General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Bury Pharmacy, 38 Market Place, HEYWOOD, Lancashire, OL10 4NL

Pharmacy reference: 1033378

Type of pharmacy: Community

Date of inspection: 06/08/2024

Pharmacy context

This community pharmacy is situated in the town centre of Heywood, East Lancashire. 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 NHS Pharmacy First service, and emergency hormonal contraception. 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 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 team follows written procedures, and this helps them to provide services safely and effectively. The pharmacy generally keeps records according to the requirements. And members of the team take action to keep people's private information safe. Members of the team discuss when things go wrong. But they cannot show records of how they review their mistakes or identify learning points.

Inspector's evidence

The pharmacy had written standard operating procedures (SOPs). These were available in a folder and were up to date. Members of the pharmacy team had signed to say they had read and accepted the SOPs.

The pharmacy had systems in place to identify and manage risk, such as records of dispensing errors and details of the learning outcomes. The pharmacist discussed near miss incidents with members of the team to identify learning points. The team explained they would usually record the details of their mistakes so they could review them. But the records could not be found, so the pharmacy cannot show what steps it takes to learn from them and improve its services. Members of the team had previously discussed 'look a-like' and 'sound a-like' medicines and moved sumatriptan and sildenafil tablets away from each other to help prevent picking errors.

The roles and responsibilities for members of the team were documented. A trainee dispenser explained what their responsibilities were and was clear about the tasks that could or could not be conducted during the absence of a pharmacist. Members of the pharmacy team wore standard uniforms and had badges identifying their names and roles. The correct responsible pharmacist (RP) notice was on display. The pharmacy had a complaints procedure. Any complaints were recorded, sent to head office and followed up. A current certificate of professional indemnity insurance was available.

RP records were maintained electronically. But details of when the pharmacist had signed out were not routinely made. So, the pharmacy may not be able to accurately show when a pharmacist's responsibility had ended. The pharmacist acknowledged that these records would be kept going forward. And private prescription records did not always contain the name of the prescriber. Which was required to show who had provided the authority to supply the medicine. Controlled drugs (CDs) registers were maintained with running balances recorded. Two random balances were checked, and one was found to be inaccurate. Following the inspection, the pharmacist confirmed they had found a missing entry and corrected the CD register. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available and members of the pharmacy team had completed IG training. When questioned, a dispenser was able to describe how confidential information was separated and destroyed using a shredder. Safeguarding procedures were included in the SOPs and members of the team had completed safeguarding training. The pharmacist had completed level 2 safeguarding training and understood where to find the contact details for the local safeguarding board. Members of the team provided a recent example of how they had raised a safeguarding concern.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members to manage the workload safely. And they complete the necessary training for the jobs they do. Members of the pharmacy team undertake additional learning packages to help them keep their knowledge up to date. But this is not structured so learning needs may not always be identified or addressed.

Inspector's evidence

The pharmacy team included two pharmacists, and five qualified dispensers, one of whom was trained to accuracy check. There was also a trainee dispensing assistant. 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 a staggered holiday system. Relief team members could be requested from the head office, if necessary, when additional support was needed.

Members of the pharmacy team had previously completed some additional training. For example, they had completed a training pack about dementia. Training records were kept showing what training had been completed. But ongoing training was not provided in a consistent manner, which would help to ensure learning needs were met. A trainee dispenser provided examples of selling a pharmacy only medicine using the WWHAM questioning technique, refusing sales which they felt were not appropriate, and referring people to the pharmacist when needed. The pharmacist felt able to exercise their professional judgement and this was respected by the team.

Members of the team felt well supported by each other and the pharmacist provided a good level of support. Team members were seen working well together and assisted each other with any queries they had. The team held regular meetings to discuss their work. The pharmacist provided ad hoc feedback to team members, but there was no formal appraisal programme. So, some development and learning needs may go unaddressed. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or contacting the head office. The pharmacy had targets for professional services such as the NHS new medicines service. The pharmacist did not feel under pressure to achieve these.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available for people to have a private conversation with a member of the team.

Inspector's evidence

The premises had been used as a registered pharmacy for a long time. It was clean and tidy, but the appearance of the pharmacy was tired. Which may not give a suitable appearance for the provision of healthcare services. And historical branding remained in place which may cause confusion about who was providing the pharmacy services. People in the retail area were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled using air conditioning units and lighting was sufficient. Team members had access to a kitchenette area and WC facilities.

A consultation room was available. It was tidy with a computer, desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are well managed, and it provides them safely. It gets its medicines from licensed sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. But members of the pharmacy team do not always know when they are supplying 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

The pharmacy was not accessible for wheelchair users due to the presence of steps and there was no ramp available. It also caused difficulty for those with push prams. Members of the team would assist anyone who could not gain access. Information was on display about the services offered and information was also available on the website. The pharmacy opening hours were on display.

Some prescriptions were dispensed by an automated system at the company's hub pharmacy. Prescriptions for the hub were labelled electronically at the pharmacy by the pharmacy team. The pharmacist then completed a clinical and accuracy check of the records. The information was then transmitted to the hub for the medicines to be dispensed. Some items could not be dispensed by the hub, including items out of stock, not stocked, or CD and fridge items. The process was auditable by use of a personal log in for the computer system to identify who had labelled the prescription and who performed the accuracy check.

Dispensed medicines were received back from the hub within 24-48 hours. The medicines were packed in sealed bags with the patient's name and address the front. These did not need to be accuracy checked by the pharmacy unless they opened the bag, in which case the responsibility for the final accuracy check fell to the RP in the pharmacy rather than the hub. When the dispensed medicines were received in branch, they were matched up with the prescription forms, and any items that had been dispensed and checked in the pharmacy.

Members of the team initialled 'dispensed-by' and 'checked-by' boxes on dispensing labels to provide an audit trail for medicines dispensed in the pharmacy They used baskets to separate individual patients' prescriptions to avoid items being mixed up. Dispensed medicines awaiting collection were kept on a shelf using an alphanumerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Members of the team were seen confirming the patient's name and address when medicines were handed out.

The pharmacy used stickers to highlight schedule 3 and 4 CDs so members of the team could check the expiry date of the prescription. The pharmacist used stickers to highlight prescriptions which required referral to a pharmacist for additional counselling. But higher-risk medicines (such as lithium, and methotrexate) were not routinely highlighted to remind team members to provide advice or counselling about their medicines. Which meant they missed an opportunity to help make sure these medicines remained safe to supply. Team members were aware of the risks associated with the use of valproate containing medicines during pregnancy, and the need to dispense the original pack. Educational material was supplied when the medicines were dispensed. There were no people who were currently supplied valproate containing medicines who met the risk criteria.

Some medicines were dispensed in multi-compartment compliance packs. Before a person was started on a compliance pack the pharmacist would complete an assessment about their suitability. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was updated. Hospital discharge information was sought and kept for future reference. The compliance packs were labelled with medication descriptions. But patient information leaflets (PILs) were not routinely supplied to help ensure people had up to date information about their medicines.

The pharmacy had a delivery service, and delivery records were kept. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. The expiry dates of medicines were checked every three months. Records were kept showing medicines which had been removed following expiry date checks. But there was no clear record of what had been checked and when so there was a risk some stock might be overlooked. Short-dated stock was highlighted using a sticker and open liquid medication had the date of opening written on the bottle. A spot check of medicines did not find any expired stock.

Controlled drugs were stored in the CD cabinet, with clear separation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. But patient returned CD medicines had not been destroyed since November 2022. The prolonged storage of patient returned CDs without destruction was not good practice. The pharmacist advised they would destroy these following the inspection. There was a clean medicines fridge with a thermometer. The minimum and maximum temperature was being recorded daily. Records for the last three months were checked and indicated the temperature had been in range. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the MHRA. Details of the alert and any action taken was recorded.

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 counting 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.