

Registered pharmacy inspection report

Pharmacy Name: Chemist Corner, 3 Brook Lane, OLDHAM, OL8 2BD

Pharmacy reference: 1110431

Type of pharmacy: Closed

Date of inspection: 12/12/2022

Pharmacy context

This pharmacy provides its services from a closed unit on the corner of a busy road in a residential area. People cannot visit the pharmacy in person. The pharmacy dispenses and delivers NHS prescriptions to people's homes.

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 to make sure its services are safe, and it takes some action to improve patient safety. It keeps the records required by law, although some are not up to date which could make it harder to understand what has happened if queries arise. The team members keep people's private information safe and have a basic understanding on how to protect vulnerable people.

Inspector's evidence

There were standard operating procedures (SOPs) for the services provided, with signatures showing that members of the pharmacy team had read and accepted them. The responsible pharmacist (RP), who was a regular locum pharmacist, had not signed the SOPs, but he confirmed that he had read and understood the pharmacy's procedures. Roles and responsibilities were set out in SOPs. The pharmacy team members were performing duties which were in line with their role. The name of the RP was on display.

There was a SOP for dealing with an incident and a SOP for near misses. The RP said there had not been any recent dispensing errors, that he was aware of, but he would record any error on the National Reporting and Learning System (NRLS) in line with the SOP. Near misses were recorded on a log and discussed with the pharmacy team. Brief action points were recorded, and an annual patient safety report was completed. 'Check strength' alert labels had been placed on the dispensary shelves in front of several medicines, including pregabalin and pravastatin. And an alert sticker was in front of Qvar inhalers highlighting that they were available in different forms, following an incident.

There was a SOP for dealing with customer complaints. The phone number of the pharmacy was displayed on the website and on medication labels, and there was a 'contact us' link on the website. Insurance arrangements were in place. A current certificate of professional indemnity insurance was on display in the pharmacy. The RP record, private prescription records and the controlled drug (CD) register were appropriately maintained. CD running balances were kept and regularly audited for most of the CDs. One CD balance was checked and found to be correct. Patient returned CDs were recorded and disposed of appropriately. Appropriate records were being maintained for medicines ordered from 'Specials', but the pharmacy team were behind with these records, and there was a large number of certificates of conformity waiting for patient details to be added.

There were information governance (IG) policies on confidentiality and data protection. Members of the pharmacy team had signed confidentiality agreements. Confidential waste was collected in a designated place and shredded. There was a children and vulnerable adult protection policy containing the contact numbers of who to report concerns to in the local area. The RP had completed level 2 training on safeguarding, but other members of the team had not carried out any formal training on safeguarding, so they might not recognise some of the warning signs. A dispenser explained that if he had any safeguarding concerns, he would report them to the pharmacist.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload and they complete the essential training they need to do their jobs. But ongoing training does not happen regularly and it is not well organised, so the team's knowledge may not always be fully up to date. Team members are comfortable providing feedback to their manager and they receive feedback about their own performance.

Inspector's evidence

There was an RP, three NVQ2 qualified dispensers (or equivalent), and a trainee dispenser 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. Planned absences were organised so that not more than one person was away at a time and absences could be covered by re-arranging the staff hours. There were two full time delivery drivers on the pharmacy team. The RP usually worked two days each week in the pharmacy. The pharmacist superintendent (SI) worked the other three days. They left each other handover notes to ensure messages were passed on each day.

Members of the pharmacy team carrying out the services had completed appropriate training, but there wasn't any structured ongoing training. The trainee dispenser was new to the pharmacy. He was waiting for his training course to be transferred from the pharmacy he previously worked at, so he could continue to complete it. He was currently shadowing one of the more experienced dispensers. The pharmacy team received feedback informally from the SI and discussed any issues with the RP or SI as they arose. One of the dispensers didn't know if there was a whistleblowing policy but said that they would feel comfortable talking to the SI about any concerns they might have.

The RP was empowered to exercise his professional judgement and could comply with his own professional and legal obligations. He said some people telephoned the pharmacy and requested over-the-counter medicines containing codeine, but he was comfortable refusing these sales as he felt they were inappropriate. He said there wasn't any pressure on him to achieve targets when working at the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are small but provide a secure and professional environment for people to receive healthcare services from. The pharmacy's website provides essential information about its services.

Inspector's evidence

The pharmacy was closed to the public and the front door was locked throughout the inspection. The pharmacy premises were generally clean and in a reasonable state of repair. The lighting was adequate, and the temperature was appropriate for the storage of medicines. The pharmacy had a portable heater and cooler to help control the temperature. Major maintenance problems were reported to the landlord, but smaller problems which required a quick response were dealt with locally. The premises were very small consisting of one triangular shaped room which was accessed directly from the front door, and a cellar. There was a hatch in the dispensary floor to access the cellar. There was a WC and wash hand basin in the pharmacy's cellar. There was a sink for medicines preparation in the dispensary and a small boiler for hot water above the sink. Hand washing notices were displayed.

The pharmacy website (www.chemistcorner.co.uk) contained the pharmacy's GPhC registration number, name of owner, name of SI and address of the physical pharmacy. Over-the-counter medicines could be requested through the website, but a different pharmacy (HI Weldricks Ltd) supplied them. The name and physical address of Weldricks was not prominently displayed on the pharmacy's website, so this might be misleading to people purchasing medicines via the website. People were informed that the third party supplied the medicines before the transaction was completed. The RP did not think that any sales were made through the website.

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 suitable condition to supply.

Inspector's evidence

People receiving the services of the registered pharmacy did so outside of the premises and there were notices telling people they could not enter the pharmacy. Patients could communicate with the pharmacist and staff via telephone or e-mail messages. Services provided were displayed in the window of the pharmacy and on the website. The pharmacy team was clear what services were offered, and healthy living and signposting information was available on the website. Staff were multilingual, speaking different dialects of Urdu and Punjabi which helped some of the non-English speaking members of the community.

The pharmacy offered a managed prescription ordering service if the person's GP practice allowed it. Patients were contacted before their prescriptions were due each month, to check their requirements. All prescriptions were delivered. The service had been adapted to minimise contact with recipients, during the pandemic. The delivery driver confirmed the safe receipt in their records, but didn't obtain a signature from the recipient, so there was not always a clear audit trail in the event of a query or error. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy. The pharmacy supplied several patients with methadone instalments. A risk assessment had been completed for the process and there was a SOP in place. The arrangement was on an individual basis and the patients had been referred by the local drugs and alcohol team.

Space was very limited in the dispensary, but the workflow was organised into separate areas with a designated checking area. The dispensary shelves were neat and tidy. Dispensed by and checked by boxes were generally 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. The RP said he would telephone patients if counselling was required, but he did not usually record this. The team were aware of the valproate pregnancy prevention programme and there was a notice on display reminding team members about this. The RP said he did not think there were any regular patients, being prescribed valproate, who were in the at-risk group, but he would ensure a care card was always supplied to people in this group. A small number of over-the-counter medicines were in stock, and these were occasionally supplied following a conversation with the pharmacist to ensure they were appropriate.

Around 30 patients received their medication in multi-compartment compliance aid packs, and these were reasonably well managed. The details of the regular medication and any changes to the packs were recorded in the note section on the patient's medication record (PMR). The name of the person confirming the changes was not always recorded, so there might not be a full audit trail in the event of a problem or query. Medicine descriptions were not included on the labels to enable identification of the individual medicines. The RP confirmed that packaging leaflets were supplied, so patients and their

carers could easily access the information they needed. Disposable equipment was used. The RP said he would carry out an assessment as to the appropriateness of a compliance aid pack, or if other adjustments might be more appropriate to the person's needs, prior to commencing this service. He said some people were supplied with original packs and medicine administration record (MAR) charts, which they found sufficient to meet their requirements.

CDs were stored in two CD cabinets. The CD 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.

Recognised licensed wholesalers were used for the supply of medicines. No extemporaneous dispensing was carried out. Medicines were stored in their original containers. Date checking was carried out and documented. Dates had been added to opened liquids with limited stability.

Alerts and recalls were received from the NHS and the MHRA. These were read and acted on by a member of the pharmacy team but a record of the action taken was not retained so the team would not easily be 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 pharmacist could access the internet for the most up-to-date reference sources. For example, the British National Formulary (BNF) and BNF for children. The RP said he used an App on his mobile phone to access the electronic BNF as the most recent BNF was not available in the pharmacy in printed form. There was a clean medical fridge. 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 selection of clean glass liquid measures with British standard and crown marks. Separate measures were marked and used for methadone solution. 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. Patient medication records (PMRs) were password protected.

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.