

Registered pharmacy inspection report

Pharmacy Name: Deane Pharmacy, Deane Pharmacy, Horsfield Street, BOLTON, Lancashire, BL3 4LU

Pharmacy reference: 1091193

Type of pharmacy: Community

Date of inspection: 25/04/2024

Pharmacy context

This pharmacy is located next door to a medical centre on the edge of the town and is open extended hours. The pharmacy dispenses NHS prescriptions and supplies some people with medicines in multi-compartment compliance packs to help them manage their medicines. It also provides the NHS Pharmacy First service, seasonal flu vaccinations and a blood pressure check service.

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
1. Governance	Standards not all met	1.1	Standard not met	The pharmacy does not sufficiently identify and address key risks to patient safety from its activities and services. For example, it does not ensure that its team members follow the standard operating procedures or are familiar with them. This means pharmacy services may not be delivered in a safe and effective manner.
		1.3	Standard not met	The pharmacy team do not understand what activities cannot be carried out when there is no responsible pharmacist present on the pharmacy premises.
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards not all met	3.1	Standard not met	Areas of the pharmacy including the dispensary are cluttered and disorganised. And this could increase the risk of dispensing errors. The floor space is cluttered which creates a trip hazard.
4. Services, including medicines management	Standards not all met	4.2	Standard not met	The pharmacy does not always provide its services safely. For example, team members do not refer to the prescription when picking and assembling multi-compartment compliance packs.
		4.3	Standard not met	The pharmacy does not always store its medicines securely and in accordance with legislation. And it cannot show that it always stores medicines which require refrigeration appropriately.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy does not appropriately identify and mitigate the risks associated with its services. Its team members are not all familiar with its written procedures and they do not always follow them. The pharmacy does not maintain the records it needs to by law. Team members do not always make records of dispensing mistakes, and this could make it harder for them to learn from them and to make the pharmacy's services safer.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) available. However, all SOPs did not have records to show that they had been recently reviewed. All team members had not signed all the SOPs that were relevant to their roles to indicate that they had read and understood them. But the team members confirmed that they had read the SOPs when they had first started working at the pharmacy. SOPs were observed not to be consistently followed. For example, the way in which multi-compartment compliance packs were being prepared and checked.

The pharmacy was not currently recording dispensing mistakes which were identified before a medicine was supplied to people (near misses). A QR code was displayed in the dispensary which could be used to record near misses. The last recorded near misses seen to be recorded were from December 2023. The responsible pharmacist (RP) said there had been more near misses since then. Dispensing mistakes which had happened, and the medicine had been supplied (dispensing errors), would be rectified and investigated. The RP would inform the owners who then briefed the team. The RP would record details of dispensing errors on the person's individual electronic record. The RP explained that following an incident where someone's medicine had been delivered to the wrong address, she double checks all delivery prescriptions and checks the address labels before attaching these.

The correct RP notice was displayed. However, team members were not aware about the tasks that could and could not be carried out in the absence of the RP. Team members were observed dispensing and handing out to people before the RP had signed in. This means team members were completing tasks that should be carried out under the supervision of an RP. The pharmacy had current professional indemnity insurance. A complaints procedure was in place and any complaints would be referred to the owners.

Private prescription records were well maintained. Records of emergency supplies made at a patient's request did not always have the reason for supply recorded as required. Responsible pharmacist (RP) records were generally kept but pharmacists were routinely not signing out. So, it may make it harder to identify when their responsibility had ended. The RP could not locate the records for unlicensed medicines supplied but was able to describe what records were kept. Controlled drug (CD) registers were maintained electronically. Running balances for CDs were recorded and regularly checked against physical stock held in the pharmacy. A random balance was checked and found to be incorrect.

Assembled prescriptions were stored in the dispensary and were not visible to people using the pharmacy. Computers were password protected. The RP had access to Summary Care Records and consent was gained verbally from people to access these. An information governance policy was in place and team members had been briefed. The computer in the dispensary was password protected

and out of view of patients and the public. Confidential waste was collected in a separate bin and then collected by a third-party waste company for destruction.

The RP had completed a level two safeguarding course, team members explained that they had either completed safeguarding training at their previous workplace or as part of their formal training. Team members would raise any concerns with the RP or manager. The RP was unsure if the delivery driver had completed any safeguarding training and provided an assurance that she would speak to the owners.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services, however the team is falling behind on administrative activities such as date checking. There is no structured framework for ongoing training. This could make it harder for team members to keep their knowledge and skills up to date.

Inspector's evidence

The pharmacy team comprised of the RP, a trained dispenser and a trainee dispenser. Other team members who were not present included two trained dispensers, a delivery driver and a second pharmacist. Both pharmacists were prescribers. The RP was due to go on extended leave and explained her shifts were being covered by the other pharmacist and manager. The RP felt that there were an adequate number of staff, but although the team were up to date with their dispensing workload, they were behind on other tasks such as date checking and cleaning. There was a constant flow of people in using the pharmacy.

Team members asked appropriate questions and provided advice to people before recommending over the counter (OTC) medicines. They were seen speaking to the RP before selling any OTC medicines to make sure the sale of medicines was done safely.

There was no formal process in place for managing staff performance. The RP and owner provided team members with feedback. The trainee dispenser was provided with time at work to complete training. To keep up to date team members read SOPs and were briefed by the pharmacists. The team did not hold formal meetings and discussed issues and concerns as they arose. Team members including the RP were able to speak to the owners via text message or telephone. There were no targets set for the services provided.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy does not keep its premises tidy. It is cluttered and disorganised, with little or no clear dispensing space. This could increase the risk of mistakes happening. The pharmacy does not keep its floor space clear, which increases the risk of trips for staff. However, the premises are kept secure from unauthorised access when closed.

Inspector's evidence

The retail area of the pharmacy was reasonably clean although it appeared aged and tired. There were stacks of empty trays from the wholesalers and some cardboard boxes containing stock in the retail area which detracted from the professional image. There was a large food/drinks chiller in the retail area which was operational.

The dispensary was cluttered, untidy and dirty in places. Workbenches were cluttered with paperwork and stock leaving little available clear space for dispensing medicines. Prescriptions and papers were piled on the benches. The floor area in the dispensary had boxes, trays from the wholesalers, black bags containing stock as well as assembled prescriptions being stored in baskets waiting to be checked which created a trip hazard. Loose tablets were seen on the benches and the floor and shelves were dusty and dirty in places. A sink was available for the preparation of medicines, but this was also dirty, and medicines were being stored close to the sink. Medicines stored on the shelves were disorganised with different medicines and strengths mixed up. This could result in team members picking the incorrect medicines when dispensing. Cleaning was said to be done by contracted cleaners on a daily basis and the RP said the team also cleaned on a regular basis. The room temperature and lighting were appropriate, although some areas of the retail area were a bit dark. The premises were kept secure from unauthorised access. A signposted consultation room was available and suitable for private conversations.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy does not always provide its services safely. Team members do not always follow the SOPs when multi-compartment compliance packs are being prepared. This could increase the risk that a mistake is made, or a medication change is not identified. The pharmacy does not always keep its medicines secure or store them properly. It cannot show that it keeps medicines requiring cold storage at the right temperatures. This means that the pharmacy is less able to show that the medicines inside the fridge have been kept at the right temperatures and are still safe to use.

Inspector's evidence

There was step-free access to the pharmacy. Services and opening times were clearly advertised. Prescriptions were dispensed by the dispenser and checked by the RP. 'Dispensed-by' and 'checked-by' boxes were available on the dispensing labels. These were initialled by team members to help maintain an audit trail. The pharmacy team used baskets for prescriptions to help make sure people's prescriptions were separated and to help reduce the risk of mistakes. Baskets with assembled prescriptions waiting to be checked were being stored on the floor near shelves where medicines were stored. This increased the risk of a pack of medicines falling into a basket and not being identified by the team.

The RP was aware of the guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme (PPP). Team members were aware of the need to dispense sodium valproate in its original pack and ensure any warnings were not covered with labels. Additional checks were carried out when people were supplied with medicines which required ongoing monitoring.

Some people's medicines were supplied in multi-compartment compliance packs to help them take their medicines at the right time. Individual records were kept for each person and detailed all their current medicines and any notes regarding changes. Packs were not prepared at the pharmacy but were prepared at another branch owned by the company. Team members used the individual record sheet to pick stock which was checked by the RP. The stock was then sent to the other receiving branch where it was assembled into compliance packs. The receiving branch had its own copy of the individual record sheets, and the RP said any information about changes to medication was passed on. Assembled packs were sent back to the pharmacy with the empty original containers. The prepared packs were stored on the shelves without any labelling or indication as to what was contained within each of the packs. A bag label was attached to each of the trays. There was no indication of when the packs had been prepared or who had prepared them. Prescriptions were printed at the pharmacy and compared against the backing sheet and the packs were then labelled. This procedure followed by the pharmacy was not in accordance with the SOPs. The SOP required prescriptions to be checked against the backing sheets before labelling and assembling the packs and there was no indication of sending the medicines to another pharmacy to be assembled. Packs which were ready to collect were labelled with product descriptions and mandatory warnings. Patient information leaflets were not routinely supplied. This could mean that someone would not have all the information about their medicines.

Deliveries were completed by the designated driver. The RP checked the prescriptions and put them into a bag, making sure the correct address label was attached. The evening team sorted out the deliveries in order of postcode and prepared a delivery log. A copy was made for the driver, and one

was retained in the pharmacy. Signatures were not obtained from people when delivering medicines. In the event that someone was not home, the medicines were returned to the pharmacy.

Medicines were obtained from licensed wholesalers. Fridge temperatures were said to be monitored and recorded daily. However, there were gaps in the records made and it was seen that only one of the pharmacists was making records on the day that they worked. When checked, the probe used to measure the temperature was showing the maximum to be 14.7 degrees Celsius, the current temperature was 3.7 degrees Celsius, and the minimum was 3.4 degrees Celsius which means some medicines may not be stored appropriately. There was no evidence that the pharmacy team took any action to rectify this. Some prescription-only medicines were not stored securely. Some medicines in stock were stored in amber bottles but there was no indication of the expiry dates or batch number. This could make it harder for the pharmacy to check the expiry dates of the medicines or respond to safety alerts appropriately. A number of medicines were also seen to be stored in blisters outside of their original packs on the shelves. Date checking had not been done, the RP said dates were being checked as part of the dispensing process. Date expired medicines were seen on the shelves checked. Out-of-date and other waste medicines were kept separate from stock, at the back of the pharmacy and then collected by licensed waste collectors. Drug recalls were received via email from the owners but there was no audit of any actioned alerts.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate range of equipment and facilities it needs to provide its services adequately.

Inspector's evidence

The pharmacy had calibrated glass measures and tablet counting equipment. Equipment was clean and ready for use. A medical fridge was available. Blood pressure monitors including an ambulatory monitor, an otoscope, thermometer and carbon dioxide monitor were available and used for some of the services provided; the RP was unsure about calibration and said this was arranged by the owners. Up-to-date reference sources were available.

The pharmacy's computers were password protected and screens faced away from people using the pharmacy. A cordless telephone was also available to ensure conversations could not be overheard.

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.