

Registered pharmacy inspection report

Pharmacy Name: Haslam's Pharmacy, 432 Halliwell Road, BOLTON, Lancashire, BL1 8AN

Pharmacy reference: 1033162

Type of pharmacy: Community

Date of inspection: 27/06/2019

Pharmacy context

This is a community pharmacy on a main road on the edge of the town centre. Most people who use the pharmacy are from the local area. 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 |
|--|-------------------|------------------------------|------------------|-----|
| 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 adequately manages risks and completes all the records that it needs to by law. Members of the pharmacy team work to professional standards and take some action to improve patient safety. They have written procedures on keeping people's private information safe. And they complete 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 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. They were wearing uniforms and name badges showing their role. The name of the responsible pharmacist (RP) was displayed as per the RP regulations.

The pharmacy manager said there had not been any recent dispensing errors, but he would report any to the pharmacist superintendent (SI) and on the national reporting system. A small number of near misses had been reported on a spread sheet. The pharmacy manager said he had not carried out any monthly patient safety reviews for four or five months but always completed an annual review. He stated that near misses were discussed with the member of the team involved. A dispenser recalled being given advice to ensure the medication label was accurate and use words in the dosage instructions rather than numbers following a labelling error. There were occasional pharmacy team discussions about patient safety, but these were not regular, and the dispensers could not remember when the last one was, or what was discussed. A dispenser said similar packaging was separated and medicines which sounded alike had been separated.

There was a notice on display in the pharmacy with the complaint's procedure and the details of who to complain to. A customer satisfaction survey was being carried out and this took place annually. The results of the previous survey were on display and available on the www.NHS.uk website. Areas of strength were the time it took to receive prescription/service and having in stock the medicine/appliance needed. An area identified which required improvement was providing stop smoking service/advice. The pharmacy's published response was to 'increase exposure of the services we carry out such as smoking cessation'.

Insurance arrangements were in place. A current certificate of professional indemnity insurance was 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. 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 employment contract. Confidential waste was placed in black bags which were collected by one of the owners for disposal. There was a shredder, but this was not often used. A dispenser correctly described the difference between confidential and general waste. The delivery driver said he had read policies and procedures including information on confidentiality when he started in his role. Prescriptions

awaiting collection were not visible from the medicines counter. Paperwork containing patient confidential information was stored appropriately.

The pharmacist had completed centre for pharmacy postgraduate education (CPPE) level 2 training on safeguarding children and vulnerable adults. Other members of the team had read safeguarding SOPs. The contact numbers of who to report concerns in the area was with signposting information. The pharmacy had a chaperone policy, and this was highlighted to patients. All members of the pharmacy team had completed dementia friends training and so had a better understanding of patients living with dementia.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members complete training for the jobs they do. And they do some ongoing learning to help them keep their skills and knowledge up to date. The team members work well together, and they are comfortable providing feedback to their manager.

Inspector's evidence

There was a pharmacist, two NVQ2 qualified dispensers (or equivalent) and a delivery driver 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. Absences were covered by re-arranging the staff rota or transferring staff from a neighbouring branch. There was an additional part time dispenser who was not present at the inspection. The pharmacy had a vacancy for a dispenser and were recruiting to fill this.

The two dispensers present at the inspection were on NVQ3 training courses and were given training time to complete this. Other training was available on an Alphega I- Pad and this kept a record of what training had been completed by each member of the team. It had not been used recently. The pharmacy manager said head office organised training events two or three times a year and the team had attended a recent training on pain relief provided by a representative from Reckitt Benckiser. He said he also provided training for the team on over-the-counter products such as Menopace (menopause supplement). He said this training was not recorded.

The pharmacy team had been given formal appraisals two or three years ago where performance and development were discussed and were given feedback informally by the pharmacy manager. Informal meetings were held where a variety of issues were discussed, and concerns could be raised, these were not documented so issues raised might not always be addressed. A 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 worked well as a team and could make suggestions or criticisms informally, e.g. following some discrepancies in the CD register when supplies had not been entered on time, a tray was used to put all CD prescriptions which had been supplied in, and this was checked to ensure all had been entered by the end of the day. She said this had decreased the number of discrepancies and associated workload in investigating and resolving them. She said she felt comfortable reporting errors and felt that learning from mistakes was the focus/ encouraged.

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 targets were set for medicine use reviews (MURs) and very important in the organisation, but he didn't feel targets ever compromised patient safety or under unreasonable pressure to achieve them.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are generally safe and secure and provide an adequate environment for people to receive healthcare. But the generally poor presentation and lack of organisation detract from the professional image.

Inspector's evidence

The pharmacy premises were not in a good state of repair and were not very clean. Some plinths under the shelves in the retail area were loose or broken. The temperature and lighting were adequate, but several bulbs were not working and the area behind the medicine counter was quite dim. This compromised the professional image of the pharmacy.

There was an obsolete gas fire and a broken chair in the dispensary and the flooring was damaged in places. The pharmacy manager said maintenance problems were reported to head office and there was a handy man who attended the pharmacy. He said if the matter was urgent then it would be attended to promptly but otherwise they could wait a long time. He said he had requested the removal of the obsolete gas fire numerous times.

There was patches of mould on the wall above the stairs leading to the first floor where there were two separate stockrooms containing excess stock and expired medicines. The area did not appear to be damp at the time of the inspection, but there might be an issue at other times of the year. The pharmacy manager said that the first floor was very cold in the winter. This area was not accessed by the public but further compromised the professional image of the pharmacy.

There was a bleeping which the pharmacy manager thought was the fire alarm or smoke detector requiring a new battery. This constant sound was audible in the dispensary and might cause a distraction to members of the team. Staff facilities included a WC with a wash hand basin and antibacterial hand wash. There were two separate dispensary sinks for medicines preparation with hot and cold running water. Hand sanitizer gel was available. Disposable gloves were worn when assembling multi-compartment devices.

Space was limited in the dispensary and the benches were cluttered, reducing usable space and increasing the risk of errors. The pharmacy manager felt there was sufficient space for the current workload but said they were close to capacity on numbers of patients supplied in multi-compartment devices. The retail area had a waiting area with two chairs. There was a consultation room which was relatively uncluttered, and reasonably clean. The availability of the room was highlighted by a sign on the door. The pharmacy team explained they would use this room when carrying out the services and when customers needed a private area to talk.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to most people and they are generally well managed, so people receive their medicines safely. The pharmacy sources and supplies medicines safely. And it carries out some checks to ensure medicines are in good condition. But the team doesn't always record fridge temperatures, so it may not be able to demonstrate that all medicines are safe to supply.

Inspector's evidence

There was a step up to the front door of the pharmacy. It was possible for customers to enter with prams and wheelchair users with assistance, but there was no means of alerting the team that somebody required assistance, such as a door bell. The front door was fitted with an alert chime, if the patient was able to open the door and members of the team said they would always be ready to serve people at the door if necessary. There was an Accessibility notice on display asking people to let the team know if they needed and assistance with communication. Large print was available on dispensing labels.

A list of the services provided by the pharmacy was displayed in the window of the pharmacy with the opening hours. There was a range of healthcare leaflets in the consultation room, but these were not accessible to all. There was some healthy living information in the form of posters and leaflets on dental health. Providing healthy living advice were recorded in the form of a tally chart which was entered onto PharmOutcomes, giving an indication of the effectiveness of the health promotional activities. There had been eight interventions in the current health campaign. The pharmacy team were clear what services were offered and where to signpost to a service not offered. Signposting information was on display in the dispensary and could be used to inform people of services and support available elsewhere. Signposting was recorded on the patient's medication record (PMR) if it was thought to be significant. The team was multilingual speaking Urdu, Gujarati, Hindi, Punjabi which assisted most of the non-English speaking people in the community.

The pharmacy offered a repeat prescription ordering service and patients were contacted before their prescriptions were due, to check their requirements. This was to reduce stockpiling and medicine wastage. There was a delivery service and an audit trail was in place. Each delivery was recorded, and a signature was obtained from the recipient. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy. The delivery driver described the delivery process which was in line with the SOP.

Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Different coloured 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. Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. Notes were used to highlight counselling was required for some high-risk medicines such as warfarin and methotrexate. The pharmacy had carried out an anticoagulant audit and current patients counselled but INR levels were not usually requested and recorded when dispensing warfarin prescriptions.

The team were aware of the valproate pregnancy prevention programme. An audit had been carried out and no patients in the at-risk group had been identified. The valproate information pack and care cards were not available, but the pharmacy manager said he would print the relevant information from the internet if it was required. He said he would order the valproate information pack and care cards, so he would be able to provide the appropriate information and counselling for any new patients in the at-risk group.

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

A dispenser 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.

The consultation room was unlocked, and the door open at the start of the inspection and a bin containing used sharps from the needle exchange process were accessible, which was a health and safety hazard. 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 hardware and the software but were not scanning to verify or decommission medicines. The pharmacy manager said the team had not had any training on it or received anything from head office about it and thought that this was because not many medicines were coming in with codes on them yet.

Medicines were generally stored in their original containers, but methadone had been prepacked without appropriate labelling or dispensing audit trail. Date checking was carried out and documented. Short dated stock was highlighted. Dates had been added to most opened liquids with limited stability but a bottle of opened Oramorph solution, with a three-month expiry on opening, was on the dispensary shelves, so might not be fit for use. Expired medicines were segregated and placed in designated bins.

The thermometer on the medical fridge was recording a maximum air temperature of 11.8 degrees Celsius and a maximum load temperature of 10.1 degrees Celsius which was outside the required range. The current temperature and minimum temperatures were within range. The minimum and maximum temperatures had not been recorded since March 2019 when the spread sheet used for recording data in the pharmacy changed, so the pharmacy was not able to demonstrate that fridge lines were always stored within the appropriate temperature range. The pharmacy manager said he had not realised that it was not being recorded but one of the team checked the fridge temperature was within range each day. A dispenser confirmed she had checked the temperatures that day and it had been inside the required range. She had written the figures on a piece of paper but said she did not know if the pieces of paper were kept. She said the temperature might have gone outside the required range for a short period of time when one of the team had been putting stock away. She re-set the thermometer and the pharmacy manager said he would monitor the temperature and ensure the

temperatures were being recorded again.

Alerts and recalls were received via e-mail messages from head office and the MHRA. These were read and acted on by a member of the pharmacy team and then filed, so it was clear what action had been taken.

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, e.g. electronic BNF and medicines compendium (eMC) websites. There was a large medical fridge with a built-in thermometer. 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 mainly capped to prevent contamination, although one out of medicine bottles had been opened and not capped, risking 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 |
|-----------------------|--|
| ✓ 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. |