

Registered pharmacy inspection report

Pharmacy Name: www.ukpharmacylive.com/co.uk, 150 Deane Road, BOLTON, Lancashire, BL3 5DL

Pharmacy reference: 1104286

Type of pharmacy: Closed

Date of inspection: 04/07/2023

Pharmacy context

This pharmacy is located on a main road close to the town centre. People cannot visit the pharmacy in person. The pharmacy dispenses NHS prescriptions. It supplies a large number of care homes, and most medicines are supplied in multi-compartment compliance aid packs to help people take their medicines at the right time. The pharmacy has a website (www.ukpharmacylive.com) which provides information about the pharmacy and its services.

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 generally manages risks to make sure its services are safe, and it completes all the records that it needs to by law. Members of the pharmacy team are clear about their roles and responsibilities, and they understand how they can help to protect the welfare of vulnerable people. The pharmacy largely keeps people's private information safe. But team members do not always dispose of confidential material properly, which may increase the chance of people's personal information being disclosed.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) for the services it provided. The SOPs contained signatures showing that members of the pharmacy team had read and accepted them. There was more than one version of some of the SOPs, for example, the delivery SOP. This was confusing and could mean pharmacy team members may not always know which procedure to follow. And there was no record to show that a new delivery driver had read the delivery SOP. The sole director of the company which owned the pharmacy was working as a pharmacy technician (PT). He explained that a new pharmacy superintendent (SI) had been recently appointed and she was going to review all the SOPs and make sure they were up-to-date and tailored to the pharmacy's practice. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their roles. The name of the responsible pharmacist (RP) was appropriately displayed.

The director confirmed that the pharmacy team used the national reporting and learning system to record dispensing errors and the last error which occurred had been reported on this system. Team members used a near miss log to record errors that were picked up in the pharmacy and discussed these with the pharmacist. Look alike and sound alike drugs (LASAs) had been discussed within the team and the different strengths of allopurinol, Tegretol and citalopram had been separated to avoid picking errors. One of the trainee dispensers confirmed that she felt comfortable admitting and discussing errors. A patient safety assessment audit had been completed in March 2023 as part of the pharmacy's risk management plan. But there was no record of any action taken as a result of the audit, so it wasn't clear if there were any outstanding points to address. Reviews of near misses were not routinely carried out or recorded, so some team members might miss out on additional learning opportunities.

The pharmacy's complaint procedure was explained on the pharmacy's website with details about the Patient Advice and Liaison Service (PALS) and the Independent Complaints Advocacy Service (ICAS). These details were also included in the practice leaflet which was also accessible via the website. The website contained the pharmacy's contact details and a link to report complaints to in the pharmacy. The director said that complaints were generally dealt with by the pharmacy manager and the care home staff knew to contact him directly. A current certificate of professional indemnity insurance was on display in the pharmacy.

Private prescriptions were recorded in a book. One private prescription had been incorrectly entered onto the patient medication record (PMR) as an NHS prescription which could cause confusion. The RP record and the controlled drug (CD) register were generally in order. Records of CD running balances were kept and these were audited monthly. Two CD balances were checked and found to be correct.

The return and destruction of patient returned CDs were recorded.

There were information governance (IG) SOPs. The pharmacy manager described the process for dealing with the pharmacy's confidential waste. It was placed in designated bins and shredded at the end of each the day. But he admitted that the team had got behind with the shredding and there was a back log. Some confidential waste was found mixed with general waste, risking breaching people's confidentiality, which meant there was a risk that people's personal details might be accidentally disclosed. Following the inspection, the director confirmed that all the pharmacy team had been reminded about the proper procedure to follow for the disposal of confidential information, and he had organised a confidential waste disposal company to collect and dispose of the confidential waste going forward.

There was a SOP for safeguarding children and vulnerable adults. The pharmacy manager and SI had completed level 2 training on safeguarding and a dispenser confirmed that she would discuss any concerns with the pharmacist. Some team members had completed training on domestic abuse, to help identify and deal with any signs of this. There were links to safeguarding agencies and support on the pharmacy's website.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. Team members are comfortable providing feedback to their manager and they receive informal feedback about their own performance. But the pharmacy does not have a structured approach to training and development. This could mean team members sometimes delay developing the skills they need for their roles, and their knowledge might not always be up to date.

Inspector's evidence

The RP was a locum pharmacist who usually worked one day a week at the pharmacy. They were supported by the director, working as a PT, and the pharmacy manager, who was a qualified dispenser. There were two other NVQ2 qualified dispensers (or equivalent) and two trainee dispensers on duty at the time of the inspection. There were three delivery drivers on the pharmacy team. The SI was not present at the inspection. She had recently taken over the role of SI and worked at least two days each week at the pharmacy. The RP and another regular locum covered the other days regularly to ensure there was pharmacist continuity. The staffing level was adequate for the volume of work during the inspection and the team were observed working collaboratively with each other. Planned absences were organised on a chart, so that not more than one person was away at a time. Five young people from a local school were carrying out work experience at the pharmacy. The director said that he had given them some suitable tasks in the stockroom which didn't involve working in the dispensary, and he had discussed patient confidentiality with them. He admitted that he hadn't completed any risk assessments or formerly agreed what activities could be undertaken with the school. Following the inspection, he forwarded a template from the NPA, which included advice on health and safety, risk assessments and a student induction checklist for work experience students, and stated that he would implement this immediately.

The trainee dispensers had received some on the job training and were being supervised, but they were yet enrolled onto accredited dispensing assistant courses. The director enrolled them during the inspection and confirmed that he would provide protected training time for them to complete the course. Some members of the team had completed ongoing training during the previous year, but other members of the team had not, so there might be gaps in their knowledge. Team members had informal discussions with the director or pharmacy manager where their performance and development were discussed, and they could raise concerns. The pharmacy team attended staff meetings where issues were discussed and there was a notice board with the activities to be completed for the week ahead. There had been a separate meeting for the delivery drivers to reinforce the delivery procedures. Meetings were not generally recorded so there was a risk that issues raised would not be addressed. There was a whistleblowing policy. The RP confirmed she was empowered to exercise her professional judgement and could comply with her own professional and legal obligations. For example, refusing to supply a medicine if she felt it was clinically inappropriate. She said she wasn't under any pressure to achieve targets.

Principle 3 - Premises ✓ Standards met

Summary findings

Overall, the pharmacy provides a suitable environment for the provision of healthcare services. The pharmacy's website has useful information about the pharmacy and its services.

Inspector's evidence

The pharmacy was arranged over three floors and it was in an adequate state of repair. The front door was locked to prevent people entering the pharmacy from the street. There was a main dispensary, a secondary dispensary, and an office on the ground floor. There were stockrooms, offices, and staff facilities on the upper floors. A cleaning rota was in place and the pharmacy was reasonably clean and tidy. The temperature and lighting were adequately controlled. Staff facilities included a small kitchen and two WCs with wash hand basins. There was a separate dispensary sink for medicines preparation with hot and cold running water. Hand washing notices were displayed above the sinks and basins, but antibacterial hand wash and paper towels were not available at some of the sinks and basins to help with hand hygiene. The pharmacy's website contained some information about the pharmacy and its services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are reasonably well managed and easy for people to access. It gets its medicines from licensed suppliers and the team carries out some checks to ensure medicines are in suitable condition to supply.

Inspector's evidence

Services provided by the pharmacy were advertised in the window and on the pharmacy's website. There were links on the pharmacy's website to information and advice on various conditions and medicines on the NHS.UK website. The pharmacy mainly supplied medicines to people in care homes. The pharmacy team was clear what services were available and where to signpost people to if a service was not offered. The pharmacy was located close to another pharmacy, owned by the same company. This was a traditional pharmacy offering face-to-face services and so the team members were able to direct people there if needed.

There was a home delivery service with associated audit trails. Each delivery was recorded, and a signature was generally obtained from the recipient. If nobody was available to receive the delivery, the medicine was returned to the pharmacy. A member of staff from the care home was required to sign to confirm when they had received a delivery.

Space was adequate, and the workflow was organised into separate areas with a designated checking area. 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. Some baskets were stored on the floor which were tripping hazards and compromised the hygiene and the integrity of the medicines. The director explained that he would introduce some shelving so they were stored off the floor.

Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. The RP was aware of the valproate pregnancy prevention programme and the requirement to highlight the care card contained in original packs of valproate to ensure people received the appropriate information. She said she would add a note to the delivery bag asking the patient to telephone the pharmacy to speak to the pharmacist if any counselling was required, and she wasn't able to contact them herself directly.

Multi-compartment compliance aid packs were provided as well as single dose medications on racks. 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 included on medicines administration record (MAR) charts which were provided with all compliance aid packs and on the packaging, to enable identification of the individual medicines. Packaging leaflets were not usually included, so people might not easily access to additional information about their medicines. After the inspection, the director confirmed that he had briefed the pharmacy team to include packaging leaflets with all compliance aid packs going forward. Disposable equipment was used. The pharmacy only accepted new people for compliance aid

packs who had been referred by their GP. Team members didn't generally carry out assessments as to the appropriateness of a pack, as this was usually done by the GP who made the referral.

CDs were stored in two CD cabinets which were securely fixed to the wall/floor. The keys were under the control of the responsible pharmacist during the day. Date expired and patient returned CDs were separated and stored securely. Denaturing kits were available to destroy patient returned CDs.

Recognised licensed wholesalers were used to obtain stock medicines. Medicines were stored in their original containers. Date checking was carried out and documented. Short-dated stock was highlighted. Dates had been added to opened liquids with limited stability. Some expired and unwanted medicines had been segregated and placed in designated bins.

The director and SI received drug alerts and recalls via email messages. These were printed off for the team to action if they were relevant. The action taken was recorded and they were filed so that the team could provide assurance that the appropriate action had been taken and could easily respond to queries.

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 pharmacists could access the internet for the most up-to-date information. For example, the electronic British National Formulary (BNF) and BNF for children. There was a clean medical fridge. The minimum and maximum temperatures of the medical fridge were being recorded regularly, but the maximum temperature was reading 11 degrees Celsius which was outside the required range. This appeared to be because the thermometer had not been re-set. Following a re-set the fridge remained within range for the duration of the inspection. All electrical equipment appeared to be in good working order. Patient medication records (PMRs) were password protected. There was a selection of clean glass liquid measures with British standard and crown marks. The pharmacy had a range of 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.

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.