

Registered pharmacy inspection report

Pharmacy Name: S&S Dispensing Chemist, 226 Deane Road, BOLTON, Lancashire, BL3 5DP

Pharmacy reference: 1085042

Type of pharmacy: Community

Date of inspection: 28/06/2021

Pharmacy context

This busy community pharmacy is located on a main road near a large medical centre. Most people who use the pharmacy are from the local area. The pharmacy mainly dispenses NHS prescriptions and it sells a range of over-the-counter medicines. It supplies a large number of medicines in multi-compartment compliance aid packs to help people take their medicines at the right time. The inspection was undertaken during the Covid 19 pandemic.

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 adequately manages the risks associated with its services. It keeps its records up to date, so it can show it is providing services safely. The team has procedures to help to protect the welfare of vulnerable people and it keep people's private information safe. But team members have not confirmed their understanding of all the pharmacy's written procedures, so they may not always work effectively or fully understand their roles and responsibilities.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) for the services provided, but they were not all up-to-date and had not been signed by current members of the pharmacy team to confirm they had read and accepted them. So, there was a risk that they might not fully understand the pharmacy's procedures. The pharmacist superintendent (SI) explained that the safeguarding SOP and the whistleblowing policy had recently been reviewed following an incident, and these had been read and signed by all members of the team. Team members were generally performing duties which were in line with their role. However, there were two young people carrying out work experience. This had not been risk-assessed, and the duties which they could carry out safely had not been clearly set out. One or two members of the team wore uniforms, but there was nothing to indicate their role, so this might not clear to members of the public. The name of the responsible pharmacist (RP) was displayed as per the RP regulations.

The SI had considered the risks of coronavirus to the pharmacy team and people using the pharmacy. He had introduced some steps to ensure social distancing and infection control. He said he had completed Individual staff risk assessments for Covid, but he had not recorded this. Staff were carrying out twice weekly lateral flow testing and had been vaccinated. They did not routinely wear personal protective equipment (PPE) when working in the dispensary but wore a face mask when serving on the medicine counter or carrying out any face-to-face communication with people. The pharmacy was supplying free lateral flow tests to the public. The SI was aware of the Health and Safety Executive (HSE) guidance on the expectations and duties in relation to reporting cases of Covid-19 transmission that happened in the workplace. A business continuity plan was in place which gave guidance and emergency contact numbers to use in the case of systems failures and disruption to services.

The SI explained that dispensing incidents were reported on a national online error reporting system and described the learning from a recent error in which a patient was given the wrong medication because the incorrect 'bag label' had been attached. This included a review of the checking procedure to reduce the chance of a re-occurrence. Near misses were reported on a log and discussed with the pharmacy team, but there was no evidence of any recent reviews, and patient safety discussions were not documented, so opportunities to learn might be missed.

A member of the team explained that customer complaints would be referred to the SI. The complaint procedure and the details of who to complain to was outlined in the practice leaflet, but there were none on display, so this information was not easily accessible. Insurance arrangements were in place. A current certificate of professional indemnity insurance was on display in the pharmacy. Private prescription and emergency supply records, the RP record, and the controlled drug (CD) register were

appropriately maintained. Records of CD running balances were kept and these were checked at every supply. A full audit was carried out every month or two. One CD balance was checked and found to be correct. There was a designated book to record the return of unwanted CDs that people had returned to the pharmacy.

There was a data security and protection folder which contained numerous information governance (IG) policies and procedures, and information about patient confidentiality. But there was no record that any of the pharmacy team had read them. The procedure to dispose of confidential waste was to shred it, however some medication labels, containing patients' details were seen in the general waste bin. A dispenser said she went through the bin at the end of the day to remove the confidential waste. The SI said he explained confidentiality to the people carrying out work experience, and they appeared to have a basic understanding, however this training and their agreement to follow confidentiality requirements was not recorded. A certificate was on display showing that the pharmacy was registered with the Information Commissioner's Office (ICO).

The SI and one of dispensers had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 training on safeguarding. Other staff had completed level 1. A dispenser said she would voice any concerns regarding children and vulnerable adults to the pharmacist working at the time and was aware of a safeguarding SOP. Royal Pharmaceutical Society (RPS) guidance was available on child protection. The pharmacy had a chaperone policy, and this was outlined on a notice, but it was not prominently displayed, so people might not realise this was an option. The SI said he routinely asked everyone using the consultation room if they would like a chaperone, and a dispenser often accompanied him when carrying out consultations.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload and most of the team members have the right qualifications for their roles. Team members are comfortable providing feedback to their manager and they receive informal feedback about their own performance. But they are not always effectively supported to complete training, and it is not always recorded, so gaps in their knowledge might not be identified.

Inspector's evidence

There was a pharmacist (SI) and two NVQ2 qualified dispensers (or equivalent) on duty at the time of the inspection. Two other dispensers who would usually be working were absent, one through sickness and one had been required to self-isolate. The SI said the pharmacy was 'short staffed', but he didn't feel it necessary to transfer any staff from the neighbouring branch, though this was an option. The staffing level appeared adequate for the volume of work during the inspection and the team were observed working collaboratively with each other and the people who visited the pharmacy. The two work experience team members were mainly working in the retail area, on the medicine counter. One of them wasn't familiar with the WWHAM questions and said they referred all requests for medicines to the pharmacist or one of the dispensers. The SI had given them informal induction training, however he had not recorded this, so it was not clear what this contained. One of the duties they carried out was putting medicine stock away in the dispensary. This required the completion of accredited training, which they had not been enrolled onto. The SI said he would stop them carrying out this duty or arrange for them to complete the appropriate module of training. Other members of the pharmacy team were qualified for the services they provided. The team had been briefed on various aspects of Covid-19 and the associated SOPs, but there had not been any other ongoing training over the last year, due to the increased workload and staffing issues caused by Covid-19.

The pharmacy team were usually given formal appraisals where performance and development were discussed, but this had not been possible this year. The team received positive and negative feedback informally from the SI. Informal meetings were held where a variety of issues were discussed, and concerns could be raised. These were not generally recorded, but the SI said serious issues would always be recorded and investigated. A dispenser said she would feel comfortable talking to the SI or the other director about any concerns she might have. She was aware there was a whistleblowing policy.

The SI was empowered to exercise his professional judgement and could comply with his own professional and legal obligations. For example, he had decided to stop selling codeine linctus, because of the risk of abuse. The team were not under pressure to achieve targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises generally provide a professional environment for people to receive healthcare services. But there are some outstanding maintenance issues which affect the working conditions. The pharmacy has a private consultation room that enables it to provide members of the public with the opportunity to have confidential conversations.

Inspector's evidence

The pharmacy premises, including the shop front and fascia, were in an adequate state of repair, but some areas required cleaning. The retail area was free from obstructions. The temperature and lighting were adequately controlled. There were separate stockrooms on the first floor. This area was less well maintained. Staff facilities were limited to a small kitchen area, and a WC with a wash hand basin and hand wash. There was a separate dispensary sink for medicines preparation. There was a kettle for hot water, but there wasn't any hot running water. The SI explained that the boiler was broken. He said he had reported it and he was expecting a visit the following day. There were information notices about Covid-19, and reminders of the requirement to maintain social distancing. Barriers were used to ensure adequate space in front of the medicine counter. The consultation room was professional in appearance. The availability of the room was highlighted by a sign on the door, however this could not be clearly seen from the retail area, so people might not be aware that this facility was available. This room was used when customers needed a private area to talk.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers healthcare services which are generally well managed and easy for people to access. It could manage its compliance aid packs service more effectively, including making sure people receive all the information they need to take their medicines safely. 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. A list of the services provided by the pharmacy was displayed in the window of the pharmacy along with the opening hours. There was a small range of healthcare leaflets and a Covid-19 information display in the window. The pharmacy team were clear what services were available and where to signpost people to a service that was not offered. For example, emergency hormone contraception (EHC).

The pharmacy offered a repeat prescription ordering service and people were contacted before their prescriptions were due each month, to check their requirements. There was a home delivery service. The service had been adapted to minimise contact with recipients, in light of the pandemic. The delivery driver stayed a safe distance away whilst the prescription was retrieved from the doorstep, and they confirmed the safe receipt in their records. The medicines were returned to the pharmacy if no one was in to receive the delivery, however the 'failed deliveries' were not transported and stored in an appropriate way and some of the bags were damaged. The SI said these medicines would all be checked to make sure they were in good condition before supplying them to a patient. The delivery driver's recent record sheets could not be located, which might cause a delay in the event of a problem or query with a delivered medicine.

Space was quite limited in the dispensary, but the workflow was organised into separate areas. 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. 'Pharmacist' stickers were used to highlight when counselling was required. The team were aware of the valproate pregnancy prevention programme although they couldn't locate the valproate information pack and care cards. A dispenser pointed out that most packs now contained the care cards and the SI was aware that information could be printed off if required. He said an audit had been carried out and their regular patients in the at-risk group had been identified and counselled.

There was a designated area for the preparation and storage of multi-compartment compliance aid packs. This area was reasonably well organised, and the shelves neat and tidy. There was a partial audit trail for changes to medication in the packs, but it was not always clear who had confirmed these and the date the changes had been made, which could cause confusion when assembling packs. The packs were assembled from the patient's record sheet, which was based on the patient's usual prescription,

and then checked again when the actual prescription was received, prior to supply. This practice had been considered necessary because some of the local GP practices did not send the prescriptions to the pharmacy with enough time for the pharmacy team to assemble and check them. However, assembling in advance of the prescription in this way could increase the risk of an error and was not in line with the pharmacy's SOP. Medicine descriptions were not usually added, so people might not be able to identify the individual medicines, and packaging leaflets were not usually included, so people might not have easy access to all of the information they need. Disposable equipment was used.

A dispenser knew what questions to ask when making a medicine sale and when to refer the person to a pharmacist. They were clear which medicines could be sold in the presence and absence of a pharmacist and understood what action to take if they suspected a customer might be abusing medicines such as a codeine containing product.

CDs were stored in a CD cabinet which was securely fixed to the floor. Denaturing kits were available for the destruction of patient returned CDs. The CD keys were under the control of the responsible pharmacist. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled. Recognised licensed wholesalers were used to obtain medicines and appropriate records were maintained for medicines ordered from 'Specials'.

Medicines were stored in their original containers at an appropriate temperature. The SI explained that some date checking had been carried out at the weekend, but it had not been documented. There was a matrix to record date checking, although it had not been completed in the last year. Dates had not been added to opened liquids with limited stability, such as morphine oral solution, so it was not clear if this had expired. The SI removed these from the shelves for destruction and reminded the team of the requirements to date the bottles when opening them. Designated bins were available for patient returned and expired medicines. These were collected regularly.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services, but it could do more to ensure counting equipment is clean and hygienic.

Inspector's evidence

The pharmacist could access the internet for up-to-date information. For example, electronic versions of the British National Formulary (BNF) and BNF for children. There was a 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 good working order. There was a selection of glass liquid measures with British standard and crown marks. The pharmacy had equipment for counting loose tablets and capsules, with a separately marked tablet triangle that was used for cytotoxic drugs. This equipment was not very clean, so there was a risk of 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.