

The pharmacy had separate areas for labelling, dispensing and checking prescriptions. The RP observed over-the-counter sales and had visibility into the retail area from the prescription checking area. The pharmacy had a separate dispensing area to the back of the premises if additional space was needed. Pharmacy team members used baskets during the dispensing process, to help reduce the risk of error. They kept a dispensing audit trail by signing the "dispensed by" and "checked by" boxes on the dispensing labels. A dispenser was aware of the additional care to take when dispensing valproate to some people and that important details were printed on the manufacturer's packs. The pharmacy had completed an audit prior to the pandemic of people taking valproate to review the support they were receiving. The pharmacy had additional cards to give to people if needed. The pharmacy dispensed medicines into multi-compartment compliance packs to help people take their medicines correctly. People had a medication record sheet indicating which medicines were to be dispensed into the packs and at what times. When the person had a change in their medication the team member updated the record and signed and dated the change. So, the pharmacy had an audit trail of changes. The pharmacy team members annotated the descriptions of the medicines on the packs. And they supplied patient information leaflets (PILs) with the packs. Due to local restrictions the pharmacy could not order repeat prescriptions on behalf of people. A designated team member telephoned potentially vulnerable or elderly people to remind them to order their repeat prescriptions from the surgery. This helped stop people running out of their medicines. The pharmacy had a popular substance misuse service. The team dispensed people's medication using the automated MethSmart system. The machine was secured to the bench and kept locked.

The pharmacy stored Pharmacy (P) medicines behind the counter, which had plastic screening in situ. Team members and the pharmacist were seen giving appropriate advice and making sales of medicines during the inspection. This included for codeine-containing medicines. The RP described how if a sale was refused the person was signposted to the surgery or to other appropriate resources. The pharmacy had good safeguards in place to monitor the purchases and sales of codeine-containing medicines. The team had a good understanding of the potential misuse of these medicines. The pharmacy had a

separate area for its wholesaling business, although there was no activity seen. This area was clearly separate from the dispensing activities. The pharmacy obtained its medicines from licensed wholesalers. It stored medicines requiring cold storage in two medical fridges and kept a daily record of fridge temperatures. The temperatures in the fridges were seen to be within the correct range. The pharmacy team completed a date checking record. The team completed entries each month for the areas of the pharmacy checked. And the entries were up to date. No out-of-date medicines were found from the sample checked. Of the sample checked there was one original manufacturer's pack containing three different brands of the same medicine. One brand did not have a batch number, expiry or strength visible. This was highlighted as unsatisfactory practice to the RP. The pharmacy had medicinal waste bins available for returned medication and denaturing kits for CDs. The pharmacy had appropriate processes to action medicine recalls and safety alerts and had acted on recent recalls. The team signed and dated printed copies of the alerts as an audit trail of their actions.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has most of the equipment it needs for the services it provides. And the pharmacy uses its equipment in ways that protect people's private information.

Inspector's evidence

The pharmacy had reference resources and access to the internet for up-to-date information. It used a clean glass measure for measuring liquids. But the pharmacy only had one glass measure, and had a plastic measure, which was not CE marked or suitable for measuring medicines accurately. The pharmacy stored the consumables for the compliance packs appropriately.

The computers were password protected and monitors positioned away from public view. The pharmacy had a portable handset telephone to allow team members to have private conversations. The pharmacy stored people's medicines awaiting collection out of public view. The pharmacy stored a small number of forms with some confidential information on them, in the consultation room. This was to the back of the room where the pharmacist sat and so the risk to the security of people's private information was minimal but could be improved.

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.