

# Registered pharmacy inspection report

**Pharmacy Name:** Howards Pharmacy, 188-190 Chorley Old Road,  
BOLTON, Lancashire, BL1 3BG

**Pharmacy reference:** 1033144

**Type of pharmacy:** Community

**Date of inspection:** 23/01/2023

## Pharmacy context

This pharmacy is located on a main road near the town centre. Most people who use the pharmacy are from the local area and a home delivery service is available. The pharmacy mainly dispenses NHS prescriptions, and it sells a range of over-the-counter medicines. It supplies a large number of medicines in multi-compartment compliance aid packs 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	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 generally manages risks to make sure its services are safe, and it takes some action to improve patient safety. The pharmacists complete training on safeguarding so they know how to protect children and vulnerable adults, and the team have a basic understanding about how to protect people's private information. The pharmacy keeps the records required by law, but some details are incorrect or missing, which could make it harder to understand what has happened if queries arise.

### Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services it provided. Two of the dispensers confirmed that they had read the SOPs, but there was no record of which pharmacy team members had read and accepted the SOPs. So, there was a risk that some members of the team may not always work effectively or fully understand their roles and responsibilities.

Individual responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their roles. Team members were wearing uniforms. The name of the responsible pharmacist (RP) was displayed as required by the RP regulations.

The pharmacy team reported dispensing incidents to the pharmacist superintendent (SI), and he shared learning with other pharmacies in the company. For example, when there was a dispensing error involving amlodipine and amitriptyline in another pharmacy, the SI had sent a memo to all the pharmacies and the team separated the two medicines from each other on the dispensary shelves to avoid confusion. Alert labels were placed in front of these medicines, and other look-alike and sound-alike drugs (LASAs), so extra care would be taken when selecting these. Near misses were recorded on a log and the actions taken to avoid a reoccurrence were included. The pharmacy manager said he discussed errors with the team at the time of the incident and team meetings.

A private travel vaccination service had been introduced recently where a wide range of vaccinations were offered under patient group directions (PGDs). The pharmacy manager confirmed that he had considered the risks involved. He had completed the required training, and all the necessary equipment was in place.

A notice was on display with the pharmacy's complaint procedure and the details of who to complain to. However, it wasn't located in a prominent position, so people might not be able to see it easily. A dispenser described how she would deal with a customer complaint and how she followed the procedure and referred to the pharmacy manager if necessary.

A current certificate of professional indemnity insurance was on display in the pharmacy. The RP record and the controlled drug (CD) registers 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. There was a designated book to record the return and destruction of patient returned CDs, but details of the last four destructions had not been recorded. The pharmacy manager said he would complete the record, so it was accurate. Private prescriptions were recorded electronically, but the sample checked did not contain the correct prescription date or prescriber details, so this could be confusing in

the event of a query or problem. The pharmacy manager said he would ensure the team was reminded about the importance of maintaining accurate records.

Confidential waste was collected in a designated place and shredded. A dispenser correctly described the difference between confidential and general waste. The pharmacist had completed level three training on safeguarding. There was a safeguarding SOP and guidance containing the contact numbers of who to report concerns to in the local area. A dispenser said he would voice any concerns regarding children and vulnerable adults to the pharmacist working at the time. The pharmacy had a chaperone policy, and this was highlighted to people. The pharmacy team were aware of the 'Safe Space' initiative, where pharmacies were providing a safe space for victims of domestic abuse and the consultation room was available for anyone requiring a confidential conversation.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members work well together, and they have the right training and qualifications for the jobs they do. Team members are comfortable providing feedback to their manager and they receive informal feedback about their own performance.

### Inspector's evidence

The pharmacy manager was working as the RP and there were five NVQ2 qualified dispensers (or equivalent) on duty at the time of the inspection. One of the dispensers was an accuracy checker. The staffing level was adequate for the volume of work during the inspection and the team were observed working collaboratively with each other and people who visited the pharmacy. Planned absences were organised so that not more than one person was away at a time. Some of the dispensers were part time and could work additional hours if needed. Staff could also be transferred from neighbouring pharmacies in the company if necessary.

Members of the pharmacy team carrying out the services had completed appropriate training. Two of the qualified dispensers were on a NVQ3 course and received three and a half hours of protected training time each week. Other members of the team completed training when it was convenient, and each member of the team had a folder containing the records of the training they had completed. All team members had access to a range of online training resources. One dispenser demonstrated that he had completed training on weight management and obesity, infection prevention and control, antimicrobial stewardship, sepsis, and cancer awareness. The pharmacy manager had completed face-to-face and online refresher training on injection technique and basic life support in preparation for the travel and flu vaccination services.

There was a structured appraisal process where performance and development were discussed. The pharmacy manager explained they had got behind with appraisals, but team members were currently receiving feedback informally from him. The team had daily meetings where daily tasks were discussed and allocated. Monthly team meetings were held where a variety of issues were discussed, and concerns could be raised. However, these were not recorded, so issues raised might not always be addressed. A dispenser said she felt comfortable reporting errors and felt there was an open and honest culture in the pharmacy. She said she would talk to the pharmacy manager about any concerns she might have. The pharmacy manager said he would feel comfortable reporting professional concerns to the SI.

The pharmacists were empowered to exercise their professional judgement and could comply with their own professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine, because they felt it was inappropriate. The pharmacy manager said targets were set for most services and incentives were in place, but he didn't feel targets ever compromised patient safety and he would inform the SI if he felt they were doing so.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a suitable environment for people to receive healthcare services. It has a private consultation room that enables the team to provide members of the public with the opportunity to receive services in private and have confidential conversations.

### Inspector's evidence

The ground floor of the pharmacy premises, including the shop front and fascia, were clean and in an adequate state of repair. The first floor, where the stockrooms were situated, was in a poor state of repair. The retail area was free from obstructions, professional in appearance and had a waiting area with two chairs. The temperature and lighting were adequately controlled. The pharmacy was fitted out to a reasonable standard, and the fixtures and fittings were generally in order. Maintenance problems were reported to head office and there was a maintenance person who could be requested.

Staff facilities were limited to a small kitchen area and a WC. There was a dispensary sink which was used for hand washing as well as medicines preparation. It had hot and cold running water. Hand sanitizer gel and disposable gloves were available. The consultation room was equipped with a sink. The room was also used as an office and was cluttered and untidy which detracted from the professional image. The availability of the room was highlighted by a sign on the door. This room was used when carrying out services such as the vaccination services and when customers needed a private area to talk. The pharmacy manager confirmed that the surfaces were wiped down before commencing the vaccination service.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy's services are well managed. The pharmacy gets its medicines from licensed suppliers, and it carries out some checks to ensure medicines are in good condition and suitable to supply. But the pharmacy team could manage its compliance aid packs service more effectively, to help reduce the risk of contamination and error, and ensure people receive all the information they need to take their medicines safely.

### Inspector's evidence

People wishing to enter the pharmacy were required to press a bell and a team member would release the door allow them access into the pharmacy. The pharmacy manager explained this was because there had been a spate of shoplifting. There was a step up to the front door of the pharmacy, which made access for wheelchair users difficult. Staff said they would always be ready to serve people at the door if necessary and they could offer the home delivery service. A list of the services provided by the pharmacy was displayed in the window. The list included some services which were no longer offered which could be misleading. The pharmacy team was clear what services were offered and where to signpost people to a service not offered. The pharmacy manager explained that he had updated the NHS website so that it accurately reflected the services currently offered, and he would update the list in the window. Some services were advertised inside the pharmacy, and there was a poster listing all the vaccines available through the travel vaccination service. There was a range of healthcare leaflets and posters advertising other local healthcare services. Some team members were multilingual which assisted some of the non-English speaking people in the community.

Space was adequate in the dispensary, and the workflow was organised into separate areas with a designated checking area. The dispensary shelves were well organised, neat, and tidy. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail, but a record of who had carried out the clinical check was not always recorded. This could make it harder to work out what had gone wrong in the event of a clinical error. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. 'Speak to Pharmacist' stickers were used to highlight when counselling was required. The team were aware of the valproate pregnancy prevention programme. The valproate information pack and care cards were available to ensure people in the at-risk group were given the appropriate information and counselling.

The pharmacy assembled a large number of multi-compartment compliance aid packs. This activity was generally well organised, but the packs were routinely assembled in advance of prescriptions, from master sheets, then checked against the prescriptions when they arrived. This increased the risk of errors and was not in line with the SOP. The pharmacy manager explained that the packs were assembled in this way because the pharmacy often didn't receive prescriptions from local GP practices in adequate time before they needed to be supplied. The packs were not sealed until the prescriptions were received and they had been checked for accuracy, which meant they could be unsealed for prolonged periods risking contamination. There was a partial audit trail for changes to medication in the packs, but it was not always clear who had confirmed the changes or the date they had been made, which could cause confusion. Medicine descriptions were usually included on the packaging to enable identification of the individual medicines and disposable equipment was used. Packaging leaflets were

not usually included, so people might not have easy access to all the information they need. An assessment was not usually carried out by the pharmacist as to the appropriateness of a compliance aid pack, or if other adjustments might be more appropriate to the person's needs, prior to commencing this service. So, some people might be receiving their medicines in a compliance aid pack when other adjustments might be more suitable. And this increased the workload and cost for the pharmacy. The pharmacy manager said he would discuss the whole process with the SI and review the SOP.

One of the dispensers explained what questions she asked when making a medicine sale and when to refer the person to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist, and understood what action to take if she suspected a customer might be misusing medicines such as a codeine containing product.

CDs were stored in two CD cabinets which were securely fixed to the wall. The keys were under the control of the responsible pharmacist during the day. 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 to obtain stock medicines. 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 been added to opened liquids with limited stability. Expired and unwanted medicines were segregated and placed in designated bins. Alerts and recalls were received via email messages from head office. These were read and acted on by a member of the pharmacy team. The pharmacy manager said that a copy was retained in the pharmacy with a record of the action taken, so the team were able to respond to queries and provide assurance that the appropriate action had been taken.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Pharmacy team members have access to the equipment and facilities they need for the services they provide. But they could do more to make sure that all the equipment they use is clean and fit for purpose.

### Inspector's evidence

The pharmacist could access the internet for the most up-to-date reference sources. The pharmacy manager said he used an App on his mobile phone to access the electronic British National Formulary (BNF) and BNF for children. There was a clean medical fridge for storing medicines. It had a built-in thermometer. The minimum and maximum temperatures were being recorded regularly but had been outside the required range on several occasions during the month. The thermometer was reset and remained within range during the inspection. The pharmacy manager confirmed that he would use an extra thermometer as an additional check and make sure he closely monitored the fridge. All electrical equipment appeared to be in good working order. There was a small selection of clean glass liquid measures with British standard and crown marks. But an unmarked plastic measure which was also in use, did not look clean, and as it may not have been properly calibrated, it could compromise accuracy when dispensing liquid medicines. The pharmacy manager was aware that plastic was more difficult to clean, and he agreed to replace it with a glass one. The pharmacy had a range of 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. Patient medication records (PMRs) were password protected. 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
✓ <b>Excellent practice</b>	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.
✓ <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.