

# 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:** 07/04/2022

## 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 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy adequately identifies and manages risks with its services. It mostly maintains the records it needs to by law and correctly secures people's private information. The pharmacy is adequately equipped to safeguard vulnerable people. Team members record and report details of some of the mistakes they make while dispensing. And show sufficient learning to help prevent similar mistakes and to improve patient safety.

### Inspector's evidence

The pharmacy was inspected during the COVID-19 pandemic. It had some procedures in place to help manage the risks and to help prevent the spread of coronavirus. These included a notice on the entrance door reminding people visiting the pharmacy to not enter the pharmacy if they had symptoms of COVID-19. The pharmacy had hand sanitiser located in several areas around the retail area and the dispensary to promote good hand hygiene. During the inspection, team members were not wearing a face covering. The pharmacy had a set of written standard operating procedures (SOPs). These provided information to help team members carry out various tasks, including dispensing and the management of controlled drugs (CDs). The SOPs were scheduled to be reviewed every two years, but they hadn't been reviewed since 2018. And so, they may not accurately reflect the pharmacy's ways of working or ways of working may not be in line with current good practice and legislation. Most team members had signed a document which confirmed they had understood the SOPs that were relevant to their role.

The responsible pharmacist (RP) spotted near miss errors made by team members during the dispensing process. They informed the team member of the near miss error and asked them to rectify the mistake. The RP then recorded the details of the near miss error into a near miss log that was kept accessible on a bench in the dispensary. The RP recorded the date and the type of error but didn't always record why an error might have happened. So, the team may have missed the opportunity to learn and make specific changes to the way it worked to improve patient safety. The RP didn't record every near miss error as he explained he was occasionally too busy to do so. The RP analysed the near miss log to look for any trends or patterns. The pharmacy used an electronic system to record and report any dispensing errors that reached people.

The pharmacy had a documented procedure for handling complaints and feedback from people. It was outlined via a notice in the retail area. Most people verbally provided feedback. The RP generally handled any complaints. The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist (RP) notice displayed the name and registration number of the RP on duty. Entries in the RP log mostly complied with requirements. But there were some occasions where the RP hadn't recorded when their RP duties had ended. The pharmacy kept up-to-date and accurate records of supplies against private prescriptions and emergency supplies of medicines. It kept CD registers and records of CDs returned by people to the pharmacy. The pharmacy audited CD registers against physical stock each month. The inspector checked the balance of three CDs against the physical stock. All three balances were correct.

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 marked basket to avoid a mix up with general waste. The waste was periodically destroyed using a shredder. Team members

understood the importance of securing people's private information. The retail area was small, so there was a risk that discussions about people's sensitive information could be overheard by other people. The team managed the risk by offering people the use of the pharmacy's consultation room so they could talk in private. The pharmacy had an SOP on the safeguarding of vulnerable adults and children. It outlined the procedure for team members to follow if they needed to report a concern, and it documented the contact details of the local safeguarding leads. Each team member had signed a document to confirm they had read and understood the SOP. Three team members had completed safeguarding training via the Centre for Pharmacy Postgraduate Education. Team members gave examples of some situations that would raise their concerns about vulnerable adults and children.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's team members have the necessary qualifications and skills to provide the pharmacy's services. They manage the workload well and support each other as they work. They feel comfortable raising concerns, giving feedback and suggesting improvements to provide a more effective and safe service.

### Inspector's evidence

The RP and two other pharmacists covered the opening hours. During the inspection the RP was supported by three full-time qualified pharmacy assistants. The pharmacy also employed another pharmacy assistant, a medicines counter assistant, and two delivery drivers. Team members worked additional hours to cover each other's absences. Team members were observed working efficiently and supporting each other throughout the inspection. People visiting the pharmacy were seen asking team members for advice about their health and their medicines. The team was seen to be giving appropriate advice and striving to help people improve their health.

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 or the pharmacy's superintendent pharmacist (SI) 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 the team had noticed the pharmacy was holding an increasing number of short-dated medicines. The team discussed how they could reduce this amount. Team members noticed the pharmacy was being sent many short-dated medicinal stock from the wholesalers it used. They decided that each morning team members would be given additional time to check the expiry dates of stock before they put the stock away on dispensary shelves. This meant they could identify and send back any short-dated medicines before they were supplied to people. 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 adequately 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 generally provided a professional image for the delivery of pharmacy services. The dispensary was clean and tidy. 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. The room only had one seat and was cluttered with various miscellaneous items. So, it didn't portray a professional image. 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 hand washing. Lighting was bright throughout the premises.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy makes its services accessible to people. And it manages its services well to help people look after their health. The pharmacy correctly sources and manages its medicines. And it completes regular checks of its medicines to make sure they are in date.

### 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.

Team members signed the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. They had signed the labels using an individually assigned number. This was because team members found some of their signatures looked too similar and so a robust audit trail wouldn't have been in place if they signed the labels using their signatures. 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. The pharmacy had a system in place for the RP to be alerted to any occasions where a person was prescribed valproate for the first time, so the RP could give the person appropriate advice. Team members checked the international normalised ratio (INR) for people prescribed warfarin. They gave people advice if their INR was outside of the expected range.

The pharmacy supplied medicines in multi-compartment compliance packs to several people living in their own homes. These were dispensed in a separate room away from the main dispensary. This helped team members dispense the packs away from the retail area to reduce the risk of distractions. People received their packs either weekly or monthly depending on their personal needs. To help the team manage the workload evenly, the team divided the dispensing of the packs across a four-week cycle. 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 pharmacy supplied the packs with patient information leaflets and descriptions of the medicines to help people identify them. For example, 'orange, round, tablet'.

The pharmacy stored pharmacy (P) medicines behind the pharmacy counter. The pharmacy followed a process to check the expiry dates of its medicines. Team members signed a sheet to show which medicines they had checked and when. So, an audit trail was in place. No out-of-date medicines were found after a random check of around 20 randomly selected medicines. Team members attached stickers to medicines to highlight them if they were expiring in the next three months. They recorded the date of opening on medicines that had a short shelf life once opened. The pharmacy had medical waste bins, sharps bins and CD denaturing kits available to support the team in managing pharmaceutical waste. It used a medical grade fridge to store medicines that needed cold storage. The team kept daily records of the fridge's minimum and maximum temperature ranges. One of the fridges was operating slightly outside of the maximum temperature range. This was reported to the RP. The pharmacy received regular alerts about medicines and medical devices. For example, if a manufacturer had issued a recall of a medicine.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services. And it uses its equipment appropriately 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 used a separate cylinder to measure quantities of water. This helped reduce the risk of contamination. It 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.