

Registered pharmacy inspection report

Pharmacy Name: Langho Pharmacy, 1D East View Terrace, Langho, Blackburn, Lancashire, BB6 8BX

Pharmacy reference: 9011763

Type of pharmacy: Community

Date of inspection: 22/09/2023

Pharmacy context

This community pharmacy is in a residential area of the village of Langho in the town of Blackburn, 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 and provides a seasonal 'flu vaccination service. And it delivers some 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 provides its team members with a comprehensive set of written procedures to support them in managing its services safely and effectively. Team members keep people's sensitive information protected and they are suitably equipped to help safeguard vulnerable adults and children. The pharmacy has a process for team members to record and reflect on mistakes made during the dispensing process. But team members do not record every mistake made and so they may find it difficult to identify specific trends.

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. For example, managing controlled drugs (CDs) The SOPs had been created by the pharmacy's head office team. Team members read the SOPs periodically. Once they had read and understood a particular SOP, they were required to sign a document confirming the process had been completed. Some team members explained they had read the SOPs relevant to their role but had not signed the sheet. The SOPs were reviewed every two years. The reviews were completed to ensure the SOPs accurately reflected the pharmacy's practices.

The pharmacy had a process to record any mistakes 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 responsible pharmacist (RP) recorded details such as the name of the team member who made the near miss and the type of near miss. But some entries were vague and lacked specific details. For example, why a near miss might have happened. And so, team members may find it difficult to spot trends or patterns and make specific changes to the way they work to improve patient safety. There were no entries since June 2023. Team members explained they had sometimes failed to record some near misses due to time constraints. The pharmacy used an electronic reporting tool to report dispensing incidents that had reached people. The RP demonstrated how the tool worked and the details recorded. These included a description of the incident, the reason why the incident might have happened, as well as any preventative actions. The reports were provided to the pharmacy's superintendent pharmacist (SI) for review. Team members described an occasion where a person was supplied with the incorrect quantity of their medicines. They discussed the incident and ways they could prevent a similar incident happening again. The pharmacy had a procedure to support people to raise concerns about the pharmacy, but it was not outlined for people to see. Any concerns or complaints were usually raised verbally with a team member. If the team member could not resolve the complaint, it was escalated to the SI.

The pharmacy had current professional indemnity insurance. It was displaying a correct RP notice. A sample of the RP record was seen to be completed correctly. The pharmacy kept records of supplies against private prescriptions. Some of these records didn't make clear who had written the prescription. The pharmacy retained complete controlled drug (CD) registers. And of the sample checked, the team kept them in line with legal requirements. The team completed balance checks of the CDs. The inspector checked the balance of a randomly selected CD 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 container 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. 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. Team members described hypothetical safeguarding situations that they would feel the need to report. They explained they would use the internet to access the contact details of the local safeguarding team.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy employs enough team members to help manage its workload. Team members are equipped with appropriate qualifications and skills. They complete some ongoing training to support them in keeping their knowledge and skills up to date. Team members can provide feedback on the way the pharmacy functions to help improve service delivery.

Inspector's evidence

Present during the inspection were the RP who was also the pharmacy's manager, a full-time qualified pharmacy technician, a part-time qualified pharmacy assistant, a full-time qualified counter assistant, a full-time trainee counter assistant and a part-time delivery driver. The RP felt they received good support from the pharmacy's owners to ensure the pharmacy was staffed appropriately to safely manage its workload. The team was observed working well together during the inspection. They were seen involving the RP when talking to people about their health and when considering a suitable over-the-counter medicine to help people manage specific health conditions. Team members were managing the pharmacy's dispensing workload well and they were a few days ahead of the workload. This helped them work without time pressures.

The pharmacy didn't provide a formal ongoing training programme to its qualified team members to support them in ensuring their knowledge and skills remained up to date. Team members did most of their own training outside of working hours. This included reading pharmacy related press material. The SI occasionally reminded the team to complete some training based on the NHS Pharmacy Quality Scheme (PQS). For example, the team had recently been asked to complete training on infection control. The trainee counter assistant received protected training time during their working hours. They demonstrated the online system they were using to help them complete the course. The trainee member was currently completing a module based on the management of CDs. The trainee felt well supported by the team to help them complete the course.

Team members attended informal team meetings where they could discuss any professional concerns and give feedback on ways the pharmacy could improve. Recently, the team had made changes to the way they stored dispensed medicines that were ready for people to collect. They did this by moving from an alphabetical storage system to a numerical one. Team members explained the change had been beneficial as it was taking them less time to locate people's medicines. The team was not set any targets to achieve.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are well maintained and suitable for the services the pharmacy provides. The pharmacy has the facilities for people to have private conversations with team members.

Inspector's evidence

The pharmacy had recently moved into the premises. The premises were modern, spacious, well maintained and kept clean and hygienic. There were several spacious benches for the team to use during the dispensing process. Throughout the inspection, these benches were kept well organised with baskets containing prescriptions and medicines awaiting a final check stored in an orderly manner. There were clearly defined areas used for the dispensing process and there was a separate bench used by the RP to complete the final checking process. This helped reduce the risk of mistakes being made within the dispensing process. The pharmacy had ample space to store its medicines. Floor spaces were kept clear from obstruction. There was a small, private consultation room 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 a range of services to help people improve their health. And it makes these services easily accessible to people. The services are well managed by team members, and they help support people take their medicines correctly. The pharmacy sources and stores its medicines correctly and team members complete some checks of the medicines to make sure they are fit for purpose.

Inspector's evidence

People had level access into the pharmacy through the main entrance door from street level. This made it easy for people using wheelchairs or pushchairs to enter the pharmacy. There was a car park for people to use. The pharmacy advertised its services in the main window. There were displays and leaflets inside the premises promoting services such as the 'flu vaccination service and disposal of unwanted medicines. The pharmacy had a facility to provide large-print labels to people with a visual impairment. Team members described how the support people with a hearing impairment access the pharmacy's services. This included providing written messages to people and speaking slowly. 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 team had completed a valproate safety audit to make sure team members were following the requirements of the programme. The RP confirmed the pharmacy didn't supply anyone with valproate who were identified as being within the at-risk group. The pharmacy had recently started providing a seasonal 'flu vaccination service. Team members ensured the reminded people who visited the pharmacy of the importance of having a 'flu vaccination. There was an SOP for the service which each team member had read.

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 if the RP the presence of a fridge line or a CD that needed handing out at the same time. 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 used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. 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 record to confirm receipt of their medicines, which may make it difficult for the team to resolve a discrepancy.

The pharmacy supplied people with medicines in multi-compartment compliance packs. Team members completed the dispensing process of the packs in a separate part of the dispensary which was away from the retail area. Team members explained this helped them dispense without any distractions and therefore reduced the risk of mistakes being made. Team members used 'master sheets' to check prescriptions were accurate before they started the dispensing process. If there were any discrepancies, they contacted the prescriber. They annotated the master sheets when any changes to people's treatment were made. For example, if a medicine's strength was increased or decreased. But team members didn't record details such as who had authorised the change, or the date it was authorised. And so, a complete audit trail was not in place. The packs were supplied with patient information leaflets, and they were annotated with descriptions of the medicines inside.

The pharmacy stored pharmacy-only (P) medicines directly behind the pharmacy. The pharmacy

checked the expiry date of the pharmacy's medicines. The team was up to date with the process; however, two out-of-date adrenaline pens were found following a check of approximately 20 randomly selected medicines. These pens were to be used within the 'flu vaccination service. The RP immediately removed the expired pens and replaced them with ones that were in-date. 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 correctly. The pharmacy received emails of drug alerts and the team actioned them immediately.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriately maintained equipment that it needs to provide its services. And it uses its equipment appropriately to help protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources including copies of the British National Formulary (BNF) and BNF for children. The pharmacy used a range of CE marked measuring cylinders. 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.