

Registered pharmacy inspection report

Pharmacy Name: Ashbourne Pharmacy, Ashbourne Health Centre,
Clifton Road, ASHBOURNE, Derbyshire, DE6 1DR

Pharmacy reference: 1105047

Type of pharmacy: Community

Date of inspection: 10/07/2024

Pharmacy context

This busy community pharmacy is located next to a medical centre. Most people who use the pharmacy are from the local area and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it sells a range of over-the-counter medicines. And it provides seasonal flu and COVID-19 vaccination services and some other NHS funded services including the Pharmacy First Service. It supplies some medicines in multi-compartment compliance packs to help people take their 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	N/A	N/A	N/A
2. Staff	Standards met	2.2	Good practice	The team members have the appropriate skills, qualifications and competence for their roles and the pharmacy effectively supports them to address their ongoing learning and development needs.
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 appropriately manages risks, and it takes steps to improve patient safety. Members of the pharmacy team work to professional standards, and they are clear about their roles and responsibilities. The team members keep people's private information safe. And they complete training, so they know how to protect children and vulnerable adults. The pharmacy generally completes the records that it needs to by law but some of the records are incomplete. This could make it harder to understand what has happened if queries arise.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services it provided, with signatures showing that all members of the pharmacy team had read and accepted them. SOPs were available in electronic format as well as hard copies which were kept in the pharmacy. The pharmacy received emails from head office when there were new or reviewed SOPs for the team to read. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their roles. Most team members were not wearing uniforms or anything showing their role, so people might not be able to easily identify them or tell who was responsible for what. The pharmacy manager explained that uniforms were on order for all the support staff to wear. The name of the responsible pharmacist (RP) was displayed as required by the RP regulations.

The pharmacy team recorded dispensing incidents electronically and learning points were identified and agreed with support from the area manager and superintendent pharmacist (SI). The team reported near misses on a log and discussed them within the team. Following a near miss when sertraline 100mg tablets was dispensed instead of sertraline 50mg tablets, these had been better separated on the dispensary shelves. Clear plastic bags were used for assembled CDs and insulin to allow an additional check at hand out. Look-alike and sound-alike drugs (LASAs) were highlighted with alert stickers so extra care would be taken when selecting these. The RP said she felt comfortable reporting errors and encouraged reflection and learning from any mistakes.

There was an SOP for dealing with complaints, but there was nothing on display showing the complaint procedure or the details of who to complain to, so people visiting the pharmacy might not know how to raise a concern or leave feedback. A current certificate of professional indemnity insurance was on display in the pharmacy. Private prescription records and the controlled drug (CD) registers were appropriately maintained. Records of CD running balances were kept and these were regularly audited. Two CD balances were checked and found to be correct. Patient returned CDs were recorded and disposed of appropriately. The RP record was electronic. It did not contain the times the RP ceased their duties each day, so there was not a reliable audit trail of who was on duty at any particular time. The RP explained this was because she thought the system automatically signed the RP out when the computer was closed down at the end of each day. The RP confirmed she would ensure that she signed out every day, going forward. Patient details were missing from some records of medicines obtained from 'Specials,' which was not in line with Medicines & Healthcare products Regulatory Agency (MHRA) requirements and might delay a response in the event of a problem or query.

Members of the pharmacy team had completed training on information governance (IG) which included patient confidentiality and data security awareness. Confidential waste was placed in designated bags which were collected by a suitable waste disposal company. A dispenser correctly described the difference between confidential and general waste. Assembled prescriptions and paperwork containing patient confidential information were stored appropriately so that people's details could not be seen by members of the public.

The RP and pharmacy manager had completed level three training on safeguarding. Other team members had completed training at a level equivalent to their role. A dispenser said she would voice any concerns regarding children and vulnerable adults to the pharmacist working at the time and was aware of the importance of raising concerns of this nature. There was a safeguarding policy in place. Some of the contact numbers of who to report concerns to in the local area had not been completed. The RP said she would contact head office for advice in the event of a safeguarding concern and would look up the details of the local safeguarding lead. The pharmacy had a chaperone policy. There was a notice which highlighted this to people, but it was inside the consultation room so some people might not realise this was an option. The notice was moved to a more prominent position during the inspection, when this was pointed out. There was a notice about domestic abuse with contact details of a local support group. The consultation room was always available for anyone requiring a confidential conversation.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members work well together in a busy environment, and they have the right training and qualifications for the jobs they do. The pharmacy actively encourages its team members to keep their skills up-to-date. And they complete ongoing training to help support their development. Team members are comfortable providing feedback to their manager and they receive informal feedback about their own performance.

Inspector's evidence

The RP, four NVQ2 qualified dispensers (or equivalent) and a delivery driver were on duty at the time of the inspection. The staffing level was adequate for the volume of work and the team members were observed working collaboratively with each other and people who visited the pharmacy. Planned absences were organised so that no more than one person was away at a time. The staff rota and holiday calendar were visible to the area manager and team at head office. The pharmacy manager could request extra hours if needed from within the pharmacy team, or request assistance from neighbouring branches.

Members of the pharmacy team carrying out the services had completed appropriate training. The RP was the regular pharmacist. She confirmed that she had signed a declaration of competence for the conditions treated under the NHS Pharmacy First Service. Members of the pharmacy team used an online training platform to ensure their training was up to date. A record of their completed training could be viewed on this. Some certificates were printed off and kept in a folder of completed training. Training had been carried out on COVID-19 vaccinations, infection management, anaphylaxis, and cancer. Ongoing training requirements were sent to the pharmacy team by the area manager. The pharmacy team had regular protected training time to complete it. The pharmacy manager had set up a file of useful training for the medicine counter with information about common conditions such as hayfever, allergies, coughs and colds.

The pharmacy team had informal discussions about their performance and development with the pharmacy manager. The pharmacy manager explained that following recent discussions, three of the dispensers had been enrolled onto NVQ3 courses. The team had face-to-face meetings on a regular basis and also used an electronic messenger system for communication. There was a management group for all the managers and the pharmacy manager cascaded information from this to the rest of the team. The SI and team at head office sent out emails and also used the management messenger group to communicate with the pharmacy. A dispenser said she felt there was an open and honest culture in the pharmacy and said she would feel comfortable talking to the pharmacy manager or RP about any concerns she might have. Another dispenser commented that the staff worked well as a team and could make suggestions to improve the way they work. The team didn't know if there was a whistleblowing policy, but assumed there was, and said they would find this out if it was ever necessary.

The RP said she felt empowered to exercise her professional judgement and could comply with her own professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine, because she felt it was inappropriate. Targets were set for various performance indicators

things including pharmacy nominations, blood pressure testing and the Pharmacy First Service. The RP said she wouldn't allow targets to compromise patient safety.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a professional environment for people to receive healthcare services. It has a private consultation room so people can receive services in private and have confidential conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy premises, including the shop front and fascia were clean and well maintained. The retail area was free from obstructions and professional in appearance. The temperature and lighting were adequately controlled.

There was a separate stockroom and an office. Staff facilities included a staff tearoom and WC with a wash hand basin and antibacterial hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water. Hand washing notices were displayed above the sinks. The consultation room was equipped with a sink, and was uncluttered, clean and professional in appearance. This room was used when carrying out services such as the NHS Pharmacy First Service and when customers needed a private area to talk.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are generally well managed and easy for people to access. The pharmacy team members are helpful and give healthcare advice and support to people in the community. The pharmacy sources, stores, and supplies medicines safely. And it carries out appropriate checks to ensure medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to everyone, including people with mobility difficulties and wheelchair users. There was an automatic door at the entrance. A list of services provided by the pharmacy was displayed on the consultation room door. The pharmacy team knew where to signpost people if any of these services were not available. The pharmacy had provided a large number of COVID-19 and flu vaccinations during the season. When daily bookings were above 40, another pharmacist carried out the administration of the vaccines so the other services in the pharmacy were not affected. The pharmacy's opening hours were advertised in the window. There was a range of healthcare leaflets and posters advertising local services. For example, Ashbourne and Derby stroke support and Talking mental health Derbyshire.

There was a home delivery service. Each delivery was recorded, but a signature or the name of the recipient was not always obtained, so this might delay a response in the event of a problem or query. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

Space was adequate in the dispensary and the workflow was organised into separate areas with a designated checking area. The dispensary shelves were well organised, neat, and tidy. 'Dispensed-by' and 'checked-by' boxes were initialled on the medication labels to provide an audit trail. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available.

Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. Team members added the date which CD prescriptions had to be collected by to ensure the 28 days limit was not exceeded. 'Pharmacist' stickers were used to highlight when counselling was required. The team were aware of the requirements for a Pregnancy Prevention Programme to be in place for people prescribed medicines containing valproate or topiramate. The relevant information leaflets and care cards were available to ensure people in the at-risk group were given the appropriate information and counselling. The RP confirmed that original packs were always dispensed for medicines containing valproate.

Multi-compartment compliance packs were generally well managed. There was a partial audit trail for changes to medication in the packs, but it was not always clear who had confirmed the change which could cause confusion in the event of a query. A dispensing audit trail was completed, and medicine descriptions were added to the packaging to enable identification of the individual medicines. Packaging leaflets were included so people were able to easily access additional information about their medicines. Cautionary and advisory warnings were missing from the labels, but a dispenser resolved

this issue during the inspection. Disposable equipment was used. The pharmacy was not taking on any new patients for this service, as they were working at capacity. Team members signposted people to another pharmacy close by which still had capacity.

A dispenser explained what questions she asked when making a medicine sale and she knew when to refer the person to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and understood what action to take if she suspected a customer might be misusing medicines such as a codeine containing product.

CDs were stored in a CD cabinet which was securely fixed. The keys were under the control of the RP during the day and stored securely overnight. Date expired, and patient returned CDs were separated and stored securely. Patient returned CDs were destroyed using denaturing kits. Pharmacy medicines were stored in Perspex boxes in the retail area. They were designed to prevent people accessing the medicines, but it was possible for people to open them. Team members explained that there was always somebody on the medicine counter who would assist people, so that sales could be controlled.

Recognised licensed wholesalers were used to obtain stock medicines. Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and documented. Short-dated stock was highlighted. Expired and unwanted medicines were separated and placed in designated bins.

Alerts and recalls were received via email messages from head office. These were printed off and acted on by a member of the pharmacy team. A copy was retained in the pharmacy with a record of the action taken so the team were able to respond to queries and provide assurance that the appropriate action had been taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacist could access the internet for the most up-to-date reference sources. For example, the electronic Medicines Compendium (eMC) website which was used to print off patient information leaflets. The RP and pharmacy manager used an App on their mobile phone to access the electronic British National Formulary (BNF) and BNF for children.

There was a clean medical fridge for storing medicines. The minimum and maximum temperatures were being recorded regularly and had been within range throughout the month. All electrical equipment appeared to be in good working order. A sharps bin and other equipment required for the flu and COVID-19 vaccination services were available in the consultation room. There was suitable blood pressure testing equipment for the NHS hypertension case finder service. There was a selection of clean glass liquid measures with British standard and crown marks. Separate measures were marked and used for methadone solution. The pharmacy had a range of clean equipment for counting loose tablets and capsules, with a separately marked tablet triangle that was used for cytotoxic drugs. Medicine containers were appropriately capped to prevent contamination.

Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. Patient medication records (PMRs) were password protected. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted 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.