

Registered pharmacy inspection report

Pharmacy Name: Abram Pharmacy, 358 Warrington Road, Abram, WIGAN, Lancashire, WN2 5XA

Pharmacy reference: 1033984

Type of pharmacy: Community

Date of inspection: 25/02/2022

Pharmacy context

This is a community pharmacy located in the small village of Abram, part of the Borough of Wigan. A GP practice is located opposite the pharmacy. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including a minor ailment service. The pharmacy supplies medicines in multi-compartment compliance aids for some people to help them take the medicines at the right time. The inspection was conducted during the COVID-19 pandemic.

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 has written procedures to help the team work effectively. But the procedures have not been updated and some team members may not have read them. So the pharmacy team may not always operate in the most effective way. The pharmacy keeps the records it needs to by law. Members of the team generally know how to keep private information safe, but some lack training on this, so may not fully understand their responsibilities. Members of the team discuss things that go wrong, but they do not always make records, so they may miss some learning opportunities.

Inspector's evidence

There was a set of standard operating procedures (SOPs) which had been issued in 2016. But there was no indication that they had been reviewed since that date review. So they may not always reflect current practice. Some members of the pharmacy team had not signed to say they had read and accepted the SOPs. So they may not always know what is expected of them.

Details of near miss incidents and dispensing errors were recorded electronically. But no records had been made since July 2021. The superintendent (SI) said he would discuss mistakes with staff at the point of accuracy check and ask them to rectify their own errors. He gave an example that the team had discussed the best approach for assembling blister packs after a mistake had occurred. But details of this discussion had not been recorded.

There were two responsible pharmacist (RP) notices on display. This was misleading and meant it was not clear to people who the responsible pharmacist was. Roles and responsibilities of the pharmacy team were described in individual SOPs. A trainee dispenser was able to explain what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. The pharmacy had a complaints procedure, but there was no information about it on display. So people may not always be aware how to provide feedback to the pharmacy, or raise any concerns. A current certificate of professional indemnity insurance was on display.

Records for the RP, private prescriptions and emergency supplies appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded. Three random balances were checked, and all were found to be inaccurate. Following the inspection, the SI confirmed all CD balances had been checked and the inaccuracies had been resolved. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. Longstanding members of the pharmacy team had completed GDPR training, but others had not. When questioned, a dispenser was able to describe how confidential waste was segregated to be destroyed by a shredder. There was no information on display to explain how personal information was handled by the pharmacy. So people may not always understand how their information is used.

Safeguarding procedures were included in the SOPs and the pharmacy team had completed safeguarding training. The SI said he had completed level 2 safeguarding training. But staff were unsure about where the contact details for the local safeguarding board were, so this could delay reporting in the event of a concern. A dispenser said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Some members of the pharmacy team complete additional training to help them keep their knowledge up to date. But there are missed learning and development opportunities for those who have not.

Inspector's evidence

The pharmacy team included a pharmacist – who was the superintendent (SI), four dispensers and a driver. All members of the team had completed the necessary training for their roles. The normal staffing level was a pharmacist and four to five dispensers. The volume of work appeared to be managed. Staffing levels were maintained by a staggered holiday system.

Some members of the pharmacy team completed some additional training, for example they had completed training packs about antibiotic stewardship and suicide prevention. But this training had not been completed by all members of the team, so some learning and development opportunities may be missed.

A dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines she felt were inappropriate, and refer people to the pharmacist if needed. The dispenser said she felt a good level of support from the pharmacist and was able to ask any questions.

Appraisals were conducted quarterly by the company. A dispenser said she received feedback on her performance, and she was able to speak about any of her own concerns if she had any. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the SI. There were no professional based targets in place.

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.

Inspector's evidence

The premises were clean and appeared adequately maintained. The temperature was controlled by the use of electric fans and heaters. Lighting was sufficient. The staff had access to a kitchenette and WC facilities. Additional storage space was available in the upstairs storage rooms. Several dispensing baskets were being stored on the dispensary floor despite space being available on the worktops. A consultation room was available with access restricted by use of a lock.

The SI was unsure about the COVID-19 measures currently in place. He said until recently staff had been wearing masks but following the recent update in restrictions, members of the team had stopped wearing them. Updated guidance for NHS settings had been released the previous day and the SI said he would look at their COVID-19 procedures again and require the use of masks and social distancing.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from recognised sources and stores them appropriately. But 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 leaflets gave information about the services offered and other healthcare topics. The pharmacy opening hours were displayed.

The pharmacy had a delivery service. This had been adapted in response to current COVID guidance. The delivery driver would leave the patient's bag of medicines at the door, knock, and stand back to allow social distancing whilst the patient picked up the bag. If there was no answer the medicines would be returned to the pharmacy. A paper record was kept as an audit trail.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied.

Dispensed medicines awaiting collection were kept on a shelf using an alphabetical retrieval system. Stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out. There was no process to highlight dispensed medicines containing schedule 3 and 4 CDs, or high-risk medicines (such as warfarin, lithium and methotrexate). And dispensing tokens were not always retained alongside the medicines. So staff may not always know whether a prescription had expired when they hand out the medicines, or know when patients may need counselling. The staff were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The SI said he would speak to patients who were at risk to make sure they were aware of the pregnancy prevention programme. But they were not aware of any current patients who met the risk criteria.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacy would complete an assessment of their suitability and inform their GP surgery. An electronic record was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record was amended. Hospital discharge information was sought when necessary. Disposable compliance aids were used to provide the service. But they were not labelled with medication descriptions and patient information leaflets (PILs) were not routinely supplied. So people may not always have all the information they need to take their medicines safely.

The pharmacy dispensed medicines for a number of patients who were residents of care homes. A re-order sheet was provided to the pharmacy and it contained details about the medicines required,

medicine changes and any handover notes for the pharmacy. When prescriptions were received from the GP surgery, they would be compared to the re-order sheet to confirm all medicines had been received back. Any queries were written onto a query sheet and chased up with the GP surgery by either the care home or the pharmacy team. For some care homes, medicines were dispensed into disposable compliance aids. When questioned, a dispenser said they had changed the process since the previous inspection and medicines were de-blistered into labelled disposable trays before being checked by the pharmacist on the same day.

Stock medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Staff said they had recently checked the expiry dates of stock. But this had not been recorded. So there is a risk some medicines may be overlooked. Liquid medication did not always have the date of opening written on so the pharmacy team may not know when they were opened or whether the medicines are still suitable for supply. A spot check of medicines did not find any out-of-date medicines.

Controlled drugs were stored appropriately in the CD cabinets, with segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There was a clean medicines fridge with a thermometer. The minimum and maximum temperature was being recorded daily and records showed they had generally remained in the required range for the last 3 months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email. The SI said he would check any affected stock, but the details of the action taken were not recorded. So the pharmacy may not be able to always show they have taken appropriate action in response to alerts.

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

The staff had access to the internet for general information. This included access to the 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. 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 the staff to move to a private area if the phone call warranted privacy. The consultation room was used appropriately; patients were offered its use when requesting advice or when counselling was required. Substance misuse clients were directed to the use of the consultation room to provide 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.