

# Registered pharmacy inspection report

**Pharmacy Name:** Hebden Bridge Pharmacy, Suite 1, Unit 8, Pennine Industrial Park, Valley Road, Hebden Bridge, West Yorkshire, HX7 7BZ

**Pharmacy reference:** 9012413

**Type of pharmacy:** Internet / distance selling

**Date of inspection:** 20/11/2024

## Pharmacy context

This pharmacy (<https://hebdenbridgepharmacy.co.uk/>) supplies most of its services at a distance, and is located in an industrial park on a main road opposite a large health centre. In addition to dispensing medicines, the pharmacy provides the New Medicine Service and the NHS Pharmacy First service. And it supplies some people with medicines in multi-compartment compliance packs to help them manage their medicines. It also provides some face-to-face services including travel and seasonal flu vaccinations.

## 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

Overall, the pharmacy adequately identifies and manages the risks associated with its services to help provide them safely. It keeps the records it needs to keep by law, and these are kept accurate and up to date. And it protects people's personal information appropriately.

### Inspector's evidence

Standard operating procedures (SOPs) were available. Team members had read and signed the SOPs. Locum pharmacists working at the pharmacy had also read the SOPs, the delivery drivers were shared with another branch within the same company and had read SOPs and completed their training at the other branch. Risk assessments had been completed before the pharmacy had opened and were provided after the inspection. The risk assessments covered the services provided, identified the risks and listed the steps that the pharmacy had in place to mitigate these.

Dispensing mistakes which were identified before medicines were supplied to people (near misses) were corrected, discussed with the team member involved in making the mistake and recorded in a book. There had only been one near miss since the pharmacy had opened. Where a dispensing mistake had happened, and the medicine had been supplied to a person (dispensing errors), the RP would gather information and investigate what had happened and a record would be made.

The pharmacy had current professional indemnity insurance. The pharmacy had a complaints procedure and there was information on the website advising people how they could raise concerns or provide feedback. The RP said there had not been any complaints since they had opened. The RP notice was displayed. When questioned, team members were aware of the activities that could not be carried out in the absence of the RP.

Private prescription records, records for unlicensed medicines dispensed, RP records and controlled drug (CD) registers were well maintained. Running balances for CDs were recorded and checked against physical stock held in the pharmacy. A random balance was checked and found to be correct. There had been no emergency supplies made, but a team member was able to explain what records would kept.

The pharmacy had an information governance (IG) policy; all team members had also completed IG training. The pharmacy stored confidential information securely and separated confidential waste which was then shredded.

Team members had all completed safeguarding training and the pharmacists had completed level three training. Team members were aware of the reporting process but would refer any concerns to the RP. The NHS safeguarding application was discussed with the RP.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough trained team members to help safely manage its workload. Staff complete ongoing training to help keep their knowledge and skills up to date. And they feel comfortable about raising any concerns.

### Inspector's evidence

The pharmacy team comprised of the RP who was a regular locum pharmacist, a trained dispenser and the SI. Pharmacist cover was provided between the SI and locum pharmacist. The pharmacy also had three delivery drivers who were shared with the other branch. The RP felt that there were an adequate number of staff for the volume of work and team up to date with workload. On the days that the SI worked there was no dispenser support. However, the team ensured that they were up to date with all the dispensing and the SI only had to process any acute prescriptions.

Staff performance was managed by the SI. Team members were provided with feedback on an ongoing basis but had not worked at the pharmacy long enough to have had an appraisal.

The team member was signed up to a training provider and had access to individual online training modules she could complete. Pharmacists highlighted mandatory training modules to the team. Delivery drivers completed their training at the other branch.

The team was small and worked closely together. Any issues team members had or were facing were discussed as they arose, the SI came in from time to time on days that he was not providing cover and the team could call him for any urgent issues. Team members felt able to feedback concerns and give suggestions to the SI. There were no targets set for services provided.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are suitable for the pharmacy's services and are clean and secure. The pharmacy's website gives people information about who is providing its services.

### Inspector's evidence

The pharmacy was clean and tidy, and there was ample workspace. Workbenches were allocated for certain tasks with a separate area for checking. The pharmacy premises had a number of rooms, two of which were hired out to other professionals providing health and wellbeing services. There was a shared waiting area with a reception desk. Cleaning was carried out by the team members. Medicines were arranged on shelves in a tidy and organised manner. The room temperature and lighting were appropriate. The premises were kept secure from unauthorised access. A large, signposted consultation room was available.

The pharmacy had its own online website (<https://hebdenbridgepharmacy.co.uk/>). The website gave clear information about the pharmacy's opening times, how people could make a complaint, the pharmacy's contact details and details of its owner and the GPhC registration number of the pharmacy. The team said people typically used the website to order their repeat prescriptions, this service was also available on an electronic application associated to the website and that no other services were provided via the website.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely. It obtains its medicines from licensed sources and manages them appropriately so that they are safe for people to use. Team members take the right action when safety alerts are received, to ensure that people get medicines and medical devices that are safe to use.

### Inspector's evidence

The pharmacy premises were not generally accessed by people and they were not allowed to visit the pharmacy in person to collect their medicines. But it had a consultation room on site where it provided face-to-face private services. The pharmacy's services were advertised on its website. Team members were aware of the need to signpost people needing services they could not provide and were aware of services available locally or would use the internet to find more information. The premises was accessible and there was a sign outside for wheelchair users requiring access. People were able to register online to have their prescriptions dispensed and delivered by the pharmacy. And when necessary, people were counselled on the use of their medicines via telephone. The pharmacy was also able to communicate with people via video call or email. The website also had information relating to various health conditions if people wanted additional information.

There was an established workflow within the dispensary and prescriptions were assembled by the dispensers and checked by the RP. 'Dispensed-by' and 'checked-by' boxes were available on dispensing labels, and these were routinely signed to create an audit trail showing who had carried out each of these tasks. Baskets were used to separate prescriptions, to prevent them being mixed up. The SI was a pharmacist independent prescriber, but no prescribing activities were undertaken from the pharmacy. Signed PGDs were available for the services provided.

Team members were aware of the guidance for dispensing sodium valproate. They were aware that the original pack of the medicine should not be split and made sure warnings were not covered when attaching the dispensing label. One person received sodium valproate in their compliance pack, but a written risk assessment had not been completed for them which was not in line with the most recent guidelines. Additional checks were carried out on some occasions when people were supplied with medicines which required ongoing monitoring. The RP provided an assurance that this would be incorporated on a more routine basis.

Some people's medicines were supplied in multi-compartment compliance packs. Packs were prepared by a dispenser. Individual sheets were available for each person using the service. A record of all their medicines and any changes were updated on the sheets. Assembled packs were labelled with the product descriptions. However, mandatory warnings were missing. The dispenser provided an assurance that she would change the setting on the computer system so these were included going forwards. There was an audit trail to show who had prepared and checked the packs. Patient information leaflets were issued monthly. Some people's medicines were supplied in electronic devices (Pivitol) and dispensing labels were placed on a backing sheet which was supplied alongside the device. The RP and dispenser assured that in future all labels would be placed within the dedicated section on the device.

The pharmacy's delivery service was provided by a group of drivers. Each delivery driver kept a record

of what they had delivered and to who. Separate slips were used for CDs delivered. In the event that someone was not home, the person was contacted. If needed some prescriptions could be sent via Royal Mail tracked delivery. The pharmacy had a process to deal with returned parcels.

Medicines were obtained from licensed wholesalers and were stored appropriately. Fridge temperatures were monitored daily and recorded; these were within the required range for the storage of medicines. And CDs were kept securely. Expiry dates were checked routinely, and short- dated stock was recorded. No date expired medicines were found on the shelves checked. Obsolete medicines were disposed of in appropriate containers which were kept separate from stock and collected by a licensed waste carrier. Drug recalls were received by email, these were printed, shared with the team and actioned.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs for its services. And it uses its equipment in a way which helps protect people's personal information.

### Inspector's evidence

The pharmacy had a range of clean calibrated measures available. Up-to-date reference sources were available including access to the internet. The pharmacy had a medical grade fridge. A blood pressure monitor and otoscope were available and used as part of the services provided. Computers were password protected and screens were not visible to people using the pharmacy.

### 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.