

Registered pharmacy inspection report

Pharmacy Name: Golborne Late Night Chemist, 98 High Street,
Golborne, WARRINGTON, Cheshire, WA3 3DA

Pharmacy reference: 1096741

Type of pharmacy: Community

Date of inspection: 18/06/2020

Pharmacy context

This is a community pharmacy situated on a busy high street in Golborne, near Wigan. A medical centre containing two GP surgeries is located approximately 150 yards away. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services such as a minor ailment service and emergency hormonal contraception. A slimming clinic operates from premises above the pharmacy. The pharmacy dispenses a significant number of prescriptions that are issued by the clinic. But they do not have any formal agreement to provide a dispensing service for the clinic. And they have no other involvement with the operation of the clinic. Many of the prescriptions from the clinic are for injections that are normally used to treat diabetes but that are being used 'off licence' for weight loss. This was a targeted inspection to look at the pharmacy's association with the slimming clinic. The scope of the inspection was generally limited to this 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 cannot show it has properly assessed the risks associated with dispensing 'off-license' medicines for the slimming clinic. So they are not able to provide assurance that the medicines are always being used safely.
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 not all met

Summary findings

Members of the pharmacy team follow written procedures to help them provide most of their services safely and effectively. But they cannot show that they have properly assessed the risks associated with dispensing medicines that are being used 'off-license'. And they do not have any clear procedures for dispensing these medicines. So, they are not able to provide assurance that the medicines are always being used safely.

Inspector's evidence

There was a set of standard operating procedures (SOPs) which were regularly reviewed by the superintendent (SI). An SOP for dispensing private prescriptions was included in the set of SOPs. But there was no specific procedure for dispensing medicines that were being used off licence. Members of the pharmacy team had signed to say they had read and accepted the SOPs.

Prescriptions from the slimming clinic were issued by a nurse prescriber. The pharmacist said he was not aware of the slimming clinic's prescribing protocols or procedures. He did not know how patients were assessed or whether the prescriber had physically met the patients. The pharmacist explained that these prescriptions were brought into the pharmacy by clinic staff. The dispensed medicines were then collected by the staff from the clinic to be supplied to the patients. The pharmacy invoiced the clinic for the prescriptions they dispensed, charging the cost of the medicines and a dispensing fee. The majority of prescriptions were for Saxenda or Ozempic injections. Metoclopramide was also sometimes prescribed. The pharmacist was aware that Saxenda was licensed for use for weight loss and explained that the metoclopramide was used to treat the side-effects. He understood that Ozempic was not licensed for weight loss, but he knew that was what it was being prescribed for. He said he had checked the prescriptions were in the normal dosage ranges for the licensed use, but he did not have any information about how safe it was to use Ozempic for weight loss. And he did not know whether the prescriber had informed the patients that the medicine was not licensed for this use.

The pharmacy had procedures in place to record and review any dispensing errors that occurred. A complaints procedure was in place. The pharmacist was not aware of any complaints being received in relation to the prescriptions they had dispensed for the slimming clinic. The pharmacy had completed a risk assessment about the provision of pharmacy services during COVID-19. There was no evidence of any formal risk-assessment relating to dispensing the prescriptions issued by the slimming clinic.

A current certificate of professional indemnity insurance was available. The responsible pharmacist (RP) had their notice displayed prominently and was appropriately signed in to the RP register, which was suitably maintained. Controlled drugs (CDs) registers were maintained with running balances recorded and checked monthly. A random balance was checked and found to be accurate. Patient returned CDs were recorded in a separate register. An electronic private prescription register was used to record private prescription supplies.

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.

Inspector's evidence

The pharmacy team included a pharmacist manager, a trainee pharmacy technician, six dispensers – three of whom were in training, a medicine counter assistant (MCA) and a driver. The pharmacy team were appropriately trained or on accredited training programmes. The normal staffing level during the core hours of 9am to 6pm was a pharmacist and four to six staff. Fewer staff were deployed at quieter times. The volume of work appeared to be effectively managed. Staffing levels were maintained by part-time staff and a staggered holiday system.

The pharmacist said he would speak to the prescriber if he had any concerns or queries about prescriptions that were dispensed. He thought he may have spoken to the slimming clinic prescriber on one or two occasions, but he could not recall specific details and there were no records kept. He said he had never had cause for concern about what was being prescribed by the slimming clinic.

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 pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload and access to it was restricted by use of a gate. Customers were not able to view any patient sensitive information due to the position of the dispensary. Perspex screens had been installed on the medicines counter to help protect staff from the spread of COVID-19.

The temperature in the pharmacy was controlled by the use of fans and electric heaters. Lighting was sufficient. The staff had access to a kitchenette and WC facilities.

A consultation room was available. The space was clutter free with a desk, seating, and adequate lighting.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's dispensing service is generally well organised. The pharmacy gets its medicines from licensed wholesalers, stores them appropriately and carries out regular checks to help make sure that they are in good condition. The pharmacy dispenses some prescriptions issued by a local slimming clinic. But this service only involves supplying the medicines. The pharmacy team has no involvement with the clinic's prescribing and no contact with the patients.

Inspector's evidence

The pharmacy entrance door was approached via a ramp and was suitable for wheelchairs. Information about the pharmacy's services was on display in the retail area. There was also information available on the pharmacy's website. A slimming clinic was located above the pharmacy. But it was not connected to the pharmacy and had a separate entrance. The clinic did not have the appearance of being part of the pharmacy and the pharmacy did not promote the slimming clinic or advertise its services.

Members of the pharmacy team used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up during dispensing. They initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail.

The pharmacy dispensed a reasonably high volume of NHS prescriptions. They also dispensed a number of private prescriptions, most of which were issued by the slimming clinic. The pharmacy did not normally have any contact with slimming clinic patients. The pharmacist said he did sometimes receive phone calls from the patients with questions about their treatment, but these were normally clinical questions so he would refer them to the clinic.

Stock medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Records of date checking were on display, showing that stock checks had been completed in February, May and June 2020. The record was signed by staff to show which stock had been checked.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. There were clean medicines fridges, each with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had generally been in range for the last 3 months. Patient returned medication was disposed of in designated bins located away from the dispensary.

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. According to the stickers attached, electrical equipment had last been PAT tested in August 2019. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for methadone. 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.

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.