

Registered pharmacy inspection report

Pharmacy Name: Borsdane Avenue Pharmacy, Unit 3, 19 Borsdane Avenue, Hindley, WIGAN, Lancashire, WN2 3QN

Pharmacy reference: 1119886

Type of pharmacy: Community

Date of inspection: 28/06/2023

Pharmacy context

This is a community pharmacy situated on a small shopping parade. It is located in the residential area of Hindley Green, in the borough of Wigan. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations, COVID vaccinations, and emergency hormonal contraception. The pharmacy supplies medicines in multi-compartment compliance aids for some people to help them take their medicines at the right time.

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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. But members of the team do not always record things that go wrong so may not always learn from them. And they may miss opportunities to prevent similar mistakes being repeated. Members of the team keep the records that are needed by law. And they are given training so that they know how to keep private information safe.

Inspector's evidence

There was a current set of standard operating procedures (SOPs). Members of the pharmacy team had signed training records to confirm they had read and accepted the SOPs.

The pharmacy had some systems in place to identify and manage risk, such as records of dispensing errors and their learning outcomes. A paper log was available to record near miss incidents. But none had been recorded in the past 12 months and team members admitted they had not recorded some incidents that had occurred. But they explained that they discussed any mistakes that happened and took action to prevent them being repeated. For example, different strengths of carbocisteine had been moved away from one another to avoid mixing them up.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A trainee medicine counter assistant (MCA) was able to explain what their responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Team members wore standard uniforms. The responsible pharmacist (RP) notice was not on display, but this was immediately rectified by the pharmacist when it was pointed out. The pharmacy had a complaints procedure. A notice in the retail area advised people they could discuss any concerns or feedback with the pharmacy team. The team explained that any complaints would be recorded and followed up. A current certificate of professional indemnity insurance was available.

Records for the RP and private prescriptions appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances. Three random balances were checked, and all were found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. The pharmacy team had completed IG training and each member of the team had signed a confidentiality agreement. When questioned, a trainee MCA was able to correctly describe how confidential information was segregated to be removed by a waste carrier. A notice in the retail area described how the pharmacy handled people's information. Safeguarding procedures were available and these had been read by members of the team. The pharmacist had completed level 3 safeguarding training. Contact details for the local safeguarding board were in the pharmacy duty folder. A trainee MCA said that if they had any concerns, they would report them to the pharmacist on duty.

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. Members of the pharmacy team complete some additional training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included a pharmacist, seven dispensers, three of whom were still in training, a trainee MCA, and two new starters. The usual staffing arrangement was a pharmacist supported by seven members of the team. The volume of work appeared to be manageable. Staffing levels were maintained by a staggered holiday system.

Members of the team completed some additional training, for example they had recently completed a training pack about cancer awareness. Training records were kept showing what training had been completed. But further training was not provided in a structured or consistent manner. So learning needs may not always be fully addressed.

A trainee MCA gave examples of how they would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines they felt were inappropriate, and refer people to the pharmacist if needed. The locum pharmacist said he felt able to exercise his professional judgement and this was respected by members of the team. The team was seen working well together. A dispenser said they felt able to ask for help if needed. Members of the team were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or SI. There were no targets for professional services.

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 generally tidy and appeared adequately maintained. But the carpet appeared dirty and in need of vacuuming, which detracted from the professional image. The size of the dispensary was sufficient for the workload. People were not able to view any sensitive information. The temperature was controlled using an air conditioning unit. Lighting was sufficient. Team members had access to a kitchenette area and WC facilities.

A consultation room was available, and it contained a computer, desk, seating, and a wash basin. The patient entrance to the consultation room was clearly signposted.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. But members of the pharmacy team do not always know when they are handing out higher-risk medicines. So they might not always be able to check that the medicines are still suitable, or give people advice about taking them.

Inspector's evidence

Access to the pharmacy was level via a single door and was suitable for wheelchair users. Posters provided information about the services offered and information was also available on the website. Pharmacy staff were able to list and explain the services provided by the pharmacy. The pharmacy opening hours were displayed and a range of leaflets provided information about various healthcare topics.

A repeat prescription service was offered and people could contact the pharmacy to order their medication. Some people were on a managed repeat system where the pharmacy contacted them in advance to ask if they required any medication. A record of requested medication was kept, and any missing items were queried with the GP surgery.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied.

Dispensed medicines awaiting collection were kept on a shelf using an alphabetical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Team members were seen to confirm the patient's name and address when medicines were handed out. The pharmacy's PMR system alerted members of the team of any prescriptions for schedule 3 and 4 CDs which were due to expire, so they could remove them from the collection shelf. But high-risk medicines (such as warfarin, lithium, and methotrexate) were not routinely highlighted. So team members might not always know when they were being handed out, to provide counselling. Members of the team were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist had spoken to patients who were at risk to make sure they were aware of the pregnancy prevention programme. And this was recorded on their PMR.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacy would refer them to their GP to complete an assessment about their suitability. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge information was sought, and previous records were retained for future reference. But the disposable equipment used to provide the service did not always contain descriptions to help people identify the individual medicines. And patient information leaflets (PILs) were not routinely supplied, so people may not always have full up-to-date information about their medicines.

The pharmacy had a delivery service. Deliveries were recorded on a delivery sheet. Unsuccessful deliveries were returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Stock was date checked once every three months. A date checking matrix was signed by staff as a record of what had been checked. Short-dated stock was highlighted using a sticker and recorded in a diary for it to be removed at the start of the month of expiry. Liquid medication had the date of opening written on.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There were clean medicines fridges, each equipped with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had remained in the required range for the last 3 months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the MHRA. But there was no record kept showing the action taken by the pharmacy, so the pharmacy could not demonstrate whether all alerts had been dealt with appropriately.

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

Members of the team 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 May 2023. 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 team members to move to a private area if the phone call warranted privacy. The consultation room was used appropriately. Patients were offered its use when requesting advice or when counselling was required. Substance misuse clients were directed to the use of the consultation room to provide 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.