

Registered pharmacy inspection report

Pharmacy Name: Shanti Pharmacy, Shanti Medical Centre, 160 St. Helens Road, BOLTON, Lancashire, BL3 3PH

Pharmacy reference: 1091322

Type of pharmacy: Community

Date of inspection: 30/08/2022

Pharmacy context

This busy community pharmacy is located next to a medical centre. Most people who use the pharmacy are from the local area and a home delivery service is available. The pharmacy 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 pharmacy stays open for 100 hours per week, opening early in the morning and closing late in the evening.

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 generally manages risks, and it takes steps to improve patient safety. But some team members have not confirmed their understanding of the pharmacy's written procedures, so they may not always work effectively or fully understand their roles and responsibilities. The team completes the records that it needs to by law, but some of the records are incomplete or inaccurate, which could make it harder to understand what has happened if queries arise. It has written procedures on keeping people's private information safe and protecting the welfare of vulnerable people.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services it provided, with signatures showing which members of the pharmacy team had read and accepted them. Some members of the pharmacy team, including the regular locum pharmacist and one of the directors, who helped out at the pharmacy, had not indicated that they had read the SOPs, so there was a risk that they might not fully understand the pharmacy's procedures. Roles and responsibilities were set out in SOPs and team members were generally performing duties which were in line with their roles. Some team members did not wear uniforms or name badges showing their roles, so this might not be clear to people visiting the pharmacy. The name of the responsible pharmacist (RP) was displayed as required by the RP regulations.

The pharmacy team recorded dispensing incidents on the national reporting system and learning points were included. For example, following an incident when one patient received a couple of additional medicines intended for another patient, only one dispensing basket was allowed in the checking area at a time to prevent this happening again. Team members reported near misses on a log and the pharmacist superintendent (SI) reviewed them and discussed them with the team. Reviews and discussions were not always recorded, so some members of the team may be missing out on learning opportunities. A notice was on display near to the consultation room with the complaint procedure and the details of who to complain to. This wasn't visible from the retail area, but the SI said she would move it so it could be easily seen.

Insurance arrangements were in place. A current certificate of professional indemnity insurance was on display in the pharmacy. There was an electronic record of emergency supplies. The SI used a book to record private prescription supplies, but she was behind with entries, and there were three prescriptions and a signed order outstanding from the previous week. The RP record was generally in order, but the SI had entered the time she intended to cease her duties that day, which compromised the accuracy of the record. The controlled drug (CD) registers were appropriately maintained. Records of CD running balances were kept and these were regularly audited. Two CD balances were checked and found to be correct. Patient returned CDs were recorded and disposed of appropriately.

Team members signed a confidentiality agreement when they started working at the pharmacy. The trainee dispenser correctly described the difference between confidential and general waste. Confidential waste was collected in a designated place and shredded. Some prescriptions were stored on a bench next to a window which was visible from outside of the pharmacy, so there was a small risk

that people's confidentiality might be breached. When this risk was pointed out, the SI agreed to obtain some one-way film so that people could not see into the pharmacy. There was a safeguarding policy in place containing the contact numbers of who to report concerns to in the area. The pharmacy had a chaperone policy, and this was highlighted to people.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy is experiencing some difficulties due to staff vacancies, but the team manages the workload. And the pharmacy's team members have the appropriate training for the jobs they do. They are comfortable providing feedback to their manager and they receive informal feedback about their own performance. But team members do not get regular ongoing training, so there may be gaps in their knowledge and skills. And communications are not always recorded, so the pharmacy may not always act on any issues raised.

Inspector's evidence

The SI was working as the RP and there was also a trainee dispenser on duty at the time of the inspection. One of the directors was helping out. He was not qualified as a medicine counter assistant (MCA) or dispenser but had been recently enrolled onto an accredited course. The SI said his duties were mainly administrative. The SI explained that they were very short-staffed which was why he was helping out. A pharmacy technician was on annual leave and there was a vacancy for a full-time dispenser. The SI had been in contact with several recruiting and locum agencies but had not been able to fill the position, and there were no locum dispensers available. There were three part-time dispensers on the pharmacy team, but the pharmacy was open 100 hours each week, and some team members were only available in the evenings and at weekends. The SI worked long hours. A regular locum pharmacist worked two days each week.

There was a folder of training records which included certificates of completed training on a variety of subjects such as sepsis and the General Data Protection Regulation (GDPR). Online training resources were available but there hadn't been much training completed since the start of the Covid pandemic due to staffing pressures and increased workload. The pharmacy team members did not have regular protected training time. Team members had informal discussions with the SI about their performance and development, but these were not recorded. Other issues were discussed as they arose. The trainee dispenser confirmed that she would feel comfortable talking to the SI about any concerns she might have. There was a whistleblowing policy.

The SI was empowered to exercise her professional judgement and could comply with her own professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine, because she felt it was inappropriate. There were no targets set so team members and locum pharmacists were not put under pressure, other than to complete the daily workload.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy generally provides a suitable environment for people to receive healthcare services. It 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 reasonably well maintained and in an adequate state of repair. The retail area was free from obstructions and had a waiting area with one chair. The temperature and lighting were adequately controlled. In addition to the main dispensary, there was separate room where compliance aid packs were assembled and stored. Staff facilities included a WC, with a wash hand basin and antibacterial hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water. Hand washing notices were displayed above the sinks. The consultation room was equipped with a sink. It was quite cluttered which detracted from its professional image. The availability of the room was highlighted by a sign on the door, but this couldn't be seen from the retail area as the medicine counter had been moved forward during the Covid pandemic. This room was used when carrying out services and when customers needed a private area to talk.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy's services are suitably managed. Services are available over extended hours, so they are easy for people to access. 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

The pharmacy was accessible to everyone, including people with mobility difficulties and wheelchair users. The pharmacy team was clear what services were offered but they were not always advertised, so people might not know what was provided. There was a range of healthcare literature. For example, leaflets on meningitis, diabetes and staying safe in the sun, but these were not clearly displayed or easily accessible to people visiting the pharmacy. Team members were multilingual which assisted some of the non-English speaking members of the community.

There was a home delivery service with associated audit trails. The delivery driver confirmed the safe receipt in their records. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy. When a CD was delivered a signature was obtained in a designated CD receipt book.

Space was quite limited in the dispensary, but the workflow was organised into separate areas with a designated checking area. Dispensed by and checked by boxes were not always initialled on the medication labels to provide an audit trail, so it might be harder to understand what had gone wrong in the event of an error. 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 consultation required' stickers were used to highlight when counselling was required. High-risk medicines such as warfarin, lithium and methotrexate were targeted for extra checks and counselling. The team were aware of the valproate pregnancy prevention programme. The valproate information pack and care cards were available to ensure people in the at-risk group were given the appropriate information and counselling.

Multi-compartment compliance aid packs were reasonably well managed. 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 in the event of a query. Medicine descriptions were not usually included on the labels so people might not be able to identify the individual medicines. Packaging leaflets were included so people were able to easily access additional information about their medicines. Disposable equipment was used.

The trainee dispenser explained what questions she asked when making a medicine sale and when to refer the person to a pharmacist. She understood what action to take if she suspected a customer might be abusing medicines such as a codeine containing product.

CDs were stored in two CD cabinets which was securely fixed to the wall. The keys were under the control of the responsible pharmacist during the day and stored securely overnight. Date expired, and patient returned CDs were segregated and stored securely. Patient returned CDs were destroyed using denaturing kits. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled.

Recognised licensed wholesalers were used to obtain stock medicines and appropriate records were maintained for medicines ordered from 'Specials'. Medicines were generally stored in their original containers. There were a few loose foil strips of tablets on the dispensary shelves. The SI confirmed that medicines without their expiry date and batch number would not be used. Date checking was carried out and documented. Short-dated stock was highlighted. Dates had been added to opened liquids with limited stability. Expired and unwanted medicines were segregated and placed in designated bins. These bins were stored in the WC, which created a security risk. But the SI agreed to make sure a lock was fitted to the cupboard used to store them in, so that they could be locked in future.

Alerts and recalls were received via email messages from the Medicines & Healthcare products Regulatory Agency (MHRA) and via the National Pharmacy Association (NPA). These were read and acted on by a member of the pharmacy team and then filed. A copy was retained in the pharmacy with a record of the action taken so the team were able to respond to queries and provide assurance that the appropriate action had been taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe to use.

Inspector's evidence

The pharmacy team could access the internet for the most up-to-date information for reference. For example, the electronic British National Formulary (BNF) and BNF for children. Hand sanitizer gel and face masks were available for staff and people visiting the pharmacy. There were two large clean medical fridges. 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 small selection of clean glass liquid measures with British standard and crown marks. A separate measure and syringes were used for methadone solution, and an additional conical measure had been ordered. The pharmacy had a range of clean equipment for counting loose tablets and capsules, with a separately marked tablet triangle that was used for cytotoxic drugs. Medicine containers were appropriately capped to prevent 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.