

Registered pharmacy inspection report

Pharmacy Name: Moss Bank Pharmacy, 833 Moss Bank Way,
BOLTON, BL1 5SN

Pharmacy reference: 1111747

Type of pharmacy: Community

Date of inspection: 04/02/2020

Pharmacy context

This is a quiet community pharmacy located in a small parade of shops in a residential area. Most people who use the pharmacy are from the local area. The pharmacy dispenses mainly NHS prescriptions and sells a small range of over-the-counter medicines.

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 manages some of the risks associated with the services it provides and generally completes the records that it needs to by law. But 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 pharmacy has written procedures on keeping people's private information safe and the pharmacist has completed training to help him understand how he can help to protect the welfare of vulnerable people. The pharmacy asks its customers for their views but it does not always use this feedback to make improvements.

Inspector's evidence

There was a folder of standard operating procedures (SOPs) for the services provided. These were template SOPs provided by the National Pharmacy Association (NPA) but they had not been amended or tailored to the individual pharmacy and there was no date of preparation or name of the person who prepared them. The RP said they were obtained from the NPA following the previous inspection around six months ago. There was no record that any member of the pharmacy team had read and accepted them. The RP had read some of the SOPs but the delivery driver and dispenser had not read any yet. There was a roles and responsibilities of staff SOP but it had not been completed for the members of the pharmacy team. The name of the responsible pharmacist (RP) was displayed as per the RP regulations.

There was a near miss log and templates were available to record any dispensing errors. A few near misses had been reported and action taken to prevent re-occurrences, such as placing the different strengths of amitriptyline onto different shelves. The RP said there had not been any errors that he was aware of.

There was a complaints policy. A notice was on display in the pharmacy with the complaint's procedure and the details of who to complain to. The results of a customer satisfaction survey carried out in March 2018 were available on www.NHS.uk website. Areas of strength (100%) was the pharmacist and staff and the advice given by them. 74% of respondents however, were dissatisfied by the advice on healthy living. The pharmacy's published response was staff would be trained to provide advice in this area. The RP did not know if there had been a more recent survey, but he said most negative feedback was about the physical state of the premises and that it was not very welcoming, but no changes to the premises had been made as a result.

Insurance arrangements were in place. A current certificate of professional indemnity insurance was on display in the pharmacy. Private prescription records and the RP record were appropriately maintained in an electronic format. One controlled drug (CD) balance was checked and found to be correct. Patient returned CDs were recorded and denaturing kits were available.

There was a data protection and confidentiality SOP which was an electronic version prepared in 2016. The RP had not read this but said he had completed Centre for Pharmacy Postgraduate Education (CPPE) training on GDPR and covered confidentiality during his pharmacy course. He said the delivery driver had not signed anything about confidentiality, but he had explained patient confidentiality to him. The driver covered patient's addresses on the delivery sheet to avoid the recipient seeing other's

details when they signed to confirm receipt of deliveries. Confidential waste was collected in a designated basket and shredded on site. Prescriptions awaiting collection were not visible from the medicines counter. Paperwork containing patient confidential information was stored appropriately.

The pharmacist had completed CPPE level 2 training on safeguarding children and vulnerable adults and completed a refresher training the previous month. There were safe guarding SOPs and the contact details of Bolton's social services were on a signposting document in the pharmacy. The RP was not sure if these details were current but said he would look them up on the internet, if he had any safeguarding concerns. There was nothing on display highlighting that the pharmacy had a chaperone policy, so people might not realise this was an option when using the consultation room.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy does not have any permanent support staff but the workload is manageable, and the pharmacist is able to seek support and raise concerns if needed.

Inspector's evidence

A regular locum pharmacist (RP) was on duty at the time of the inspection. He was the only member of the pharmacy team and he managed the volume of work during the inspection without any problems. But the lack of other competent team members meant that the RP was required to self-check all the prescriptions. He said he generally assembled in the morning and checked in the afternoon to allow a good break between assembling and checking. If the workload was heavy than he left the checking for the following day or even two days. Most prescriptions were collections or deliveries, with only one or two 'walk-ins' each day, so this was usually possible. The RP believed that the owners were recruiting a full time dispenser. A trainee dispenser who was employed at a neighbouring pharmacy worked one morning each week on a casual basis. She was enrolled onto an accredited course but her training records were at the other pharmacy. Dispensers from a neighbouring pharmacy, owned by the pharmacist superintendent (SI), helped in the dispensary when the workload was particularly high and the RP requested assistance. The RP worked Monday to Friday in the pharmacy and a regular locum pharmacist worked Saturdays. If a locum pharmacist was required to work who was not familiar with the pharmacy then one of the dispensers from the neighbouring branch would work with them. A delivery driver was available one day each week in the pharmacy.

The RP said he could contact the SI or the other owner when necessary and would be comfortable talking to them about any concerns he might have, including staffing and professional issues. The SI had informal discussions with the RP about the pharmacy and the RP's performance, but he wasn't always kept informed of what was going on behind the scenes. The RP had discussions with the delivery driver, who passed on any messages from the patients, but there was no regular pharmacy team to train and develop. The RP had completed CPPE training recently on sepsis, LASAs and safeguarding and he had read articles on new products such as Otrivine dual relief which was now a Pharmacy (P) medicine. He subscribed to 'Guidelines for pharmacy' which included clinical guideline summaries covering all major conditions. He said as part of this he received weekly e-mails which contained guideline changes and reminders. The RP felt empowered to exercise his professional judgement and could comply with his own professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine because he felt it was inappropriate. He said he had not carried out any medicine use reviews (MUR) since September 2019 as he worked alone for most of the time, so it would not be possible. The owners were understanding of the low numbers completed, due to the lack of support staff.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are generally safe and provide an adequate environment for people to receive healthcare. But fixtures and fittings are old and worn which detracts from the professional image.

Inspector's evidence

The pharmacy premises were in a poor state of repair and this compromised the professional image. The front door did not close properly and blew open in the wind. The retail area had a waiting area with two chairs, one of which was stained, and the carpet was not clean. The flooring was uneven and damaged in both the front and back dispensary. The storage room behind the back dispensary was in a very poor state of repair, however the RP said it was not used and no medicines were stored in it. Maintenance problems were reported to the pharmacy's owner. The post office adjoining the pharmacy, which could be accessed from the pharmacy's retail area, had closed down a year ago and was empty. There was only a partial barrier preventing access from the pharmacy, and there were broken fixtures and fittings and damaged flooring which were possibly a health and safety hazard. Subsequent to the inspection, the SI confirmed that he would remove the broken fixtures and fittings and repair the damaged flooring or organise a more permanent barrier to prevent access into the unused post office. The temperature and lighting were adequately controlled. There was a separate dispensary sink for medicines preparation with hot and cold running water. The first floor, which was not accessible to the public contained a WC for staff use, and the RP confirmed it was in working order.

There was a consultation room and a sign highlighting the facility. The door was poorly fitting. The consultation room was offered to patients having supervised consumption of methadone and buprenorphine, but this usually took place at the medicine counter as the patients preferred that, and the RP said this wasn't an issue as the pharmacy was usually empty.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a small range of healthcare services, which are generally well managed. The pharmacy sources, stores and supplies medicines safely. And it carries out some checks to ensure medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchair users. The RP spoke Urdu which assisted some of the non-English speakers in the community, but he said most people spoke English. Services were restricted because the RP often worked alone so could not carry out consultations in private, unless he locked the pharmacy's front door. A list of the services provided by the pharmacy was displayed in the window, but included services which were no longer offered, which could be misleading to people. Documents were available containing relevant signposting information which could be used to inform patients of services and support available elsewhere. There was a small range of healthcare leaflets on topics such as cancer awareness and screening, and some posters advertising local services. Signposting and providing healthy living advice were not recorded, so the pharmacy could not demonstrate improved outcomes for patients.

The pharmacy offered a repeat prescription ordering service and patients were contacted before their prescriptions were ordered to check their requirements. The exception to this was patients who received their medicines in compliance aid packs. These patients were required to contact the pharmacy if they required any 'extra' medication which did not go in their pack such as inhalers and creams. There was a delivery service with associated audit trail. Each delivery was recorded, and a signature was obtained from the recipient in line with the delivery SOP.

Space was very limited in the dispensary and the bench available for dispensing was very small. 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. Dispensed by boxes on medication labels were not usually completed by the RP, who did the majority of dispensing. He generally initialled the checked by boxes but there was no dispensing audit trail for assembled methadone and buprenorphine or multi-compartment compliance aid packs. This meant it was not always clear who had dispensed and checked them, and this might limit what could be learned from things that go wrong.

Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. Some high-risk medicines were highlighted for extra checks and counselling and several audits were taking place. None of the regular patients were prescribed warfarin. The RP was aware of the valproate pregnancy prevention programme. He said there were no regular patients in the at-risk group. The valproate information pack and care cards were available to ensure patients were given the appropriate information and counselling. One patient prescribed lithium had been counselled as part of an audit. Eighteen patients had been included in an audit on diabetes. All had retinopathy eye and foot checks within the last year, so no referrals had been necessary. One patient prescribed non-steroidal anti-

inflammatory drugs (NSAIDs) met the criteria to be included in an NSAID audit, but he was already being prescribed a form of gastro-protection, so no referral was necessary.

Compliance aid packs were reasonably well managed. The procedure had been recently reviewed and a new record sheet produced for each patient and an audit trail was maintained for communication with GPs and changes to medication. The packs were assembled and appropriately labelled when the prescription was received and these were checked and sealed within a day or two. A new SOP had been obtained from the NPA, although the RP admitted that he had not read it yet. Medicine identification was completed to enable identification of the individual medicines. Packaging leaflets were supplied with new medicines but not on a regular basis, meaning patients and carers might not have access to information they need to take their medicines safely. The original packs were not always retained with the compliance aid pack until checked due to the limited bench space, but the RP said the same pharmacist always dispensed and checked them and would recognise the medicines by their markings.

Date expired, and patient returned CDs were segregated and stored securely. The controlled drug liaison officer (CDLO) had recently visited and carried out some authorised destructions. 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 for the supply of medicines and appropriate records were maintained for medicines ordered from 'Specials'. No extemporaneous dispensing was carried out. The pharmacy was not yet compliant with the Falsified Medicines Directive (FMD). They did not have the hardware available to allow scanning of medicines to verify or decommission them and the RP did not know what action the owners were taking in regard to this. Medicines were generally stored in their original containers at an appropriate temperature. Either the RP or the trainee dispenser carried out date checking each week on the morning she worked. This was not documented, so areas of the dispensary might be missed. No out-of-date medication was seen on the dispensary shelves during the inspection. Short dated stock was highlighted. Dates had been added to opened liquids with limited stability. Expired medicines were segregated, and designated bins were available.

Alerts and recalls were received via e-mail messages from the NHS and these could be viewed in electronic format. The RP confirmed he always checked if the pharmacy had any of the affected medicines, but no record was made of the action taken, so he was not able to demonstrate whether appropriate action was always taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has adequate equipment and facilities for the services it provides. It maintains the equipment so that it is safe and staff use it in a way that protects privacy.

Inspector's evidence

Current British National Formulary (BNF) and BNF for children were available and the pharmacist could access the internet for the most up-to-date information. There was a medical fridge. The outside of the fridge was not very clean but the inside was clean. The minimum and maximum temperatures were being recorded regularly and had been within range throughout the month. Electrical equipment appeared to be in working order. There was a selection of glass liquid measures with British standard and crown marks. Separate measures were marked and used for methadone solution. There were some plastic measures, which were not accuracy stamped so there was a risk that these might not be accurate and were difficult to clean. The RP said they were no longer used as they had the glass measures. The pharmacy had a triangle for counting loose tablets. The RP said methotrexate was obtained in foil strips which reduced handling and no separate counting equipment was required.

Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. Patient medication records (PMRs) were password protected. The RP's individual electronic prescriptions service (EPS) smart cards was in use. 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.