

Registered pharmacy inspection report

Pharmacy Name: Hootons Pharmacy, 119 Lee Lane, Horwich,
BOLTON, Lancashire, BL6 7AR

Pharmacy reference: 1107705

Type of pharmacy: Community

Date of inspection: 29/03/2023

Pharmacy context

This busy community pharmacy is located in the town centre close 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 some medicines in multi-compartment compliance aid packs to help people take their medicines at the right time. The pharmacy carried out covid-19 vaccinations during the pandemic from an associated premises.

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 adequately manages risks, and it takes steps to improve patient safety. Members of the pharmacy team work to professional standards, and they are clear about their roles and responsibilities. The team has written procedures on keeping people's private information safe, and team members receive training to help them protect the welfare of vulnerable people. The pharmacy keeps the records required by law, but these are not always well maintained and accurate. This could make it harder to understand what has happened if queries arise.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services it provided, with signatures showing that all members of the pharmacy team had read and accepted them. The pharmacist superintendent (SI) explained that he was reviewing the pharmacy's SOP and had already uploaded the information governance (IGs) SOPs as electronic versions onto a portal, which team members could access. When a new SOP was uploaded or a SOP changed, the SI could send the SOP to the appropriate team member's portal so they would be alerted to read the SOP. And the SI had oversight of which members of the team had outstanding SOPs to read. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their roles. They were wearing uniforms. The name of the responsible pharmacist (RP) was displayed as required by the RP regulations.

The pharmacy team recorded dispensing incidents and near misses electronically and the SI could access these records. The SI said he shared learning from other pharmacies within the company and forwarded common errors from the NPA each month so the team would take extra care when dispensing similar medicines. A dispenser explained that she discussed any errors she made with the RP. She couldn't recall any recent changes the team had made to prevent a similar mistake happening again. And there wasn't any formal review of errors so the team could be missing out on learning opportunities. New Services were risk assessed before commencing. For example, before commencing the Covid-19 vaccination service the team ensured that the required training had taken place, equipment was in place and anaphylactic kits and sharps bins were available.

A dispenser described how she would deal with a customer complaint which was to refer it to the pharmacy manager, SI or head office if required. There was nothing on display highlighting the pharmacy's complaint procedure, but the SI said these details were on the pharmacy's website. Insurance arrangements were in place. Private prescription and emergency supply records were recorded electronically, but the incorrect prescriber had been recorded on the sample of prescriptions checked, which might cause confusion in the event of a query or problem. The RP record was appropriately maintained. Headers were missing from the tops of pages in the controlled drug (CD) registers, which are required under CD regulations. This increased the risk of making an entry in the incorrect register and compromised the legality of the CD entries. Records of CD running balances were kept and these were regularly audited. Two CD balances were checked and found to be correct. A missing entry of 56 oxycodone 10mg had been identified by a member of the team around 24/3/23, but the entry had not yet been recorded, so the CD register was incomplete. The SI confirmed that he would ensure the missing details were added. Adjustments to methadone balances were attributed to

manufacturer's overage when they fell within a reasonable range. The SI confirmed that the pharmacy team knew when a discrepancy should be investigated and reported to the CD accountable officer.

All members of the pharmacy team had read and signed IG SOPs which included information about confidentiality. Confidential waste was collected in a designated place and shredded on site. A dispenser correctly described the difference between confidential and general waste. Some assembled prescriptions were stored in the consultation room and patient confidential information could potentially be seen. The SI explained that a blind was pulled down over these prescriptions when people were using the consultation room and a member of the public would never be left on their own in the room. A privacy statement was on display, in line with the General Data Protection Regulation (GDPR).

The SI and pharmacy manager had completed level three training on safeguarding. Other team members had completed training appropriate to their role. A dispenser said she would voice any concerns regarding children and vulnerable adults to the pharmacist working at the time. The pharmacy had a chaperone policy, but there was nothing on display highlighting this, so people might not realise this was an option. All members of the pharmacy team had completed Dementia Friends training, so they had a better understanding of people living with this condition. Team members had completed training on the 'Safe Space' initiative, where pharmacies were providing a safe space for victims of domestic abuse. The SI wasn't sure if the pharmacy was registered for the service but said he would look into this.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members work well together in a busy environment, and they have the right training and qualifications for the jobs they do. Team members are comfortable providing feedback to their manager and they receive informal feedback about their own performance.

Inspector's evidence

The SI was working as RP and the pharmacy manager was present for part of the inspection. There were four NVQ2 qualified dispensers and a delivery driver on duty at the time of the inspection. The staffing level was adequate for the volume of work during the inspection and the team were observed working collaboratively with each other and the people who visited the pharmacy. Planned absences were organised so that not more than one person was away at a time. Absences were covered by re-arranging the staff rota and transferring staff from neighbouring branches.

Members of the pharmacy team carrying out the services had completed appropriate training and all the dispensers were qualified. Members of the pharmacy team used various resources to ensure their training was up to date, including an e-learning system. Some certificates were available showing completed training and there was a record showing that most team members had completed training on antimicrobials, weight management and cancer awareness. The pharmacy team did not have regular protected training time but fitted training in around the workload.

There was a structured appraisal system where performance and development were discussed, but these discussions had not taken place since the start of the covid-19 pandemic due to work force pressure. The SI confirmed that this was something he was hoping to get started again. Head office was located above the pharmacy and was accessible through a door in the dispensary. The SI visited the pharmacy monthly. He used emails and the WhatsApp messenger system to communicate with all the pharmacies in the company. He encouraged the pharmacies in the group to hold weekly team meetings, but this was not always possible due to work force pressures. The pharmacy manager said he gave feedback informally and the team discussed issues as they arose. He said he encouraged team members to provide suggestions. A dispenser said she felt there was an open culture in the pharmacy and she would feel comfortable talking to the pharmacy manager, SI, or somebody at head office about any concerns she might have. She believed there was a whistleblowing policy in place, although she hadn't needed to use it.

The pharmacists were empowered to exercise their professional judgement and could comply with their own professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine, because they felt it was inappropriate.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment for people to receive healthcare services. It has a private consultation room so people can receive services in private and have confidential conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy premises, including the shop front and fascia, were reasonably clean and well maintained. The retail area was free from obstructions, professional in appearance and had a waiting area with plenty of chairs. The temperature and lighting were adequately controlled. Maintenance problems were reported to head office and the response time was appropriate to the nature of the issue. Staff facilities were limited to a small kitchen area, and a WC, with a wash hand basin. There was a separate dispensary sink for medicines preparation with hot and cold running water. The consultation room was equipped with a sink. The availability of the room was highlighted by a sign on the door. This room was used when carrying out services such as vaccinations and when customers needed a private area to talk, but it was quite cluttered and untidy which detracted from its professional appearance.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers healthcare services which are generally well managed, and people receive appropriate care. It gets its medicines from licensed suppliers and the team carries out some checks to ensure medicines are in good condition and suitable to supply.

Inspector's evidence

There was a step up to the front door of the pharmacy, but the pharmacy had a portable ramp which was used to assist wheelchair users. The pharmacy team was clear what services were offered. Some of the services were advertised in the pharmacy such as flu vaccinations. The pharmacy displayed a small range of healthcare leaflets. There were posters advertising local services, but some of these were out of date, such a poster advertising 'men's health 2019'.

The pharmacy had carried out around 140,000 Covid-19 vaccinations from its associated site under the national protocol. A separate team carried out the vaccination programme, so there was no impact on the pharmacy whilst the service was running. Lots of volunteers from the community were involved. The pharmacy also carried out covid-19 vaccination clinics on Sundays in the pharmacy when it was usually closed. There had been quite a lot of incidents with people fainting, but only one person suffered anaphylactic shock and required adrenaline injections until the ambulance arrived. The SI confirmed that the pharmacy would be involved in the spring booster campaign which would operate from the pharmacy where people would be booked in at five-minute intervals. The vaccinations would be carried out by nurse vaccinators.

There was a home delivery service. The service had been adapted to minimise contact with recipients during the pandemic. The delivery driver did not obtain signatures from the recipient or make any record to confirm safe receipt, so there wasn't a robust audit trail to refer to if things went wrong. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

Space was quite limited in the dispensary, but the workflow was organised into separate areas with a designated checking area. The dispensary shelves were well organised, neat, and tidy. Dispensed by and checked by boxes were initialled on most of the medication labels to provide an audit trail, but the dispenser's initial was missing from assembled methadone solution and compliance aid packs. The SI explained that methadone solution was usually assembled and checked by the RP without the input of a second competent person, which could increase the risk of an error occurring. 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. The pharmacy manager said he added a note on the prescription to highlight when counselling was required for high-risk medicines such as warfarin, lithium, and methotrexate, which were targeted for extra checks and counselling. The team were aware of the valproate pregnancy prevention programme. An audit had been carried out which identified that no regular patients were in the at-risk group. The pharmacy manager was clear what discussion to have with people in the at-risk group about pregnancy

prevention. He said he would order some spare valproate care cards.

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 the change and the date the changes had been made, which could cause confusion when assembling packs. Medicine descriptions were usually included on the labels to enable identification of the individual medicines. Packaging leaflets were included so people were able to easily access additional information about their medicines. Disposable equipment was used. An assessment was made by the patient's GP practice, as to the appropriateness of a pack, before referring the person to the pharmacy. The pharmacy manager said he also had a conversation with the person or their carer to see if other adjustments might be more appropriate to their needs, but he did not make a record of this.

The dispenser who was working on the medicine counter explained what questions she asked when making a medicine sale and when to refer the person to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and understood what action to take if she suspected a customer might be misusing medicines such as a codeine containing product.

CDs were stored in three CD cabinets which were securely fixed to the wall/floor. The keys were under the control of the responsible pharmacist during the day. 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.' Some stocks of needles were stored in the WC which was not hygienic. Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and documented. Short dated stock was highlighted. Expired and unwanted medicines were segregated and placed in designated bins. Alerts and recalls were received via email messages. These were read and acted on by a member of the pharmacy team.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe, and they use it in a way that protects privacy.

Inspector's evidence

The pharmacist could access the internet for the most up-to-date information. The pharmacy manager said he used an App on his mobile phone to access the electronic British National Formulary (BNF) and BNF for children.

There were two medical fridges for storing medicines, but the fridge in the kitchen area which contained food was also being used to store medicines, which was not very hygienic. A member of the pharmacy team agreed to move the stock into one of the other two fridges. The minimum and maximum temperatures were recorded on all three fridges, either by a thermometer or a temperature data logger. They had been generally within range throughout the month apart from the fridge in the dispensary which was recording a maximum of 9.1 degrees Celsius. The SI re-set the thermometer and a dispenser confirmed she would closely monitor the fridge temperatures. All electrical equipment appeared to be in good working order and had been PAT tested. There was a selection of clean glass liquid measures with British standard and crown marks, but plastic measures were also in use, which were harder to clean and could compromise the accuracy of the doses. The pharmacy manager explained that this was because some of the glass measures had got broken, and he felt plastic ones would last longer. The SI said he would order some more glass ones to replace the broken ones. Separate measures were marked and used for methadone solution.

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.