

Registered pharmacy inspection report

Pharmacy Name: The Clitheroe Pharmacy, 32 King Street, Clitheroe, Lancashire, BB7 2EP

Pharmacy reference: 9010439

Type of pharmacy: Community

Date of inspection: 14/09/2023

Pharmacy context

This community pharmacy located close to a medical centre in the village of Clitheroe, Lancashire. 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. It delivers some medicines to people's homes and offers the NHS hypertension case finding service.

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 has a comprehensive set of written procedures to help the team manage the pharmacy services safely and effectively. It keeps people's confidential information safe, and it retains of the records it needs to by law. The pharmacy has a process to record details of mistakes made during the dispensing process. But the pharmacy team does not always follow the process and so may not be able to make specific changes to the way it works to improve patient safety.

Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs) available to its team members. The SOPs provided the team members with information to help them complete various tasks. They read the SOPs that were relevant to their roles within the first few weeks of commencing employment at the pharmacy. Once they had read and understood a particular SOP, they were required to sign and date a document to confirm the process had been completed. Team members explained they had read the current SOPs which were issued around three weeks ago. But they have not yet signed the document. The SOPs had been created by the pharmacy's head office in September 2023 and were due for review every two years. The reviews were to ensure the SOPs accurately reflected the pharmacy's practices.

The pharmacy had a process to manage mistakes that were made during the dispensing process which were identified before a medicine was supplied to a person. These mistakes were known as near misses. There was a paper log for team members to use for recording near misses. The pharmacy had two near miss logs. One was used by team members working in the main dispensary, and a second log used for team members involved in the dispensing of multi-compartment compliance packs. However, team members didn't use the logs consistently. Team members who managed the multi-compartment compliance pack dispensing were unable to locate the log they used. The log kept in the main dispensary had no entries recorded since March 2023. This meant that team members were unable to analyse the near misses for any trends or patterns. And so, they may have missed the opportunity to make specific changes to the way they worked to improve patient safety. The team used an electronic reporting tool to report dispensing incidents that had reached people. The reports were completed by the pharmacy's responsible pharmacist (RP). An example described how the pharmacy had supplied a person with a medicine in error. The RP explained the reason for the error was due to the two medicines having similar names. To prevent a similar error happening again, the team had separated the two medicines on the dispensary shelves. The pharmacy had a concerns and complaints procedure which was outlined via notice displayed in the retail area. Any complaints or concerns were verbally raised with a team member. If the team member could not resolve the complaint, it was escalated to the RP.

The pharmacy was displaying an expired certificate of professional indemnity insurance. Following the inspection, the RP provided the inspector with a copy of an up-to-date current certificate. At the start of the inspection the pharmacy was displaying an incorrect RP notice. This was rectified when brought to the attention of the RP. A sample of the RP record was seen to be completed correctly. The pharmacy kept records of supplies against private prescriptions. Several of these records were completed using dispensing labels rather than indelible ink. This created some risk of the records being retrospectively altered. The inspector discussed the risk with the RP who gave assurances that any future records

would be made using indelible ink as per legal requirements. The pharmacy retained complete controlled drug (CD) registers. And the team kept them in line with legal requirements. The team completed balance checks of the CDs approximately each month. The inspector checked the balance of two randomly selected CDs which were found to be correct. The pharmacy kept 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 bin to avoid a mix up with general waste. The waste was periodically destroyed via a third-party contractor. Team members understood the importance of securing people's private information and had completed some training on the General Data Protection Regulation (GDPR) when they started their employment with the pharmacy. The pharmacy didn't have a formal written procedure to help the team raise concerns about safeguarding of vulnerable adults and children. The RP and another team member had completed training on the subject via the Centre for Pharmacy Postgraduate Education (CPPE). Team members described hypothetical safeguarding situations that they would feel the need to report. However, they were unaware of how to locate the contact details of the local safeguarding teams.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy employs enough team members to manage its workload and deliver its services safely. Team members can provide feedback and implement changes to improve the delivery of services. They complete some training to support them in refreshing their knowledge and skills.

Inspector's evidence

The team was split into two. One half of the team worked in the main dispensary and on the retail counter. The other half worked on the first floor of the premises where they managed the process of dispensing multi-compartment compliance packs. During the inspection the RP was supported by a full-time accuracy checking technician (ACT), three full-time qualified pharmacy assistants, a locum pharmacy assistant and two part-time qualified counter assistants. The locum pharmacy assistant had been working at the pharmacy regularly for around two years. The RP said they felt supported by the pharmacy's owners to ensure the pharmacy was sufficiently staffed. The RP explained the team was working around 2 weeks ahead of its dispensing workload schedule. This meant team members didn't need to work under any significant time pressures which helped reduce the number of near misses.

The pharmacy didn't have a formal process to support its team members to update their knowledge and skills. Team members usually trained in their own time and identified their own learning needs. Team members were not provided with a formal appraisal process to help them assess their performance and provide feedback or raise concerns within a private setting. Team members explained they were able to raise concerns with the RP or the pharmacy's owner who visited the pharmacy periodically. The pharmacy didn't have a whistleblowing policy which may have made it difficult for team members to anonymously raise concerns. Team members discussed workload, daily tasks and provided feedback to each other as they worked. For example, they had recently discussed how to improve the ordering system to help reduce stock levels. They achieved this by allocating a specific person to complete the ordering process each day. Team members were not set any targets to achieve. They explained they provided a safe and efficient service to the local community.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is hygienic and well maintained. It provides suitable space for the services it delivers. There is a consultation room where people can have private conversations with team members.

Inspector's evidence

The pharmacy was modern in appearance, clean and well maintained. Throughout the inspection, the team kept benches in the dispensary well organised with baskets containing prescriptions and medicines awaiting a final check by the RP. The dispensary was spacious, and the floor space was mostly kept clear from obstruction. It had clearly defined areas used for the dispensing process and there was a separate bench used by the RP to complete the final checking process. An area on the first-floor area was used to dispense and store multi-compartment compliance packs. The area was spacious and well organised. The pharmacy had ample space to store its medicines. There was an office room used to store confidential files and other paperwork. A private, soundproofed consultation room was available for people to have private conversations with team members.

The pharmacy had separate sinks available for hand washing and for the preparation of medicines. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. Team members controlled unauthorised access to restricted areas of the pharmacy. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides several services to people. And these are generally well managed to help people effectively manage their health. The pharmacy sources and stores its medicines appropriately and the pharmacy team completes regular checks of the expiry dates of the medicines to make sure to make sure they are fit for purpose.

Inspector's evidence

There was a small step from the street to the pharmacy's main entrance. Team members served people who had difficulty entering the pharmacy at the entrance door. For example, people who used wheelchairs. The pharmacy advertised its services and opening hours on the exterior walls of the premises. The pharmacy had a facility to provide large print labels to people with a visual impairment. The team helped some people who didn't speak English via translation applications. There were some healthcare related information leaflets for people to take away with them. 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. The pharmacy provided the NHS hypertension case finding service. Most referrals to the service came from the local GP practice. However, team members encouraged people over 65 and those prescribed medicines for hypertension to have an in-pharmacy blood pressure check. Recently the team had checked the blood pressure of a person who had complained of feeling dizzy when they visited the pharmacy. The team had identified the person had raised blood pressure and they were referred to their GP.

Team members used baskets to hold prescriptions and medicines together to reduce the risk of them being mixed up. Within the dispensing process, one team member generated the dispensing labels, another team member selected the medicines to be dispensed, and a third team member completed an accuracy check prior to the RP completing a final check. Team members felt that this process reduced the risk of errors as several people were involved in the dispensing process. Team members signed a 'dispensed by' box on dispensing labels, and the RP signed the 'checked by' box. This helped maintain a robust audit trail of the dispensing process. Team members used various stickers 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 the presence of a fridge line or a CD that needed handing out at the same time. Team members highlighted the date of issue on prescriptions for CDs. This was done to ensure they didn't hand out a CD to a person outside of the prescription's expiry date. The pharmacy had owing slips to give to people when the pharmacy could not supply the full quantity prescribed. The pharmacy offered a delivery service and kept records of completed deliveries. However, the pharmacy didn't require people to sign a document on receipt of their medicines. Which may make it difficult for the pharmacy to resolve a query.

The pharmacy supplied several people with their medicines dispensed into a multi-compartment compliance pack. These packs were designed to help people take their medicines at the correct times. Prescriptions were clinically checked by the RP before being dispensed. The final accuracy check of the packs were completed by the ACT. Team members used master sheets to cross check against prescriptions to ensure the prescriptions were accurate. Any queries were discussed with the local GP practices. If the practices authorised any changes to the packs, for example, if a treatment was stopped, the team made an electronic record of the change. The packs were annotated with visual descriptions

of the medicines they contained. The packs were not always supplied with patient information leaflets. And so, people were not provided with the full information about their medicines. This risk was discussed with team members.

The pharmacy stored some pharmacy-only (P) medicines directly behind the pharmacy counter. The pharmacy checked the expiry date of the pharmacy's medicines. The team was up to date with the process and no out-of-date medicines were found by the inspector following a check of approximately 20 randomly selected medicines. The pharmacy's medicines were tidily stored in the dispensary. The pharmacy had one fridge to store medicines that needed cold storage. The team recorded the fridge's temperature ranges each day to make sure it was operating properly. The pharmacy received drug alerts via email. They kept records of the alerts and the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for the services it provides. The equipment is used to help protect people's private information.

Inspector's evidence

Team members had access to up-to-date reference sources. The pharmacy used a range of CE marked measuring cylinders. There were separate, marked cylinders used only to dispense substance misuse medicines. The pharmacy used an electronic blood pressure monitor which was due to be replaced every two years.

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.