

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: 27/11/2024

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 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 not all met	4.2	Standard not met	The pharmacy's team members do not always follow the written procedures (SOPs) that are available. They do not refer to the prescription when picking and assembling multi-compartment compliance packs to help make sure this process is completed safely.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

Overall, the pharmacy largely identifies and manages the risks associated with its services to help provide them effectively. However, its team members do not always follow the written procedures that are in place to help make sure processes are completed in the correct way. The pharmacy keeps the records it needs to keep by law, and these are kept accurate and up to date. And it protects people's personal information appropriately.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) available. The pharmacy's head office team were in the process of moving these electronically. Team members were sent an email when new SOPs were uploaded which they needed to read. Some team members had not read all the recently updated SOPs and provided an assurance that this would be completed. Previous versions of SOPs were still available, and these had been read and signed by most team members. Despite some SOPs being changed following the last inspection, they were observed not to be followed consistently. For example, the way in which multi- compartment compliance packs were being prepared and checked. Signed patient group directions (PGD) were available for the services provided.

Since the last inspection the pharmacy team had started recording dispensing mistakes which were identified before a medicine was supplied to people (near misses). A QR code was displayed in the dispensary which was used to record near misses. Near misses were reviewed on a weekly basis by one of the directors of the company and findings were discussed with the team. Following reviews, some shelf-edges had been labelled with warning stickers where picking errors were commonly happening. Dispensing mistakes which had happened, and the medicine had been supplied (dispensing errors), would be rectified and investigated. The responsible pharmacist (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 correct RP notice was displayed. Team members were aware of the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance. A complaints procedure was in place and any complaints would be referred to the owners. Team members described a recent issue with the packaging of liquid medicines supplied which had also been reported to the manufacturers.

Private prescription, emergency supply records, controlled drug (CD) registers and RP records were well maintained. Running balances were recorded and checked against physical stock. A random balance was checked and found to be correct. A register was available to record CDs that people had returned.

Assembled prescriptions were stored in the dispensary and were not visible to people using the pharmacy. Computers were password protected. 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 or as part of their formal training. Team members would raise any concerns with the RP or manager.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services. Staff are given some ongoing training. But this is not structured which may make it harder for them to keep their knowledge and skills up to date.

Inspector's evidence

The pharmacy team comprised of the RP, two trained dispensers and two apprentices. Other team members who were not present included a delivery driver and a second pharmacist. Both pharmacists were prescribers. The RP felt that there were an adequate number of staff, and the team were up to date with their workload.

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 apprentice was provided with time at work to complete training. Team members read SOPs to keep up to date and were briefed by the pharmacists. The team did not hold formal meetings and discussed issues and concerns as they arose. However, huddles were held to discuss near misses and reviews. Team members including the RP were able to speak to the owners via text message or telephone. There were targets set for some of the services provided, but the RP explained there was no pressure to meet these and the targets did not affect their professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are suitable for the pharmacy's services and are largely clean and secure. However, it appears tired and aged in places which may detract from a professional image expected of a healthcare setting.

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 a professional image. There was a large food/drinks chiller in the retail area which was operational.

There was ample workbench space available in the dispensary and this had clear space for dispensing and checking. An area in the dispensary had a number of boxes containing assembled prescriptions, team members explained that the delivery driver had been away for a few days and there was a backlog of deliveries which had built up.

A sink was available for the preparation of medicines. Cleaning was said to be done by contracted cleaners on a daily basis and 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 all of its services safely. Team members do not always follow the written procedures that are available 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. However, the pharmacy obtains its medicines from licensed sources and manages them appropriately so that they are safe for people to use. Team members take the right action when safety alerts are received, to ensure that people get medicines and medical devices that are safe to use.

Inspector's evidence

There was step-free access to the pharmacy. Services and opening times were clearly advertised. Some of the pharmacists who worked at the pharmacy were independent prescribers, but no prescribing services were being undertaken from the pharmacy.

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 part assembled prescriptions 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 provided an assurance that she would review where these were stored.

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. The packs were prepared at another branch owned by the same company. Team members used the individual record sheet to pick medicine stock which was checked by the RP. The stock was then sent to the other receiving branch where it was dispensed into the 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 RP checked the prepared packs, the original packs and the copy of the previous backing sheet and signed the bag label. The prepared packs were stored on the shelves without any labels, backing sheets or indication as to what was contained within each of the packs. A bag label was attached to each of the trays to help identify the person the pack was intended for. There was no indication of when the packs had been prepared or who had prepared them which meant there was no effective audit trail in the event of a query or error. Prescriptions were printed at the pharmacy and compared against the backing sheet and the packs were then labelled at this point. This process was not in accordance with the SOPs. The SOP required prescriptions to be checked against the backing sheets before labelling and picking the stock to be sent to the other branch. 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 people may 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 arranged the deliveries by postcode and prepared an electronic delivery log. A copy of which was sent to an application on the driver's phone. Signatures were not obtained from people when delivering medicines. If someone was not home, the medicines were returned to the pharmacy. Due to the driver being away the team had called people who were due a delivery and asked if a representative could collect their medicines on their behalf. Arrangements had been made where this had not been possible.

Medicines were obtained from licensed wholesalers. Fridge temperatures were said to be monitored and recorded daily. These were seen to be within the required range for the storage of medicines. There was some food being stored in the fridge, which could create a risk of cross-contamination. A team member explained that there was an empty fridge on the shopfloor and the food would be moved. Medicines were date checked in accordance with a matrix. Short-dated stock was marked with coloured stickers. No expired medicines were found 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 and also on an electronic system. The system was updated once these had been checked and actioned.

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 directors. 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.