

# Registered pharmacy inspection report

**Pharmacy Name:** M J Moore Pharmacy, 45 - 47 Westcliffe Drive,  
Layton, BLACKPOOL, Lancashire, FY3 7BH

**Pharmacy reference:** 1033260

**Type of pharmacy:** Community

**Date of inspection:** 16/07/2024

## Pharmacy context

This community pharmacy is situated on a high street in a residential area of Blackpool. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations. The pharmacy supplies medicines in multi-compartment compliance packs to some people to help them take their medicines at the right time.

## Overall inspection outcome

### Standards not all met

**Required Action:** Improvement Action Plan

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 not all met	1.6	Standard not met	The pharmacy does not keep records for private prescriptions, responsible pharmacist, and controlled drugs in line with requirements. So the pharmacy may not be able to accurately show what had happened in the event of a query or concern
<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 not all met

### Summary findings

The pharmacy team follows written procedures, and this helps them to provide services effectively. They discuss when things that go wrong, but they do not always make a record of it. So they may miss some learning opportunities and there may be a risk of similar mistakes happening again. Private prescription, responsible pharmacist and controlled drug records are not kept in line with record keeping requirements. So the pharmacy may not be able to accurately show what had happened in the event of a query or concern.

### Inspector's evidence

There was a set of standard operating procedures (SOPs). Members of the pharmacy team confirmed they had read the SOPs, but the training records had not been signed. So the pharmacy may not be able to show that members of the team fully understood their responsibilities or the processes that underpinned the services they provided.

Dispensing errors were recorded on the patient medication record (PMR) software. The records included details of what had happened, and any contributing factors. Members of the team discussed the error so they could learn from it. The pharmacist highlighted near miss incidents to members of the team and discussed them so they could identify learning opportunities. But records were not kept, which would help the pharmacy to review incidents and potentially identify learning opportunities. To help prevent similar mistakes, the team had placed labels in the dispensary locations of common picking errors. For example, a warning label had been placed to check the pack size of indapamide tablets.

There was a section on the SOP training sheets to record the roles and responsibilities for members of the pharmacy team, but these had not been completed. This would help the pharmacy to define what each member of the team was responsible for. However, a medicines counter assistant (MCA) was able to explain what their responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. The correct responsible pharmacist (RP) notice was on display. The pharmacy had a complaints procedure. A notice in the retail area advised people they could discuss any concerns or feedback with the pharmacy team. A current certificate of professional indemnity insurance was available.

Records for the RP did not always contain the details of when the pharmacist had signed out, so the pharmacy might not be able to accurately show when a pharmacist was responsible. Private prescription records did not always note the details of who wrote the prescription, which is an important record keeping requirement. Controlled drugs (CDs) registers were available with running balances recorded. Three random balances were checked, and all were found to be incorrect. Following the inspection, the superintendent pharmacist admitted the team had fallen behind with keeping the CD registers up to date. This means the pharmacy may not be able to accurately show when they had supplied and obtained CD medicines.

When questioned, members of the team understood the need to protect people's information. Confidential waste was separated before being destroyed using an on-site shredder. But an information governance (IG) policy was not in place. So team members may not fully understand what is expected

of them. The pharmacist had completed level two safeguarding training. And members of the team understood the need to report any concerns to the pharmacist on duty. But there was no safeguarding policy available or contact details for the local safeguarding board. This would be useful to ensure team members knew how to appropriately raise concerns.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

There are enough members of the team to manage the pharmacy's workload and they are appropriately trained for the jobs they do. But there was no ongoing training programme to help continue their development. So learning needs may not always be addressed.

### Inspector's evidence

The pharmacy team included a pharmacist, who was also the superintendent pharmacist (SI), a pharmacy technician, two dispensers, two MCAs, and a driver. All members of the pharmacy team were appropriately trained or on accredited training programmes. The volume of work appeared to be well-managed. Staffing levels were maintained by part-time staff and a staggered holiday system.

Members of the team felt well supported by the pharmacist and were able to ask for further support if they felt they needed it. The pharmacist provided training and advice to the team members if they were unfamiliar with a particular medicine. But there was no ongoing training programme. So learning needs may not be addressed. One of the MCA's gave examples of how they sold pharmacy only medicines using the WWHAM questioning technique, refused sales of medicines they felt were inappropriate, and referred people to the pharmacist if needed. The locum pharmacist felt able to exercise their professional judgement and this was respected by the pharmacy team.

Appraisals were conducted annually by the SI. And members of the team held team discussions about any issues which had arisen, such as when there were errors or complaints. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the SI. There were no targets in place for professional services.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations with members of the team.

### Inspector's evidence

The pharmacy was clean and tidy. The roof of the building was currently being fixed to address associated maintenance issues. The size of the dispensary was sufficient for the workload. People were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled by the use of electric heaters, and lighting was sufficient. Team members had access to a small kitchenette area and WC facilities.

A consultation room was available. It contained seating, a desk, seating, adequate lighting, and a wash basin. But cardboard boxes were stored in the consultation room which detracted from the professional image expected of a healthcare setting.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are easy to access. And it manages and provides them effectively. It gets its medicines from recognised sources. But it does not always keep records about when they carry out their checks to help show medicines remain in good condition. And they do not always have detailed records for some of services they provide. So team members may not always know the full details in the event of a query or a concern. Members of the pharmacy team do not always know when they are handing out higher-risk medicines. So they might not always be able to check that the medicines are still suitable, or give people advice about taking them.

### Inspector's evidence

Access to the pharmacy was level via a single door and was suitable for wheelchair users. Various posters provided information about the services available. And a range of leaflets provided information about various healthcare topics.

The pharmacy team initialled 'dispensed-by' and 'checked-by' boxes on dispensing labels to provide an audit trail. They used baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing.

Dispensed medicines awaiting collection were kept on a shelf using a numerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Team members were seen confirming the patient's name and address when medicines were handed out. The pharmacist attached notes to dispensed prescriptions if further advice or referral to the pharmacist was required. But there was no process to highlight schedule 3 and 4 CDs, and higher-risk medicines (such as warfarin, lithium, and methotrexate). This would be a useful step to remind team members to check the expiry dates of the prescription, or to provide additional counselling to people about taking their medicines safely. Team members were aware of the risks associated with the use of valproate-containing medicines during pregnancy. Educational material was provided alongside the medicines. The pharmacist had spoken to people who were at risk to make sure they were aware of the pregnancy prevention programme, and this had been recorded.

Some medicines were dispensed in multi-compartment compliance packs. Computer records were kept for each patient, containing details about their current medication. But the process to record medication changes or retaining details from hospital discharge information was limited to a few notes on pieces of paper which were not retained. And only one member of the team was fully aware about the queries and outstanding prescriptions for compliance packs. So there is a risk the level of care may be impacted in the event of an unplanned absence. Each pack was labelled with the descriptions of the medicines. But patient information leaflets (PILs) were not routinely supplied. So, people may not always have up to date information about their medicines.

The pharmacy had a delivery service. A record was kept showing which day the medicines had been given to the delivery driver. But there was no audit trail to show whether a delivery had been successful or not. Which would be useful in the event of a query or a concern.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. The expiry dates of medicines were checked by members of the team. But the date checking record had not been completed for some time to show when this had been completed. A spot check of the dispensary shelves did not find out of date medicines. But liquid medicines did not always have the date they had been opened written on. So team members may not know if they remained suitable to use.

Controlled drugs were stored in designated CD safes. There was clear separation between current stock, patient returns and out of date stock. There were two clean medicines fridges. One contained a thermometer, but team members could not find the thermometer for the other fridge. The team were certain it had been available on the day prior to the inspection. The SI confirmed it had been replaced following the inspection. There was a temperature record for the fridge with the missing thermometer, but temperatures for the other fridge were not being routinely recorded, which would be a useful record in the event of a query or a concern. Patient returned medication was disposed of in designated bins located away from the dispensary.

Drug alerts were received by email from the MHRA. The pharmacy actioned alerts when they were received, but there were no records. So the pharmacy may not be able to always show they had taken the necessary action.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

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

### Inspector's evidence

Team members had access to the internet for general information. This included access to the British National Formulary (BNF), BNFC and Drug Tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were used for methadone to prevent cross contamination. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed team members to move to a private area if the phone call warranted privacy. The consultation room was used appropriately. People were offered its use when requesting advice or when counselling was required.

### 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.