

Registered pharmacy inspection report

Pharmacy Name: Chorley Pharmacy, 13 - 17 Peel Street, CHORLEY,
Lancashire, PR7 2EY

Pharmacy reference: 1093422

Type of pharmacy: Community

Date of inspection: 13/01/2020

Pharmacy context

This is a community pharmacy situated in the town centre of Chorley, in Lancashire. A medical centre and two other community pharmacies were located nearby. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including travel and seasonal flu vaccinations, a minor ailment service and emergency hormonal contraception. The pharmacy supplies medicines in multi-compartment compliance aids for some people to help them take the medicines at the right time.

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	1.2	Good practice	Members of the pharmacy team record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again.
		1.7	Good practice	Members of the team are given training so that they know how to keep private information safe.
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Good practice	3.2	Good practice	The pharmacy has two consultation rooms and a privacy area at the retail counter. The pharmacy team uses these effectively to protect confidentiality.
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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. They record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again.

Inspector's evidence

There was a current set of standard operating procedures (SOPs) which were issued in June 2019. Members of the pharmacy team had signed to say they had read and accepted the SOPs.

Dispensing errors were recorded electronically and submitted to the superintendent (SI). A recent error involved the supply of the wrong amount of propantheline tablets. The pharmacist had investigated the error and shared his findings with the pharmacy team. Action which had been taken to help reduce the risk of similar errors included placing an alert on the patient's medical record (PMR) and using a 'warning' sticker in the dispensary location. Near miss incidents were recorded on a paper log. The pharmacist explained that he would review the near miss records to identify possible common trends and discuss the review with the pharmacy team each month. The pharmacist would also highlight mistakes to staff at the point of accuracy check and ask them to rectify their own errors. He gave examples of action which had been taken to help prevent similar mistakes. For example, placing alert stickers in the location of different strengths of warfarin tablets. The company shared learning between pharmacies by email. Amongst other topics they covered common errors. The pharmacy team would discuss the information when it was received.

Roles and responsibilities of the pharmacy team were described in individual SOPs. The trainee dispenser was able to explain what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. The responsible pharmacist (RP) had their notice displayed prominently. The pharmacy had a complaints procedure which was explained in the practice leaflet. Any complaints were recorded to be followed up by the pharmacy manager or head office. A current certificate of professional indemnity insurance was on display.

Records for the RP, private prescriptions, emergency supplies and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded and checked weekly. Two balances were checked, and both were found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. The pharmacy team received in-house IG training and each member had signed a confidentiality agreement. When questioned, a trainee dispenser was able to correctly describe how confidential waste was segregated and removed by a waste carrier. A privacy notice was on display and described how people's data was handled.

Safeguarding procedures were included in the SOPs. The pharmacy team had in-house safeguarding training and the pharmacist had completed level 2 safeguarding training. Contact details for the local safeguarding board were in a folder. A pharmacy technician said she would initially report any concerns

to the pharmacist on duty.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete some additional training to help them keep their knowledge up to date. They get regular feedback from their manager to help them improve.

Inspector's evidence

The pharmacy team included two pharmacists – one of whom was the manager, two pharmacy technicians – one of whom was trained to accuracy check (ACT), five dispensers – one of whom was in training, two medicines counter assistants (MCA), a pharmacy student and four drivers. The pharmacy team were appropriately trained or on accredited training programmes. The normal staffing level was a pharmacist, an ACT, four dispensers and an MCA. The ACT did not usually work on a Monday. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system.

Members of the pharmacy team completed some additional training, for example they had recently completed a training pack about Children's oral health. Training records were kept and staff were allowed learning time to complete training. But further training was not provided in a structured or consistent manner. So learning needs may not always be fully addressed.

The trainee dispenser had recently commenced her role and said if a person wanted to buy a medicine, she would obtain the details before referring the sale to the pharmacist or a senior dispensary colleague. A dispenser was seen to sell a pharmacy only medicine using the WWHAM questioning technique. When questioned, he could explain how he would refuse sales of medicines that were liable to abuse that he felt were not appropriate and refer people to the pharmacist if needed. The pharmacist said he felt able to exercise his professional judgment and this was respected by the head office. A pharmacy technician said she felt a good level of support from the pharmacist and felt able to ask for further help if needed.

Appraisals were conducted annually by the pharmacy manager. A pharmacy technician said she felt that the appraisal process was a good chance to receive feedback and she felt able to speak about any of her own concerns. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or head office. There were targets for services such as MURs and NMS. The pharmacist said he did not feel under pressure to achieve these.

Principle 3 - Premises ✓ Good practice

Summary findings

The pharmacy premises are suitable for the services provided. The pharmacy has good facilities to allow people to have a private conversation with the pharmacy team.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. A sink was available within the dispensary. Customers were not able to view any patient sensitive information due to the position of the dispensary and access to the dispensary was restricted by the position of the counter. The temperature was controlled by the use of air conditioning units. Lighting was sufficient. The staff area was clear with sufficient seating, a kettle, microwave, separate staff fridge, and WC facilities.

A consultation room was available with access restricted by use of a lock. The space was clutter free with a desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted and indicated if the room was engaged or available. A separate consultation room was used solely for the substance misuse service and was fitted with a chute for returning used needles, and a hatch to interact with members of the pharmacy team. Part of the retail counter was enclosed which helped to enable private conversations. It was seen to be routinely used by members of the pharmacy team when medicines were handed out to people.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. But members of the pharmacy team do not always know when they are handing out higher-risk medicines. So they might not always be able to check that the medicines are still suitable, or give people advice about taking them.

Inspector's evidence

Access to the pharmacy was level via a single door and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Pharmacy practice leaflets gave information about the services offered and information was also available on the website. Pharmacy staff were able to list and explain the services provided by the pharmacy. If the pharmacy did not provide a particular service staff were able to refer patients elsewhere using a signposting folder. The pharmacy opening hours were displayed and a range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and a delivery sheet was used to obtain signatures from the recipient to confirm delivery. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. CDs were recorded on a separate delivery sheet for individual patients and a signature was obtained to confirm receipt.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. The pharmacist performed a clinical check of all prescriptions and then signed the prescription form to indicate this had been completed. When this had been done an accuracy checker was able to perform the final accuracy check. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied. Dispensed medicines awaiting collection were kept on a shelf using an alphabetical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out.

Schedule 3 and 4 CDs were highlighted so that staff could check prescription validity at the time of supply. High-risk medicines (such as warfarin, lithium and methotrexate) were not routinely highlighted. So the pharmacy team were not always aware when they were being handed out in order to check that the supply was suitable for the patient. The staff were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist said he would speak to any patients who were at risk to make sure they were aware of the pregnancy prevention programme, which would be recorded on their PMR.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacist would complete an assessment about their suitability. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge

sheets were sought, and previous records were retained for future reference. Disposable equipment was used to provide the service, and the compliance aids were labelled with medication descriptions and a dispensing check audit trail. Patient information leaflets (PILs) were routinely supplied.

The pharmacy dispensed medicines for a number of patients who were residents of care homes. A re-order sheet was provided to the pharmacy and it contained details about the medicines required, medicine changes and any handover notes for the pharmacy. When prescriptions were received from the GP surgery they would be compared to the re-order sheet to confirm all medicines had been received back. Any queries were confirmed with the care home before being chased up with the GP surgery. Medicines were dispensed into disposable compliance aids and a dispensing and checking signature was written onto the seal. PILs were provided to the care home. A delivery sheet was used and signed by the care home.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. The pharmacy was not yet meeting the safety features of the falsified medicine directive (FMD), which is now a legal requirement. Equipment was installed but the pharmacy team had yet to commence routine checks of medicines. Stock was date checked on a 3-monthly basis. A date checking matrix was signed by staff as a record of what had been checked, and shelving was usually cleaned as part of the process. Short dated stock was highlighted using a sticker and liquid medication had the date of opening written on.

Controlled drugs were stored appropriately in the CD cabinets, with clear segregation between current stock, patient returns and out of date stock. Methameasure equipment was used to measure methadone mixture for the substance misuse service. CD denaturing kits were available for use. There were clean medicines fridges, each with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had recently been in the appropriate range. Patient returned medication was disposed of in designated bins located away from the dispensary. A list of cytotoxic medications was on display. Drug alerts were received by email from the MHRA. Alerts were printed, action taken was written on, initialled and signed before being filed in a folder.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and drug tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for methadone. Methameasure equipment was kept clean and was calibrated at least daily. The pharmacy also had equipment for counting loose tablets and capsules, including tablet triangles, a capsule counter and a designated tablet triangle for cytotoxic medication.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the staff to move to a private area if the phone call warranted privacy. The consultation room was used appropriately; patients were offered its use when requesting advice or when counselling was required. Substance misuse clients were directed to the use of the consultation room to provide privacy.

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.