

Registered pharmacy inspection report

Pharmacy Name: Harden Pharmacy, 2 Wilsden Road, Harden,
BINGLEY, West Yorkshire, BD16 1JP

Pharmacy reference: 1105610

Type of pharmacy: Community

Date of inspection: 24/04/2023

Pharmacy context

The pharmacy is in a row of shops in the village of Harden. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. The pharmacy provides a small number of travel vaccinations to people. Team members provide medicines to people in multi-compartment compliance packs. And they deliver medicines to people's homes.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	4.3	Standard not met	The pharmacy does not have adequately robust processes for managing and storing its medicines, including checking expiry dates. There is evidence of out-of-date medicines on the shelves. And it does not keep all its medicines in the original packs. This increases the risk of errors and the risk of supplying medicines to people that are not fit to use.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy adequately identifies and manages risks. It has the written procedures it needs relevant to its services. Pharmacy team members generally consider the risks of providing services to people. They understand their role to help protect vulnerable people. And they suitably protect people's confidential information. Team members mostly record and discuss the mistakes they make so that they can learn from them. But they don't always capture key information or analyse these records, so they may miss some opportunities to learn and improve.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place to help pharmacy team members manage the risks. The superintendent pharmacist (SI) had reviewed the SOPs in 2019, and some team members had signed to confirm their understanding. But two newer team members confirmed they had not read or signed the procedures, so they might not always fully understand their responsibilities. The responsible pharmacist (RP) explained that the pharmacy owner was currently reviewing the SOPs. But the updated set of procedures were not available in the pharmacy. The pharmacy occasionally provided travel vaccinations to people. The pharmacist who provided the service was not available during the inspection. The RP explained how the pharmacy had considered some of the risks of travel vaccinations, such as the suitability of the pharmacy's consultation room to deliver the service from, ensuring that people had completed the necessary training, the availability of the necessary equipment, and having the correct SOPs in place. But they did not know if these assessments had been written down to help them manage emerging risks on an ongoing basis. And team members did not know where to find the relevant documents to help support the delivery of the service.

Pharmacy team members explained how they highlighted and recorded any near miss and dispensing errors they made. There were documented procedures to help them do this effectively. They used this information to make changes to help prevent the same or similar mistakes from happening again. One example of changes they had made was separating look-alike and sound-alike (LASA) medicines, such as different formulations of calcium and vitamin D tablets, to help prevent the wrong medicines being selected. The records available contained little or no information about why mistakes had been made, or the changes team members had made to prevent them happening again. Pharmacy team members had also not recorded any near miss errors since December 2022. Team members admitted that mistakes had been made that were not recorded as the pharmacy had been struggling with staff shortages and other workforce issues from December 2022, although the situation was improving. A dispenser confirmed that although errors had not been recorded, they had still discussed their mistakes and made changes where necessary to help prevent them happening again. Team members explained the pharmacy owner looked at the data collected ad hoc to establish any patterns of errors. But they could not find any records of analysis during the inspection. This meant the team might miss opportunities to reflect, learn, and make improvements to the pharmacy's services. The pharmacy had a system in place to manage and record dispensing errors, which were errors identified after the person had received their medicines. But the pharmacy team members present during the inspection could not find any records of dispensing errors. This meant the inspector was unable to assess the quality of the pharmacy's response to dispensing errors at this inspection.

The pharmacy had a documented procedure in place for handling complaints or feedback from people.

Pharmacy team members explained people usually provided verbal feedback. And any complaints were referred to the pharmacist to handle. There was information available for people in the retail area about how to provide the pharmacy with feedback. The pharmacy had up-to-date professional indemnity insurance in place. The pharmacy kept accurate controlled drug (CD) registers. It kept running balances for all registers, including registers for methadone. Pharmacy team members audited these balances against the physical stock quantity each time they made an entry in the register. But this meant that the registers for CDs not used often were not frequently audited. And team members did not frequently audit the running balance of methadone. A check of the running balances against the physical stock for three products were found to be correct. The pharmacy kept a register of CDs returned by people for destruction. It maintained a responsible pharmacist record electronically, but there were several gaps in the record. Pharmacy team members monitored and recorded fridge temperatures. The pharmacy kept private prescription and emergency supply records, which were complete and in order.

The pharmacy kept sensitive information and materials in restricted areas. It segregated confidential waste which was collected for secure disposal. The pharmacy had an arrangement with a local secure disposal contractor where team members requested collection of their confidential waste ad hoc when needed. There were several bags of confidential waste that had accumulated in a restricted area of the pharmacy. Team members explained they were aware of the waste. But they had not had a chance to contact the contractor to arrange collection. They gave their assurance that collection and disposal of the waste would be arranged as soon as possible. The pharmacy had a documented procedure in place to help pharmacy team members manage sensitive information. Pharmacy team members explained how important it was to protect people's privacy and how they would protect confidentiality. A pharmacy team member gave some brief examples of signs that would raise their concerns about vulnerable children and adults. They explained how they would refer to the pharmacist. The pharmacy had a documented procedure for dealing with concerns about children and vulnerable adults. And team members explained how they would use the internet to find information about local safeguarding contacts, to help them manage any concerns. The pharmacy had not provided any formal training for team members about how to handle a safeguarding concern, other than the SOPs and day-to-day discussions.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members have the right qualifications and skills for their roles and the services they provide. They complete some ad hoc training to help keep their knowledge and skills up to date. Pharmacy team members feel comfortable raising concerns and discussing ways to improve services.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were a locum pharmacist, a pharmacy technician, and a qualified dispenser. The RP explained they had recently experienced some difficulties with absences of key staff due to illness over the winter period. This had increased pressures on the team. But team members explained they felt they were managing the workload adequately. Pharmacy team members completed training ad-hoc by reading various materials. And by completing training modules provided by the NHS e-learning for healthcare platform when available. The pharmacy did not have a formal appraisal or performance review process for pharmacy team members. A team member explained they would raise any learning needs verbally with the RP, or the SI who worked at the pharmacy regularly, or the pharmacy owner. And they were supported by being signposted to relevant reference sources or by discussion to help address their learning needs.

A pharmacy team member explained how they would raise professional concerns with the RP, the SI, or the pharmacy owner who all worked at the pharmacy regularly. They felt comfortable raising concerns. And confident that their concerns would be considered, and changes would be made where they were needed. The pharmacy did not have a formal whistleblowing policy. Pharmacy team members were aware of organisations outside the pharmacy where they could raise professional concerns, such as the NHS or GPhC. Pharmacy team members communicated with an open working dialogue during the inspection. They felt comfortable making suggestions to improve their ways of working. A recent example had been discussing and changing the layout and workflow of the area where prescriptions were prepared to help make the dispensing process more efficient. The pharmacy owners did not ask pharmacy team members to meet any performance related targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is generally clean and properly maintained. It provides a suitable space for the services provided. The pharmacy has a consultation room where people can speak to pharmacy team members privately.

Inspector's evidence

The pharmacy was clean and well maintained. It was tidy and generally well organised. The pharmacy's floors and passageways were mostly free from clutter and obstruction. But some areas were cluttered with totes of medicines waiting to be put away. The RP explained the totes did not usually accumulate, but a team member had been absent, causing a delay unpacking the retail order. The pharmacy kept equipment and stock on shelves throughout the premises. It had a private consultation room. Pharmacy team members used the room to have private conversations with people.

The pharmacy had a clean, well-maintained sink in the dispensary used for medicines preparation. It had a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. The pharmacy generally maintained its heating and lighting to acceptable levels. But the lighting in the pharmacy's retail area was dim. This was discussed with the pharmacy's owner, who explained some problems they were having with the lighting and the plans they had in place to replace the defective lighting. The pharmacy's overall appearance was professional, including the pharmacy's exterior which portrayed a healthcare setting. The pharmacy's professional areas were well defined by the layout and were signposted from the retail area. Pharmacy team members prevented access to the restricted areas of the pharmacy.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy sources its medicines from reputable suppliers. But it does not always store and manage its medicines appropriately. The pharmacy does not have a robust process for checking the expiry date on medicines. And it does not always keep its medicines in the original packs. So, it may not be able to adequately ensure the safety of its medicines. The pharmacy suitably manages its dispensing services. Pharmacy team members provide people with advice and information about high-risk medicines. But they do not always routinely provide people with written information to help them take and manage their medicines safely.

Inspector's evidence

The pharmacy had ramped access from the street. Pharmacy team members could use the patient medication record (PMR) system to produce large-print labels to help people with visual impairment. And they said they would use written communication with someone with hearing impairment to help them access services.

The pharmacy had a documented procedure for checking stock for short-dated and expired medicines, which had been reviewed by the superintendent pharmacist in 2019. But this did not match the process being carried out by pharmacy team members. One team member had signed to confirm they had read the procedure in 2019. But others team members had not signed, and one confirmed they had not read the procedure. The pharmacy did not have any records available of any expiry date checking being completed. When questioned, a team member explained that they completed date checking ad hoc whenever they had time. And some sections had been checked recently. But these checks had not been recorded. And team members could not confirm which areas they had checked and which they had not. Some pharmacy team members highlighted medicines that were due to expire by highlighting the expiry date to the pack for medicines that were due to expire in the next three months. This did not match the documented procedure. And there were no records available to confirm when the next scheduled date check would be. Team members confirmed they would remove expiring items during their month of expiry. But this relied on them seeing a sticker on the packs when they looked at the shelves. After a search of the shelves, the inspector found eight expired medicines with various expiry dates from August 2022 onwards. None of these packs had been highlighted according to the explained process. Pharmacy team members monitored and recorded fridge temperatures. But the record showed several gaps where temperature monitoring had not been recorded. This meant the team may not be quickly alerted to medicines being stored outside of the permitted temperature range.

Several amber bottles were found on the shelves in the dispensary containing medicines that had been removed from their original packaging. Some of these bottles had labels attached giving information about the medicine and its strength. But none of the labels showed a batch number or expiry date of the medicines in the bottles. Some bottles and containers did not have any labels attached. So, team members could not properly identify the medicines. There were several white cartons on the shelves containing strips of medicines. Many of these had dispensing labels attached, and team members explained they were medicines that had been dispensed but had not been collected by people and returned to the pharmacy's stock. These packs did not contain any information about the batch number and expiry date of the medicines inside. This meant that there was a risk of these medicines not being

removed from stock and supplied to people after they had expired or after they had been recalled by the manufacturer. Pharmacy team members explained the took action when they received a drug alert of manufacturers recall. But they did not record these actions.

Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on dispensing labels during dispensing. This was to maintain an audit trail of the people involved in the dispensing process. They used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. The pharmacist counselled people receiving prescriptions for valproate if they were at risk. And they checked if the person was aware of the risks if they became pregnant while taking the medicine. They advised they would also check if they were on a pregnancy prevention programme and taking regular effective contraception. The pharmacy did not have any stock of printed information materials to give to people to help them manage the risks of taking valproate. The RP gave their assurance that these materials would be obtained as soon as possible. The pharmacist did not record these conversations with people to help with future queries. And the pharmacy did not carry out any regular audits to help identify people at risk. The pharmacy supplied medicines to people in multi-compartment compliance packs when requested. It attached backing sheets to the packs, so people had written instructions of how to take their medicines. Pharmacy team members included descriptions of what the medicines looked like, so they could be identified in the pack. But they did not routinely provide people with patient information leaflets about their medicines each month. They only provided leaflets to people when their medicines were newly prescribed. 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. And they recorded changes on their electronic PMR.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment available for the services it provides. It manages and uses its equipment in ways that protect people's confidentiality.

Inspector's evidence

The pharmacy had the equipment it needed to provide the services offered. The resources it had available included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and use of the internet. The pharmacy had a set of clean, well-maintained measures available for medicines preparation. It had suitable containers available to collect and segregate its confidential waste. It kept its password-protected computer terminals and bags of medicines waiting to be collected in the secure areas of the pharmacy, away from public view.

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.