

Registered pharmacy inspection report

Pharmacy Name: Bakewell Pharmacy, 3-5 Granby Croft, BAKEWELL,
Derbyshire, DE45 1ET

Pharmacy reference: 1109791

Type of pharmacy: Community

Date of inspection: 17/07/2024

Pharmacy context

This community pharmacy is located in the centre of the town centre. Most people who use the pharmacy are from the local area and a home delivery service is available. It dispenses NHS prescriptions, and it sells a range of over-the-counter medicines. And it provides a 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 aid 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 manages risks to make sure its services are safe, and it acts to improve patient safety. It accurately completes the records that it needs to by law and encourages its customers to provide feedback. Members of the pharmacy team are clear about their roles and responsibilities. The team follows written procedures on keeping people's private information safe. And team members understand how they can help to protect the welfare of vulnerable people.

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. Electronic versions of SOPs were available as well as hard copies which were in folders in the pharmacy. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their roles. Team members wore uniforms and badges which identified their roles. The superintendent pharmacist (SI) was working as the responsible pharmacist (RP) and his name was displayed as required by the RP regulations. He explained that the SOPs had been prepared by a team at head office, but he had reviewed them.

The pharmacy team recorded dispensing incidents and near miss errors on an electronic reporting system. The SI discussed errors with the team when they occurred and learning points were identified. There were some documented reviews and patient safety team briefings where common errors were discussed, and steps agreed to help reduce re-occurrences. For example, the team were reminded to always take care when dispensing inhalers as there were so many different forms with similar names. 'Which calcium and vitamin D' stickers had been attached to the dispensary drawers following a recent error when the wrong brand had been dispensed. Notices were on display in the dispensary with common look-alike and sound-alike drugs (LASAs) so extra care would be taken when selecting these. For example, quetiapine and quinine, and rosuvastatin and rivaroxaban.

A notice was on display in the retail area of the pharmacy with the complaints procedure and details of how to leave feedback. This was also outlined in practice leaflets which were on display. Professional indemnity insurance arrangements were in place. Private prescription and emergency supply records, the RP record, 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.

All members of the pharmacy team had read and signed documents in the information governance (IG) file which included information about confidentiality. Confidential waste was collected in designated bags and sent to head office for disposal. A trainee 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. Leaflets were on display explaining how the pharmacy handled people's information and included a statement that the pharmacy complied with data protection acts and the NHS Code of Confidentiality.

Pharmacy team members had completed training on safeguarding and a trainee dispenser said she would voice any concerns regarding children and vulnerable adults to the pharmacist working at the time. The SI was clear about what steps to take when immediate action was required. He said he would follow the pharmacy's safeguarding policy, and ensure all concerns were reported to the relevant person at head office and in the local area. The pharmacy had a chaperone policy, and this was highlighted to people. The team had been trained on the 'Safe Space' initiative, where pharmacies were providing a safe space for victims of domestic abuse. The SI confirmed that 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, and they have the right training and qualifications for the jobs they do. Team members are comfortable providing feedback to their manager and they receive informal feedback about their own performance.

Inspector's evidence

The SI and three trainee dispensers 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. There was a delivery driver and a qualified dispenser who were not present. The SI was the pharmacy manager and generally worked four days a week at the pharmacy. Another regular pharmacist worked the other two days. Pharmacy team members worked set hours, but there was some flexibility within the team, and they sometimes worked extra hours to cover absences. The pharmacy team was supported by an area manager and a team at head office.

Members of the pharmacy team had regular protected training time and they completed appropriate training. Two of the trainee dispensers had nearly finished their courses and the other one had just started an apprenticeship. Team members completed monthly training packages produced by the SI. Training records were available which showed the team had recently completed training on nasal conditions and hay fever. The SI had signed a declaration of competence for the NHS Pharmacy First service and confirmed that he had completed all the training required for the flu and COVID-19 vaccination services.

There was a formal appraisal process where performance and development were discussed. The SI explained that he was a bit behind with this, but he provided feedback informally. Regular team huddles were held where a variety of issues were discussed, and concerns could be raised. Team members used an electronic messenger system to communicate when they were not working together. Two of the trainee dispensers described an open and honest culture in the pharmacy and said they would feel comfortable talking to the SI about any concerns they might have. They said the staff worked well as a team and could make suggestions or criticisms informally. There was a whistleblowing policy and a notice on display showing this. One of the trainee dispensers said she felt comfortable admitting errors and tried to always learn from mistakes.

The SI confirmed he was empowered to exercise his professional judgement and could comply with his own professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine, because he felt it was inappropriate. He said targets were set for some services, such as the NHS Pharmacy First service, but he didn't feel excessive pressure to achieve them.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy premises, including the shop front and fascia were in an adequate state of repair. The retail area was free from obstructions, professional in appearance and had a waiting area with two chairs. The temperature and lighting were adequately controlled. Some parts of the pharmacy were untidy, and the floor required cleaning. The SI explained that a big tidy up and clean had been scheduled for the following week. Maintenance problems were reported to the area manager. Depending on the issue, the SI might be asked to find a local contractor to deal with the problem. For example, when the shutters over the front of the pharmacy broke. Facilities for team members were limited to a small kitchen area, and a WC, with a wash hand basin and 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 reasonably clean and professional in appearance. The 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 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 a hearing loop in the pharmacy and a sign showing this. Services were advertised inside the pharmacy and listed in the practice leaflet. There was a range of healthcare leaflets and posters advertising local services. For example, Derbyshire Mental Health service.

There was a home delivery service. There was a robust audit trail for the delivery of CDs, and a signature was obtained from the recipient. Other deliveries were recorded, but the name or signature of the recipient was not usually obtained. This might reduce the information available in the event of a problem or query. The SI said he would review this process and ensure it was in line with the delivery SOP. 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 safely stacked to make more bench space available.

Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. 'Pharmacist' stickers were used to highlight when counselling was required and high-risk medicines such as those containing valproate were targeted for extra checks and counselling. The team were aware of the requirements for a Pregnancy Prevention Programme to be in place and that people who were prescribed valproate containing medicines should have an annual review with a specialist. The SI said that the pharmacy had a couple of patients in the at-risk group. He confirmed that he had discussions with these people about pregnancy prevention and had made a note of this on their patient medication records (PMR). The valproate information pack and care cards were available to ensure people in the at-risk group were given the appropriate information and counselling. And the SI knew that original packs should always be provided.

The pharmacy supplied some people's medicines in multi-compartment compliance packs. Medicine descriptions were included on the packaging to enable identification of the individual medicines and packaging leaflets were included. Cautionary and advisory warnings were missing so people might not know how to take their medicines effectively. The SI said this had been an oversight and he would ensure these warnings were added to the labels going forward. Disposable equipment was used.

A trainee 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 two CD cabinets which were 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 behind the medicine counter so that sales could be controlled.

Recognised licensed wholesalers were used to obtain stock medicines and appropriate records were maintained for medicines ordered from 'Specials.' Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and documented. Short dated stock was highlighted. Dates had been added to opened liquids with limited stability. Expired and unwanted medicines were separated and placed in designated bins.

Alerts and recalls were received via email messages. These were read and acted on by a member of the pharmacy team. A hard copy or the electronic copy was filed 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 accessed the internet for the most up-to-date reference sources. For example, 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.

An otoscope was available for use in the NHS Pharmacy First service. A sharps bin and other equipment required for the flu and COVID-19 vaccination services was available in the consultation room. There was suitable blood pressure testing equipment which contained a date by which it needed to be replaced, to ensure accuracy. The blood glucose testing equipment was regularly calibrated.

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. 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.