

Registered pharmacy inspection report

Pharmacy Name: Huncoat Pharmacy, 20 Station Road, Huncoat,
ACCRINGTON, Lancashire, BB5 6LS

Pharmacy reference: 1094561

Type of pharmacy: Community

Date of inspection: 16/11/2023

Pharmacy context

This community pharmacy is in the village of Huncoat in the town of Accrington. Its main services include dispensing NHS and private prescriptions and selling over-the-counter medicines. It provides some people with their medicines in multi-compartment compliance packs and provides a seasonal 'flu vaccination. And it delivers some medicines to people's homes.

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 team members use a set of written procedures to support them in managing pharmacy services safely. And they keep people's sensitive information secure. The pharmacy has a process for team members to record and reflect on mistakes made during the dispensing process. And they learn from their mistakes. They are adequately equipped to support the safeguarding of vulnerable adults and children.

Inspector's evidence

The pharmacy had a set of comprehensive written standard operating procedures (SOPs) available to its team members. The SOPs provided the team members with information to help them complete various tasks. For example, managing controlled drugs (CDs). The SOPs had been created by the pharmacy's superintendent pharmacist (SI). There was an index which made it easy to find a specific SOP. The SOPs were reviewed periodically to ensure they accurately reflected the pharmacy's processes and they last review was July 2022. The SI was in the process of transferring the SOPs from written form to electronic versions and they demonstrated some of these new, electronic SOPs. Team members explained they had read and understood the SOPs which were relevant to their roles. However, the pharmacy didn't keep a record of this process being completed.

The pharmacy used a paper log to record mistakes made during the dispensing process which were identified before a medicine was supplied to a person. These mistakes were known as near misses. Each team member was given the responsibility to record their own near misses. They recorded various details such as a short description of the mistake, the date it happened and why the near miss might have happened. The SI analysed the near misses periodically to look for any trends or patterns. Team members explained that the most common near misses involved medicines that had similar looking packaging, or similar sounding names. They had implemented some steps to reduce the risk of near misses involving these medicines. These steps included separating medicines on the dispensary shelves. Team members explained the steps had reduced the number of similar near misses. The pharmacy used an electronic reporting system to help report dispensing incidents that had reached people. The report was completed by the SI and kept in the pharmacy for future reference. Team members could not recall any recent incidents they had been required to report. The pharmacy had a procedure to support people in raising concerns about the pharmacy. It was outlined within a notice displayed in the retail area. Any concerns or complaints were usually raised verbally with a team member. If the team member could not resolve the complaint, it was escalated to the SI team.

The pharmacy had current professional indemnity insurance. It was displaying an incorrect responsible pharmacist (RP) notice at the start of the inspection. This was rectified immediately. A sample of the RP record inspected was completed correctly. The pharmacy kept records of supplies against private prescriptions. Some of these records didn't show clearly who had written the prescription. The pharmacy retained complete controlled drug (CD) registers. And of the sample checked, the team kept them in line with legal requirements. The team completed balance checks periodically. The inspector checked the balance of a randomly selected CD which was found to be correct. The pharmacy kept complete records of CDs returned to the pharmacy for destruction.

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 container to avoid a mix up with general waste. The waste was periodically destroyed using a shredder. Team members understood the importance of securing people's private information and they had each completed formal training on information governance and data protection. A privacy notice was displayed in the retail area. Team members described how they offered people the use of the pharmacy's consultation room if people felt uncomfortable discussing their health in the retail area. The SI had completed formal training on the safeguarding of vulnerable adults and children. Team members accurately described hypothetical safeguarding situations that they would feel the need to report.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy employs a small, skilled and experienced team to manage its workload safely and effectively. It adequately supports its team members to refresh their knowledge and skills. Team members are supported in providing feedback to help improve the pharmacy's services.

Inspector's evidence

The SI was the pharmacy's resident pharmacist and the responsible pharmacist (RP) on the day of the inspection. During the inspection the SI was supported by two part-time, qualified pharmacy assistants. The pharmacy also employed a part-time delivery driver who was not present during the inspection. Locum pharmacists supported the team when the SI was absent. Throughout the inspection, team members were observed working efficiently. Team members were supporting each other in completing various tasks. They were observed involving the SI when recommending over-the-counter medicines to people to treat various minor ailments. They could cover each other's absences by working additional hours if required, however team members explained this was not common as they felt they had enough team members to efficiently manage the workload. Team members didn't take leave in December as this was the pharmacy's busiest time of year.

The pharmacy didn't provide its team members with a formal training programme to support them in updating their knowledge and skills. Team members used training material received by the pharmacy via third-party providers. Occasionally, team members would discuss their training with each other to encourage shared learning. For example, recently the team had updated their knowledge on seasonal over-the-counter medicines, such as cold and flu remedies. They explained this had helped them feel more confident in recommending suitable treatment for people over the winter months. Team members engaged in an appraisal process which included team members being asked to complete a pre-appraisal form to record their development goals. Team members explained how they would raise any concerns with the SI and felt comfortable providing feedback to help improve the pharmacy's services. Recently team members had discussed how they could become trained in administering 'flu vaccinations. Team members had access to the pharmacy's whistleblowing policy. The pharmacy's owners didn't set the team any targets to achieve. Team members explained they were focused on providing a safe and efficient service for people in the locality.

Principle 3 - Premises ✓ Standards met

Summary findings

Overall, the premises are appropriately maintained and are suitable for the services the pharmacy provides. The pharmacy has the facilities for people to have private conversations with team members.

Inspector's evidence

The premises was generally well maintained and kept clean and hygienic. The ground floor dispensary area was small, but the team had managed the space well. Benches were kept organised with baskets containing prescriptions and medicines awaiting a final check stored in an orderly manner. The RP used a separate bench to complete final checks of prescriptions. This helped reduce the risk of mistakes being made within the dispensing process. There was a first-floor room used to dispense medicines and to store miscellaneous items. The pharmacy had sufficient space to store its medicines. Floor spaces were kept clear of obstruction, however there were some empty crates stored on the floor of the retail area which created a potential trip hazard. There was a small consultation room available for people to have private conversations about their health with team members.

The pharmacy used the same sink for handwashing and the preparation of medicines. The sink was kept clear and clean throughout the inspection. There was a toilet, with a sink which provided hot and cold running water. Team members controlled unauthorised access to restricted areas of the pharmacy. The temperature was comfortable, and lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides various services for people to support them in managing their health. The pharmacy team generally manages the services well, and team members support people to take their medicines correctly. The pharmacy generally stores and sources its medicines correctly.

Inspector's evidence

The pharmacy had level access from the street to the main entrance door. It advertised its opening hours and its services on the main entrance door. The pharmacy had a facility to provide large-print labels to people with a visual impairment. There was a magnifying glass available for people to support them in viewing their prescriptions and medicines. Team members described how they supported people with a hearing impairment to access the pharmacy's services. This included providing written messages to people and speaking slowly. Team members were aware of the Pregnancy Prevention Programme (PPP) for people in the at-risk group who were prescribed valproate, and of the associated risks. They were aware of recently issued guidance to pharmacies to prevent supply of valproate outside of original manufacturers packaging. The pharmacy had recently started providing a seasonal 'flu vaccination service. Team members promoted the service to people who were eligible for a 'flu vaccination to help ensure they were protected. They had also created a visual display within the retail area which highlighted the importance of the service.

Team members used various alerts 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 to the RP the presence of a fridge line or a CD that needed handing out at the same time. Team members highlighted prescriptions for CDs. This helped them ensure they checked prescriptions had not expired before supplying the CDs to people. 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 they didn't always use them. The importance of doing so was discussed with the team. The pharmacy offered a delivery service but didn't keep records of completed deliveries. The inspector and team members discussed the importance of doing so to help support the team in being able to resolve a potential query.

The pharmacy offered a service to people to have their medicines dispensed in multi-compartment compliance packs. The packs were dispensed in an upstairs room to allow team members to dispense them without distractions of the pharmacy's phone and discussions between other team members and people in the retail area. Team members used 'master sheets' as a reference source to ensure prescriptions for people were accurate. These were records of people's current medication and when they took them. Team members raised any discrepancies with the relevant prescriber. Any changes to treatment, such as if a medicine was stopped, was also recorded on the person's electronic record. Team members recorded the date of the change and the person who had informed them of the change. This ensured the pharmacy maintained a comprehensive audit trail. The packs were annotated with visual descriptions of the medicines to help people identify them. However, the packs were not supplied with patient information leaflets. And so, people were not provided with the full information about their medicines.

The pharmacy stored pharmacy-only (P) medicines directly behind the pharmacy counter to prevent self-selection. The pharmacy had a process for the team to check the expiry date of the pharmacy's medicines every three months. But some sections of the dispensary had not been date checked since January 2023. For example, inhalers. One expired Clenil inhaler was found following a check of approximately 20 randomly selected medicines. The SI gave assurances any outstanding areas of the date checking process would be completed following the inspection. The inspector highlighted two amber bottles containing medicines, that were stored in the dispensary. Both bottles were not labelled with the medicines' batch number or expiry date. The risk of these medicines having expired or having been subjected to a recall based on their batch numbers, was highlighted to the SI. Both bottles were immediately removed for destruction. The pharmacy used a small, domestic grade fridge for storing medicines that required cold storage. Team members recorded the temperature of the fridge each day to ensure it was operating correctly. The fridge was operating within the correct temperature on the day of the inspection. However, its minimum and maximum temperatures were outside of the accepted range. The SI gave assurances that the fridge's thermometer would be replaced following the inspection. The SI gave further assurances that if the replacement thermometer showed the fridge was continuing to operate outside of the accepted temperature ranges, the fridge would be replaced with a clinical-graded version. The team received drug alerts. Team members actioned the alerts but didn't retain a record of the action they took following the alert. And so, a full audit trail was not in place.

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 including copies of the British National Formulary (BNF) and BNF for children. The pharmacy used a range of CE marked measuring cylinders. There were suitable adrenaline pens, sharps bins, plasters, and swabs to support the team in delivering 'flu vaccinations. The pharmacy 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.

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.