

# Registered pharmacy inspection report

**Pharmacy Name:** Sykes Chemists Ltd., 830 Bury Road, Breightmet,  
BOLTON, Lancashire, BL2 6PA

**Pharmacy reference:** 1033126

**Type of pharmacy:** Community

**Date of inspection:** 09/05/2019

## Pharmacy context

This is a community pharmacy on a main road close to a busy health centre. Most people who use the pharmacy are from the local area and have used the pharmacy for many years. The pharmacy dispenses mainly NHS prescriptions and sells a range of over-the-counter medicines. It supplies a large number of medicines in multi-compartment devices to help people take their medicines at the right time.

## 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	4.1	Good practice	The pharmacy promotes health and wellbeing to the community.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy adequately manages risks and completes all the records that it needs to by law. It asks its customers for their views and tells people how they can give feedback about pharmacy services. Members of the pharmacy team work to professional standards. They record some of their mistakes, so that they can learn from them and they act to help stop the same sort of mistakes from happening again. The team members keep people's private information safe. And they have completed training so they know how to protect children and vulnerable adults.

### Inspector's evidence

There were up-to-date Standard Operating Procedures (SOPs) for the services provided, with signatures showing that all members of the pharmacy team had read and accepted them. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their role. Some of the team were not wearing uniforms or name badges indicating their role, so their role might be unclear to members of the public. The name of the responsible pharmacist (RP) was displayed as per the RP regulations.

Blank templates were available to report dispensing errors. There were no completed records and the pharmacy manager confirmed that there had been no dispensing errors during the previous year. He was clear of the procedure to follow in the event of an error. This included recording the error on the National Reporting and Learning System (NRLS). Around three or four near misses had been reported each month and the records indicated these had been discussed with the pharmacy team. Learning points were not very detailed and were usually 'double check'. Notes were used on the dispensary shelves to highlight previous near misses and look-a-like and sound-a-like drugs (LASAs), e.g. amitriptyline and amlodipine which had 'double check' in front of them. Azathioprine was stored in the Z drawer to keep it separate from azithromycin to avoid errors involving these two medicines.

An annual patient safety report had been completed. Key learnings had been 'ensure staff always follow SOPs', 'double check all dispensing' and 'give extra concentration'. The pharmacy manager said he completed monthly patient safety reports. Recent reports were not available on the premises at the time of the inspection. There was a managers' 'Whats APP' messenger group which the managers used to communicate with each other and learning could be shared between the other pharmacies in the group.

A notice was on display in the waiting area of the pharmacy with the complaint procedure and the details of who to complain to. A suggestion box was in the waiting area. The pharmacy manager commented that requests for free Wi-Fi and increased opening hours had been requested through this. These suggestions had been considered but a decision made not to implement them. A customer satisfaction survey was carried out annually. The results of the previous survey were on display and available on the NHS choices website. Areas of strength (100%) were time waiting to be served and having medicine in stock. An area identified which required improvement was providing advice on physical exercise. The pharmacy manager described some changes which had been made to encourage a healthier lifestyle which included moving the healthy living area to the end of the waiting area, so it

was more accessible to patients.

Insurance arrangements were in place. A current certificate of professional indemnity insurance was on display in the pharmacy. Private prescription and emergency supplies records, the RP record, and the controlled drug (CD) register were appropriately maintained. Records of CD running balances were kept and these were regularly audited. Two CD balances were checked and found to be correct. Adjustments to methadone balances were sometimes attributed to manufacturer's overage without any record of assessment of whether the adjustment was within a reasonable range, or should be investigated and reported to the accountable officer. The pharmacy manager said he made a mental calculation based on the number of bottles of methadone received. But, without documenting this, there was a risk that missing or incorrect entries might go unnoticed. Patient returned CDs were recorded and disposed of appropriately.

All members of the pharmacy team had read and signed a confidentiality clause as part of their contract of employment. A new member of the team, who had just started working in the pharmacy, said she had not signed a contract yet, but confidentiality had been explained to her and she had a basic understanding. Confidential waste was collected in a designated place and then shredded. A dispenser knew the difference between confidential and general waste. Prescriptions awaiting collection were not visible from the medicines counter. Paperwork containing patient confidential information was stored appropriately.

Consent was received when summary care records (SCR) were accessed and access was recorded on the patient medication record (PMR) system. The pharmacy manager had completed centre for pharmacy postgraduate education (CPPE) level 2 training on safeguarding. Other staff had read the safeguarding SOP. The NHS A-Z guidance on safeguarding was on display in the dispensary with flow charts and the contact numbers of who to report concerns to. The pharmacy had a chaperone policy, and this was highlighted to patients. Members of the pharmacy team had completed dementia friends training and so had a better understanding of patients suffering from dementia and there were posters in the waiting area highlighting dementia week.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy encourages its team members to keep their skills up to date and supports their development by providing them with training materials. It enables the team members to act on their own initiative and use their professional judgement to benefit people who use the pharmacy's services. The team members work well together. They are comfortable about providing feedback to their manager and receive feedback about their own performance.

### Inspector's evidence

There was a pharmacy manager (RP), a pre-registration pharmacist (pre-reg), an NVQ2 qualified dispenser (or equivalent), two trainee dispensers and a trainee medicines counter assistant (MCA) on duty at the time of the inspection. The staff level was adequate for the volume of work seen during the inspection and the team were observed working collaboratively with each other and the patients. Planned absences were organised so that not more than one person was away at a time. Additional absences were covered by re-arranging the staff rota or transferring staff from neighbouring branches. The pharmacy manager explained that he tried to ensure there was always three staff in the dispensary and one on the medicine counter, in addition to the pharmacist.

Staff turnover had been quite high and three new members of staff joined the team over the last month or two. The most recent addition to the team had not worked in pharmacy before and was untrained. The pharmacy manager said she was shadowing the pre-reg and himself, and was always under their close supervision, as she had not yet started an accredited training course. Members of the pharmacy team used training resources provided by Alphega, which included counter skills booklets and modules on a tablet, to ensure their training was up to date. Recent modules had been completed on pain and sleep. Some members of the team had recently completed training on children's oral health and attended external training events e.g. healthy living pharmacy training and training sessions provided by medical companies. Some training was recorded in individual staff files and on the Alphega tablet. The members of the pharmacy team who were on accredited courses were given protected training time of three or four hours per week. The pre-reg was coming to the end of her years training and said she felt pleased with the training provided and had regular meetings with the pharmacy manager, who was her tutor. She also completed external training such as participating in webinars and attending training events.

Members of the pharmacy team were given formal appraisals where performance and development were discussed, and were given positive and negative feedback informally by the pharmacy manager. Informal meetings were held weekly where a variety of issues were discussed, and concerns could be raised. These were not usually documented so issues raised might not be addressed. A trainee dispenser said she felt there was an open and honest culture in the pharmacy and said she would feel comfortable talking to the pharmacy manager about any concerns she might have. She said the staff could make suggestions or criticisms informally. She said she felt comfortable admitting errors and tried to learn from mistakes.

The pharmacy manager said he felt empowered to exercise his professional judgement and could comply with his own professional and legal obligations, e.g. refusing to sell a pharmacy medicine

because he felt it was inappropriate. He said he had worked at the pharmacy for many years and the owners knew he always worked in the patient's best interest. He said they were expected to meet a medicine use review (MUR) target, but he felt this was achievable and did not feel under pressure to achieve it.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are safe, secure, and suitable for the pharmacy services provided.

### Inspector's evidence

The pharmacy premises including the shop front and fascia were clean, reasonably well maintained and in an adequate state of repair. The first floor which contained the staff facilities and stockrooms, was in a poorer state of repair and decoration than the ground floor. The retail area was free from obstructions, professional in appearance and had a waiting area with three chairs. The pharmacy staff were responsible for the cleaning in the pharmacy and a rota was used.

The temperature in the pharmacy was controlled by air conditioning/heating units and lighting was adequate. Maintenance problems were reported to head office. There was a handy man who could be requested to visit the pharmacy, and if he could not attend the team members were able to contact local contractors directly. There was a recent issue with a leaky roof. A local contractor replaced some roof tiles but the internal damage, to the dispensary ceiling, had not been repaired yet.

Excess dispensary and retail stock were stored in two separate stockrooms on the first floor. The staff facilities on the first floor consisted of a WC and kitchen area. There was a separate dispensary sink for medicines preparation with hot and cold running water. Hand sanitizer gel was available.

There was soundproof consultation room which was uncluttered, clean and professional in appearance, with a blind at the window to increase privacy. Staff explained they would use this room when carrying out the services and when customers needed a private area to talk. The waiting area was at the rear of the pharmacy so patients waiting for prescriptions could not overhear conversations at the counter.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy offers a range of healthcare services which are generally well managed to help make sure people receive their medicines safely. It sources and supplies medicines safely. And carries out some checks to ensure medicines are in good condition and suitable to supply. Pharmacy team members are helpful and give advice to people about healthy living and where they can get other support.

### Inspector's evidence

There was a small step up to the front door of the pharmacy, but it was possible for customers to enter with prams and wheelchair users with assistance. There was a notice on the door and in the waiting area, advising people that the front door was fitted with an alert chime and staff would be ready to assist with entry or serve at the door if necessary.

A list of the services provided by the pharmacy was displayed in the window of the pharmacy with the opening hours. There were posters advertising local services, e.g. a narcotics anonymous group at a local community centre. The pharmacy team were clear what services were offered and where to signpost to a service not offered. A folder was available containing relevant signposting information which could be used to inform patients of services and support available elsewhere. Some signposting was recorded on the PMR.

The pharmacy was a healthy living pharmacy and followed a programme of health promotional activities. There was a designated healthy living area at the end of the waiting area and patients were encouraged to read the posters and leaflets whilst waiting. The healthy living champion said she often carried out healthy living conversations in this area as it was at the other end of the pharmacy to the medicine counter, so more private than the counter area. Providing healthy living advice was recorded to help capture improved outcomes for patients and monitor the effectiveness of the health promotional activities. Around twenty patients were provided with advice and information during each campaign. The current activity was increasing awareness of bowel cancer. The healthy living champion had created an effective display to engage people and encourage discussion.

The pharmacy offered a repeat prescription ordering service for vulnerable patients and these patients were contacted before their prescriptions were due each time, to check their requirements. This was to reduce stockpiling and medicine wastage.

There was a delivery service and a robust audit trail was in place. Each delivery was recorded, and a signature was obtained from the recipient. The pharmacy manager explained that the delivery driver covered other patients' details when asking the recipient to sign to avoid breaches of confidentiality. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

Space was limited in the dispensary, but the work flow was organised into separate areas with a designated checking area. Baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available.



The dispensary shelves and storage drawers were well organised, neat and tidy. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail, apart from methadone solution. This was usually prepared the evening before by the pharmacy manager, without a second check by a competent person, increasing the risk that any error might be undetected. The lack of a dispensing audit trail for methadone solution means it may not be possible to quickly identify who is responsible for any incident or error, and this may limit what can be learned from things that go wrong.

A note was added to the bag label on assembled prescription bags to indicate when a fridge line or CD was prescribed. 'See Pharmacist' was added to the label to highlight counselling was required and high-risk medicines such as warfarin and methotrexate were targeted for extra checks and counselling. INR levels were requested and recorded when dispensing warfarin prescriptions. The team were aware of the valproate pregnancy prevention programme. An audit had been carried out and six patients in the at-risk group had been identified. These patients had discussions with their GP about pregnancy prevention and there was a note on their PMR confirming this. The valproate information pack and care cards were available to ensure female patients were given the appropriate information and counselling.

Multi-compartment devices were well organised with an audit trail for communications with GPs and changes to medication. A dispensing audit trail was completed, and medicine identification was provided on a separate sheet, to enable identification of the individual medicines. The pharmacy team confirmed packaging leaflets were included. Disposable equipment was used.

The trainee MCA knew what questions to ask when making a medicine sale and when to refer the patient to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and was clear what action to take if she suspected a customer might be abusing medicines such as a codeine containing product.

Date expired, and patient returned CDs were segregated and stored securely. Patient returned CDs were destroyed using denaturing kits. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled. Recognised licensed wholesalers were used for the supply of medicines and appropriate records were maintained for medicines ordered from 'Specials'. No extemporaneous dispensing was carried out.

The pharmacy was not compliant with the Falsified Medicines Directive (FMD). They had the required hardware and software but were not scanning to verify or decommission products. The pharmacy manager said the team had received training on FMD. But they were not currently checking for medicines with codes on, because they had been told during the training that it would be a while before these were available. The pharmacy manager was surprised when the inspector pointed out some medicines with codes on.

Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and documented. Short dated stock was highlighted. Dates had not been added to some opened liquids with limited stability, which meant they may not be fit for purpose, as it was not clear when they had been opened. Expired medicines were segregated, and placed in designated bins. Alerts and recalls were received via e-mail messages from the head office, and from the NHS area team and the MHRA. These were read and acted on by a member of the pharmacy team and then filed.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services safely.

### Inspector's evidence

Current British National Formulary (BNF) and BNF for children, were available and the pharmacist could access the internet for the most up-to-date information. There was a clean medical fridge. The minimum and maximum temperatures were being recorded daily and had been within range throughout the month. All electrical equipment appeared to be in good working order and had been PAT tested.

There was a selection of clean glass liquid measures with British standard and crown marks. Separate measures were marked and used for methadone solution. The pharmacy had a range of clean equipment for counting loose tablets and capsules, with a separately marked tablet triangle that was used for cytotoxic drugs. Medicine containers were appropriately capped to prevent contamination.

Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. PMRs were password protected. Individual electronic prescriptions service (EPS) smart cards were used appropriately. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted privacy.

### 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.