General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Asif Iqbal Pharmacy Ltd.;, 70 St. Helens Road, BOLTON, Lancashire, BL3 3NP

Pharmacy reference: 1033188

Type of pharmacy: Community

Date of inspection: 25/04/2023

Pharmacy context

This community pharmacy is located on a main road on the edge of the town. Most people who use the pharmacy are from the local area and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it sells a range of over-the-counter medicines.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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 generally manages risks to make sure its services are safe. It has written procedures on keeping people's private information safe and the team understands how it can help to protect the welfare of vulnerable people. It keeps the records required by law, but some details are missing or inaccurate, 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 provided. Some of the SOPs had not been signed by current members of the pharmacy team to indicate they had read and accepted them. For example, the delivery driver had not indicated that he had read the delivery SOP so they may not always work effectively or fully understand their roles and responsibilities. Team members did not wear uniforms or name badges showing their roles, so this might not be clear to members of the public. The superintendent pharmacist (SI) was working as the responsible pharmacist (RP). There was an RP notice on display, but it could not be seen from the retail area, so people might not know who the RP was at a particular time. The SI confirmed that he would move the notice to a more prominent position, so that it could be clearly seen.

The pharmacy team used logs for recording dispensing incidents and near misses, but insufficient details were recorded when there was a dispensing error. And there were no formal reviews, so the team might be missing out on additional learning opportunities. The trainee dispenser said her main mistakes were dispensing the wrong form. For example, ramipril or omeprazole tablets instead of capsules. She explained that the team had separated 'fast moving lines' away from the rest of the stock, so this had helped prevent these types of mistakes happening because ramipril tablets and omeprazole tablets were now stocked on different shelves to the capsules.

There was a complaint procedure, but there was nothing on display in the pharmacy to inform people how to raise concerns or leave feedback. The dispenser said she would refer any complaints to the pharmacist. Insurance arrangements were in place. Private prescription records were maintained electronically, but some details had not been entered accurately. The date of the prescription was incorrect on one entry. A paper record of the RP log was used, but the SI often used ditto marks to complete the record and did not record short absences. He had completed the time that he would cease his duties as RP on the day of the inspection, which was the pharmacy's closing time, but he admitted that he often worked after this time to complete prescriptions. This provided an inaccurate record which could cause confusion in the event of a problem or query. The controlled drug (CD) register appeared to be in order. Running balances were maintained, but there were no documented checks. The SI said the running balance was checked on every occasion a CD was dispensed, and he agreed to make a note, such as adding his initial to show these checks had taken place. Two running balances were checked and found to be correct. There was a designated book to record the return and destruction of patient returned CDs.

There was an information governance (IG) file which included details about confidentiality. Confidential waste was collected in a designated place. The SI took the confidential waste home and incinerated it. This potentially risked breaching patient confidentiality, although the SI confirmed that he took care

that the waste was protected until it had been fully incinerated. The trainee dispenser correctly described the difference between confidential and general waste. Assembled prescriptions were stored appropriately so that people's details could not be seen by members of the public. A privacy statement was on display, in line with the General Data Protection Regulation (GDPR).

The SI had completed level 2 training on safeguarding children and vulnerable adults. The trainee dispenser had carried out some training on safeguarding, as part of her course. The SI explained there was a safeguarding policy and guidance containing the contact numbers of who to report concerns to. However, this could not be located, so it was not clear if it contained up to date details. This might result in a delay in the event of a concern being raised. The pharmacy had a chaperone policy. There was a notice highlighting this, however, it was displayed in an area which was not normally accessed by the public, so people might not realise this was an option.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy's team members complete the essential training they need to do their jobs. They are comfortable providing feedback to their manager and they receive informal feedback about their own performance. But team members do not get regular ongoing training, so there may be gaps in their knowledge and skills.

Inspector's evidence

The SI and a trainee dispenser were on duty at the time of the inspection. There were also a qualified dispenser (NVQ2 or equivalent) and a delivery driver on the pharmacy team. The staffing level was adequate for the volume of work during the inspection. The SI said he had contacts, such as a friend who was a qualified dispenser, who could help out at the pharmacy if necessary.

The team was small, so issues and concerns were discussed informally as they arose. The trainee dispenser was comfortable raising concerns with the SI. The SI gave informal feedback to team members, but there was no formal appraisal system to discuss team members performance and development. And communication with the team members was not generally recorded, so the SI may not always act on any issues raised. The trainee dispenser had started an accredited dispensing assistant course at another pharmacy, and the course was in the process of being transferred to this pharmacy, so she could complete the training there. There was no record of any other ongoing training, so team member's knowledge might not be fully up to date.

The SI was able to exercise his professional judgement and could comply with his own professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine, because he felt it was inappropriate. There was no pressure on the team to achieve targets.

Principle 3 - Premises ✔ Standards met

Summary findings

Overall, the pharmacy provides a suitable environment for people to receive healthcare services. It has a private consultation room that enables members of the public to have confidential conversations with team members. But it could do more to ensure the room is clean and professional.

Inspector's evidence

The pharmacy premises were in an adequate state of repair. The retail area was free from obstructions. The temperature and lighting were adequately controlled. There was a WC with a wash hand basin and a separate dispensary sink for medicines preparation. There was no running hot water, but there was a kettle to provide hot water if necessary. Hand sanitizer gel was available. There was a consultation room with several chairs and there was a sign highlighting it was available. The room could be used when customers needed a private area to talk, but it was cluttered and untidy which compromised the professional image.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy offers a small range of healthcare services which are generally well managed and easy for people to access. 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.

Inspector's evidence

There was a step up to the front door of the pharmacy, but it was possible for customers to enter with prams and wheelchair users with assistance. Team members would always be ready to serve customers at the door if necessary. There was a small range of healthcare leaflets and a couple of posters advertising local services. The pharmacy offered a small range of services. A folder was available containing signposting information which could be used to inform people of services and support available elsewhere. The staff were multilingual speaking Urdu and Gujarati which assisted most of the non-English speaking patients from the local Asian community. There was a home delivery service with associated audit trails. A high proportion of prescriptions were delivered. The service had been adapted during the pandemic to minimise contact with recipients. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

Space was very limited in the dispensary. There was a designated checking area. Dispensed by and checked by boxes were generally initialled on the medication labels to provide an audit trail. Baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. Some of these baskets had been stacked on the floor due to insufficient bench space, which was unhygienic and a tripping hazard. Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. The SI was aware of the requirement for a pregnancy prevention programme when people in the at-risk group were prescribed valproate.

Multi-compartment compliance aid packs were managed electronically using the patient medication record (PMR) software system. There was a partial audit trail for changes to medication in the packs, but it was not always clear who had confirmed these, which could cause confusion in the event of a problem. A dispenser who had worked over the weekend to help clear a backlog of compliance aid packs had not completed a dispensing audit trail, which might limit learning if there was an error. Medicine descriptions were not added to the compliance pack labels, and packaging leaflets were not usually included. So, people might not be able to identify the individual medicines or have easy access to all of the information they need. Disposable equipment was used. The SI competed an assessment as to the appropriateness of a pack or if other adjustments might be more suitable to their needs when new people requested a compliance aid pack.

The trainee dispenser explained what questions she asked when making a medicine sale and knew when to refer the person to a pharmacist. She was clear what action to take if she suspected a customer might be abusing medicines such as a codeine containing product.

The CD cabinet was securely fixed to the floor. A denaturing kit was available for the destruction of CDs. The CD keys were under the control of the responsible pharmacist during the day. Pharmacy medicines

were stored behind the medicine counter so that sales could be controlled. Recognised licensed wholesalers were used to obtain stock medicines. The trainee dispenser confirmed she carried out date checking on a regular basis. This was documented and short dated stock highlighted. Dates had been added to opened liquids with limited stability. Expired and unwanted medicines were segregated and placed in designated bins.

The pharmacy received alerts and recalls via email messages. The SI said these were read and acted on, but a record of the action was not made, so the team would not easily be able to respond to queries and provide assurance that the appropriate action had been taken.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

Members of the pharmacy team have access to the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe to use.

Inspector's evidence

The SI used an App on his mobile phone to access the current versions of the British National Formulary (BNF) and BNF for children for reference. There was a small clean medical fridge. The minimum and maximum temperatures were being recorded regularly and had been within range throughout the month. All electrical equipment appeared to be in working order. There was a selection of clean glass liquid measures with British standard and crown marks. The pharmacy had a tablet triangle for counting loose tablets. The trainee dispenser said there was a separate triangle to count cytotoxic drugs on, but she said most cytotoxics were obtained in foil strips, so there was no need to handle them. 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. 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.