

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: 20/11/2023

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 seasonal flu and Covid-19 vaccinations and a small number of travel vaccinations to people. Team members provide medicines for people in multi-compartment compliance packs. And they deliver 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 adequately identifies and manages risks. It has the written procedures it needs relevant to its services to help team members provide services safely. Pharmacy team members understand their role to help protect vulnerable people. And they suitably protect people's confidential information. Team members 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) to help pharmacy team members manage the risks. But the SOPs were not available in the pharmacy at the beginning of the inspection. The superintendent pharmacist arrived at the pharmacy halfway through the inspection and brought the SOPs. This was discussed and the SI agreed that the SOPs should be available in the pharmacy for team members to look at all the time. The SI had reviewed the SOPs in 2023, and some team members had signed to confirm their understanding. But two team members confirmed they had not read or signed the updated procedures, so they might not always fully understand their responsibilities.

The pharmacy provided a seasonal flu and Covid-19 vaccination services, and occasionally provided travel vaccinations for people. Pharmacy team members 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 and the availability of the necessary equipment. Pharmacy team members ensured they had completed the necessary training and whether the pharmacy had the correct SOPs and supporting documents in place. But the SI confirmed that these assessments had not been written down to help them manage emerging risks on an ongoing basis. As well as the SI and RP, another team member, who was a dispenser, had been trained to deliver flu and Covid-19 vaccinations. They explained elements of their training and were clear about the limitations of their responsibilities, referring to the pharmacist where necessary. They used the NHS national protocol as the legal framework to deliver vaccinations and they were clear about the steps in the protocol that could only be performed by a registered healthcare professional. The pharmacy had recently opened on a weekend specially to deliver flu and Covid-19 vaccinations for people in the local community. Team members explained how popular this had been, and they had received positive feedback from people who had used the service.

Pharmacy team members explained how they highlighted and recorded any dispensing mistakes that were identified in the pharmacy, known as 'near misses'. And they recorded dispensing errors, which were mistakes identified after people received their medicines. 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, to help prevent the wrong medicines being selected. The records available contained little or no information about why mistakes had been made, but team members confirmed they discussed the errors they made amongst the team, which included discussions about why mistakes had happened. And they confirmed that since the last inspection, they were now recording all error made to help their learning. The pharmacy had a process for analysing the information collected about errors. But team members did not analyse their error for patterns, so they

might miss opportunities to reflect, learn, and make improvements to the pharmacy's services. 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 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 current professional indemnity insurance. 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 approximately every two months. 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 when needed. The pharmacy had a documented procedure 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 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 two qualified dispensers. 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, 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 was they had changed the way they communicated with local GPs about medicines shortage and supply issues. This included sending a written notification about medicines shortages to GPs and including information about suitable available alternative products to prescribe. This helped reduce the risks of people being without medicines. 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 clean and properly maintained. It provides a suitable, well-lit 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 free from clutter and obstruction. It kept equipment and stock on shelves throughout the premises. And 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 maintained its heating and lighting to acceptable levels. Since the last inspection, the pharmacy's owners had installed new lighting in the pharmacy's retail area, which had significantly improved the light available for team members to work with and for people using the pharmacy. 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 met

Summary findings

Pharmacy team members manage and provide the pharmacy's services safely and effectively. The pharmacy suitably sources its medicines. And it generally stores and manages its medicines appropriately. The pharmacy's services are easy for people to access. And it has some processes to help people understand and manage the risks of taking higher-risk medicines.

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 take their medicines properly. And they said they would use written communication with someone with hearing impairment to help them access services.

Pharmacy team members checked medicine expiry dates at least every three months. Some records were available, but team members did not always keep the records up to date. Team members highlighted any short-dated items up to three months before their expiry by attaching a sticker to the pack. But they relied on people seeing a sticker and removing a product to prevent it from remaining on the shelves once expired. Team members also explained they checked medicines expiry dates when they dispensed and checked medicines for each prescription. After a search of the shelves, the inspector did not find any expired medicines.

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 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. But pharmacy team members were aware of the need to dispense valproate-containing medicines in the manufacturer's original packs. 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. And they routinely provided people with patient information leaflets about their medicines each month. 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 some of these changes on the person's electronic patient medication record (PMR). 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 pharmacy delivered some medicines to people. It recorded the deliveries it made. The delivery driver left a card through the letterbox if someone was not at home when they delivered. The card asked people to contact the pharmacy. The pharmacy obtained medicines from licensed wholesalers. It had disposal facilities available for unwanted medicines, including CDs. Team members monitored the minimum and maximum temperatures in the pharmacy's fridge each day and recorded their findings. The temperature records were within acceptable limits. Pharmacy team members explained the acted

when they received a drug alert of manufacturers recall. But they did not record these actions.

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.