

Registered pharmacy inspection report

Pharmacy Name: Oswaldtwistle Pharmacy, 300-302 Union Road,
Oswaldtwistle, Accrington, Lancashire, BB5 3JD

Pharmacy reference: 9010870

Type of pharmacy: Community

Date of inspection: 01/10/2021

Pharmacy context

This is a community pharmacy in the village of Oswaldtwistle in Accrington, Lancashire. The pharmacy sells over-the-counter medicines and dispenses NHS prescriptions. It delivers medicines for some people to their homes. The pharmacy supplies some people with their medicines in multi-compartment compliance packs to help them take their medicines. The inspection was completed during the COVID-19 pandemic.

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 not all met	1.2	Standard not met	The pharmacy doesn't always adequately assess the safety and quality of its services. The pharmacy doesn't keep records of near miss errors or dispensing incidents. There is no evidence of learning from mistakes and that team members are supported to report and learn from incidents.
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 not all met

Summary findings

The pharmacy team generally follows written procedures that are in place to help team members manage the risks associated with the services the pharmacy provides to people. But the team doesn't keep records of mistakes that happen during the dispensing process. And it doesn't show any evidence of learning from the mistakes to help improve patient safety. The pharmacy mostly keeps the records it needs to by law. It protects people's private information, and the team is equipped to adequately safeguard vulnerable adults and children.

Inspector's evidence

The pharmacy had some procedures in place to help manage the risks of the services it offered during the COVID-19 pandemic. Team members had completed individual risk assessments. There was a clear plastic screen in front of the pharmacy counter which acted as a protective barrier between team members and members of the public. The pharmacy had markings on the floor to help people in the retail area socially distance from each other, but these had been removed since all COVID-19 restrictions were lifted on July 19, 2021. People were seen standing close to each other while they waited to be seen to be a team member and many people weren't wearing face coverings. Team members weren't face coverings when the inspector arrived but wore masks throughout the inspection.

The pharmacy had a set of written standard operating procedures (SOPs). The SOPs covered tasks such as dispensing medicines into multi-compartment compliance packs and management of controlled drugs (CDs). The SOPs were scheduled to be reviewed every year to make sure they were still up to date with the pharmacy's current ways of working but they hadn't been reviewed since 2018. The pharmacy had records indicating which SOPs each team member had read and understood.

The responsible pharmacist (RP) informed team members if they had made a near miss error during the dispensing process. For example, if they had dispensed the wrong quantity of a medicine or selected the wrong strength. The team member was asked to rectify the mistake as soon as possible. Team members were not asked what had caused a near miss error and the error was not discussed with other team members to help them learn from each other. Team members didn't keep records of the near miss errors they made and were unsure if there was a documented process available for them to follow to support them in keeping records. They explained once they had rectified a near miss error, they didn't do anything further. The RP explained the pharmacy had a near miss log that was designed to help the pharmacist on duty record the details of any near miss errors, but it hadn't been used since the beginning of the pandemic. The log couldn't be located and so wasn't available for inspection. The RP described a similar log designed to record details of any errors that might have reached people. But the RP explained that it also hadn't been used in several months. No examples were available for inspection. The team didn't provide any examples of any changes to the way they worked, or any learning from near miss errors or any dispensing incidents to help reduce the risk of similar errors happening again.

People who used the pharmacy could make a complaint or raise a concern by speaking with a team member or emailing the pharmacy. The team escalated any concerns it could not resolve to one of the pharmacy's directors. The process was outlined on the pharmacy's website. The pharmacy usually completed an annual patient satisfaction survey. It hadn't completed it during the pandemic.

The pharmacy was displaying an expired indemnity insurance certificate. Following the inspection, the pharmacy provided an up-to-date insurance certificate. An RP notice was on display, but it was showing the incorrect name and registration number of the RP on duty. This was rectified as soon as it was brought to the attention of the RP. Entries in the RP record mostly complied with legal requirements. The pharmacy kept online CD registers which met legal requirements. The team completed a balance check of the CDs in August 2021, but it was unable to confirm when it had completed any other checks. The pharmacy kept appropriate records of supplies of private prescriptions.

The pharmacy held records containing personal identifiable information in areas of the pharmacy that only team members could access. They placed the confidential waste into a separate basket to avoid a mix up with general waste and periodically destroyed it. A team member described how she often asked to speak to people in the pharmacy's consultation room if there was a risk that conversations could be overheard by other people waiting in the retail area. The RP had completed level 2 training on safeguarding vulnerable adults and children via the Centre of Pharmacy Postgraduate Education. A dispenser described situations that would require reporting and was aware of the contact details of the local safeguarding teams.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members have the right qualifications and skills to safely provide the pharmacy's services. They manage the workload well and support each other as they work. The pharmacy provides limited opportunities for its team members to complete ongoing training. Which means they may find it difficult to make sure their knowledge and skills are up to date. Team members are able to raise professional concerns where necessary.

Inspector's evidence

The RP and two other pharmacists covered the opening hours. The RP was also the pharmacy's superintendent pharmacist. During the inspection the RP was supported by four qualified pharmacy assistants. The pharmacy also employed another pharmacy assistant, a counter assistant, and a delivery driver. Team members worked additional hours to cover each other's absences. The team was observed working efficiently and supporting each other throughout the inspection.

The pharmacy didn't provide its team members with a formal training programme. Team members usually completed training in their own time by reading training material they received in the pharmacy press or provided by manufacturers of medicines. The pharmacy didn't keep records of any completed training. The RP gave team members informal feedback on their performance when necessary.

The team held weekly meetings where team members could discuss the progress of their work and raise any professional concerns. A team member described how he had recently discussed the progress he was making with dispensing multi-compartment compliance packs. The team member was given additional support to help him dispensing the packs as he was a few days behind schedule. The team was not set any targets to achieve.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises clean and secure. The team works well to keep the areas where it dispenses medicines tidy. The pharmacy has a small, sound-proofed room where people can have private conversations with the pharmacy team members.

Inspector's evidence

Areas of the pharmacy that could be accessed by members of the public were modern and provided a professional image for the delivery of pharmacy services. The dispensary was kept clean. The dispensary had a separate room so team members could work separately if needed to reduce distractions. The dispensary was of a suitable size for the volume of services the pharmacy offered. There were several rooms where medicines were stored. The rooms were tidy and well organised.

There was a small consultation room that the team used to have private conversations with people. There was a sink in the room and there was a sink in the dispensary for professional use. The team had toilet facilities with hot water for handwashing. Lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a range of accessible services that support people's health needs. It obtains its medicines from reputable sources. And it adequately stores and manages them. The pharmacy provides some people with medicines in multi-compartment compliance packs to help them correctly take their medicines. But the pharmacy doesn't provide these people with full information about their medicines.

Inspector's evidence

The pharmacy had level access from the street which made entering the pharmacy easier for people who used wheelchairs or pushchairs. There were window displays which detailed the pharmacy's opening times and some of the services it offered to people. Team members had access to the internet which they used to signpost people requiring services that the pharmacy did not offer. Several team members could speak Urdu and Punjabi and they often communicated in these languages to help some people who used the pharmacy. The team provided large-print labels on request to help people with a visual impairment and a team member described how she provided writing materials to people with a hearing impairment so they could write down what they needed to explain to the team. The pharmacy provided NHS issued COVID-19 lateral flow tests to people and it provided COVID-19 PCR travel tests. The analysis of the tests was completed by a company that appeared on the list of general COVID-19 testing providers on the HM government website. And the company was registered with the United Kingdom Accreditation Service (UKAS).

Team members used various stickers to attach to bags containing people's dispensed medicines to use as an alert before they handed out medicines to people. For example, to highlight a fridge line or a CD that needed handing out at the same time. Team members generally signed the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. But they didn't complete this process when dispensing multi-compartment compliance packs and so there wasn't a complete audit trail of the dispensing process. They used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. The baskets were of different colours to help the team efficiently manage the dispensing process. Team members gave owing slips to people on occasions when the pharmacy could not supply the full quantity prescribed. They gave one slip to the person and kept one with the original prescription for reference when dispensing and checking the remaining quantity. The pharmacy kept a record of the delivery of medicines to people. During the pandemic the driver left the medicines on the person's doorstep before moving away and waiting to watch them pick up the medicines.

Team members demonstrated their understanding of the pregnancy prevention programme for people who were prescribed valproate. They explained the questions they would ask of people to make sure they knew to use appropriate contraception. They knew to take care they didn't affix dispensing labels over written warnings on packs and to make sure they attached a warning sticker on the container if valproate was supplied outside of its original packaging.

Many of the prescriptions the pharmacy received were for people who required their medicines to be dispensed in a multi-compartment compliance pack. These were dispensed in a separate room away from the main dispensary. This allowed team members to work without distractions. People received their packs either weekly or monthly depending on their personal needs. The team ordered

prescriptions on behalf of people and cross-referenced them with master sheets to make sure they were accurate. The master sheets informed the team which medicines went in the packs and at what time of the day they were to be taken. For example, in the morning or at bedtime. The packs didn't contain any information, such as visual descriptions to help people identify the medicines inside. And the pharmacy didn't supply the packs with patient information leaflets unless a medicine was dispensed for a person for the first time. This means that some people weren't provided with full information about their medicines.

The pharmacy obtained medication from several reputable sources. It stored its Pharmacy (P) medicines behind the counter to control sales. Team members were seen asking people who wanted to purchase P medicines, appropriate questions to make sure the medicine they wished to buy was suitable for the symptoms they were describing. The pharmacy didn't have a documented process for the team to follow to check the expiry dates of its medicines. Team members explained they checked expiry dates approximately every six months and kept a record of the medicines that had a short expiry date. They used these records to remind them to remove the medicines before they became out of date. But during the inspection the team couldn't locate any records of completed checks or a record of medicines that had a short expiry date. Following the completion of the inspection, the RP shared some records with the inspector. The pharmacy highlighted medicines that had a short expiry date using dot stickers. No out-of-date medicines were found after a check of around 30 randomly selected medicines. The pharmacy didn't always record the date of opening of medicines that had a shorter expiry date once they had been opened. And so, there was a risk that these medicines were not fit for purpose. Five such medicines were found on the pharmacy's dispensary shelves. The pharmacy had two medical grade fridges which it used to store medicines that needed cold storage. The team tidily stored the medicines in the fridges. Each day, the team recorded the fridge temperature records for one of the fridges to make sure it was operating correctly. Records seen showed the fridge was operating within the correct ranges. But the team didn't keep any temperature range records for the second fridge. The fridge had an inbuilt thermometer and another digital thermometer placed on a shelf in the fridge. The inbuilt thermometer showed that the fridge was operating correctly within the correct temperature ranges. But the other thermometer showed the fridge was operating outside of the correct temperature ranges. The RP explained he would remove the medicines from the second fridge and try to establish if the fridge was correctly operating.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for its services. And it appropriately uses its equipment to protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources. The pharmacy used a range of CE quality marked measuring cylinders. It positioned the computer screens so unauthorised people didn'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. It had a wireless card terminal for contactless transactions and reduce the use of cash during the pandemic. Team members had access to personal protective equipment including face masks and gloves.

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.