

Registered pharmacy inspection report

Pharmacy Name: Whitefield Pharmacy, 2-4 Albert Place, Whitefield, Bury, Greater Manchester, M45 8NE

Pharmacy reference: 9010332

Type of pharmacy: Community

Date of inspection: 02/07/2019

Pharmacy context

The pharmacy is in a convenience store, which also offers post office services. It is on a row of shops in a residential area, outside town. It is open seven days a week. It dispenses NHS and private prescriptions and sells over-the-counter medicines. The pharmacy provides a substance misuse service, including supervised consumption. It supplies medicines in multi-compartmental compliance packs to help people take their medicines. And it makes deliveries of medicines to people's homes.

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 has processes to help identify and manage risks associated with its services. It asks people using the pharmacy for their views and makes plans to change its services following feedback. The pharmacy team members are good at learning from mistakes they make when dispensing. And they use the learning to help reduce the risks of similar errors in the future. They keep people's private information secure. And they have adequate processes to identify vulnerable people, so they can protect their welfare. The pharmacy keeps most of the records it must by law. But the team members don't always make records in a timely manner. The pharmacy doesn't review its written procedures regularly. And the team don't make regular checks on some of the medicines. So, they may not identify mistakes and rectify them.

Inspector's evidence

The pharmacy was in a small convenience store. It had a separate pharmacy counter area, which led directly into the dispensary. It had a consultation room set off to the side of the counter area. And it had cabinets with Perspex doors either side of the counter to store Pharmacy (P) medicines. The pharmacist could easily supervise interactions at the counter from the dispensary. Conversations between the pharmacy team members working in the dispensary could be heard by people waiting at the counter. The team were aware of this and managed the risks. The pharmacy had a separate room to the rear of the dispensary.

The pharmacy had a set of standard operating procedures (SOPs), but these had the Lloyds Pharmacy logo on them. The pharmacy had made some alterations to the content and contact details within the SOPs, but not all the content reflected the processes in the pharmacy. And the pharmacy didn't have SOPs for all the services it provided. For example, it had a SOP for the dispensing of multi-compartmental compliance packs, but not for the flu vaccination service or substance misuse service. The date of preparation on the SOPs was August 2014. So, the content may be out of date as the SOPs had not been reviewed. Not all the current staff had read the SOPs. Following the inspection, the pharmacy confirmed the SOPs had been updated to Numark SOPs. And all the team members would read them. The pharmacy team members were clear about their roles and responsibility. The apprentice dispenser helped people with over-the-counter sales and prescription requests. And the pharmacist supported her with requests outside her current knowledge and skills. She explained the questions and advice she would give to someone buying over-the-counter codeine containing medicines. The apprentice had the required knowledge of the responsible pharmacist (RP) regulations for her role. And she explained what tasks could and couldn't be done if the RP wasn't signed in. The correct RP notice was displayed.

The pharmacy recorded near-misses and dispensing incidents. The most recent records couldn't be located during the inspection, the last ones available in the patient safety file were from December 2018. The pharmacy had completed patient safety review documents and an annual patient safety report. It displayed a patient safety board on the fridge in the dispensary, with numbers of recent dispensing incidents and near-misses. For example, there was a near-miss involving fluoxetine and furosemide to be discussed at the next team meeting. The pharmacist explained how the team members discussed the errors together to share the learning. They looked for trends in errors. The pharmacy had completed some risk management audits in the pharmacy, after the pharmacist had

completed a risk management course through Centre for Pharmacy Postgraduate Education (CPPE) course. This included risk rating some of the near-misses and errors. They had recently written out some caution cards to be placed on the shelves for look alike, sound alike medicines (LASA). The apprentice had taken responsibility for tidying the shelves and attaching the cards. So, she could learn about the different medicines, where they were kept on the shelves and be aware of the medicines that had an increased potential for error.

The pharmacy asked for feedback annually via a community pharmacy patient questionnaire (CPPQ.) And it displayed a copy of the latest findings from Feb 2019 in the waiting area and on its website. The team had completed one of the three actions it had identified would improve services and had a plan to complete the other two actions. The pharmacy didn't have a complaints SOP. And it didn't have a notice or leaflet explaining to people how to provide feedback or complain. So, people may not know how to escalate any concerns. And the team may not be confident of the pharmacy's complaints process.

The pharmacy had up-to-date professional indemnity insurance. It kept an electronic RP record. But the pharmacists rarely signed out at closing time. So, they were not meeting with the RP regulations. The private prescription records checked were mostly accurate. But 2 private prescriptions from 23 May 2019 and 26 June 2019 had not been entered into the register. There were no emergency supply records seen. The pharmacy kept the certificates of conformity with complete details as required by the Medicines and Healthcare products Regulatory Agency (MHRA).

The pharmacy team members mostly completed the headings and balances in the controlled drug (CD) register. And they mostly made amendments in the register by annotating an error, but some errors were crossed out. The team members completed balance checks of CDs in an ad-hoc way. They had completed some checks on the methadone liquid balance on 23 April 2019 and then 26 June 2019. The pharmacist had not made all the required entries for methadone supplies. The last entry was 27 June 2019. And some of the later entries prior to this had no balance entered. The pharmacist said the prescriptions had been kept to one side. The legal requirements were discussed. In other CD registers there was some evidence of more regular balance checks. But the balance of Elvanse 30mg had last been checked 28 Jan 2019. Three balances were checked against the physical stock for diamorphine 10mg ampoules, Matrifen 12 microgram patches and Equasym XL 30mg capsules. None of the balances were the same as the physical stock. The pharmacist confirmed he had completed a full balance check on all CDs and investigated these discrepancies after the inspection. He advised that the errors had been identified and the balances rectified. The pharmacy had a complete patient returned CD destruction register.

The pharmacy had a privacy notice on display in the counter area. And it had copies of the NHS data matters leaflet and a poster displayed. The pharmacy had an Information Governance (IG) policy, but this had the Lloyds logo on it, crossed through. Some of the content had been amended so it was relevant for the pharmacy. It had a General Data Protection Regulations (GDPR) information file. But it hadn't submitted the NHS Information Governance toolkit yet as it was working towards compliance. The team members were aware of the importance of keeping people's information secure. But the delivery sheet the driver used had a list of names and addresses on one sheet. It was possible that people signing the form could see other people's name and addresses. This was discussed during the inspection. The pharmacy kept confidential waste separate and shredded it.

The pharmacist had completed level 2 safeguarding CPPE training. And he gave several examples of when he had used his knowledge to support vulnerable people. The team didn't have formal training. The pharmacy had details of the local safeguarding contacts available.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy regularly reviews its staffing levels to make sure it has enough people to provide its services. It enrolls them on appropriate qualification training courses. And it supports them to learn. It doesn't have a regular training plan for its pharmacy team members. But they share learning to keep their skills and knowledge up to date. The pharmacy team members feel comfortable to share ideas to improve services and raise concerns if necessary.

Inspector's evidence

The pharmacy had a small team of four people. The owner, who was the pharmacist manager, a full-time qualified dispenser, an apprentice dispenser, who had recently started and was enrolled on a dispensing course with a local college and a part-time driver. On the day of the inspection the RP was the owner and the apprentice was working with him. There was always another person working in the convenience store.

The pharmacist occasionally worked alone in the pharmacy. There was always someone working in the convenience store, so he wasn't alone in the shop. He explained his lone working would be less in the future since taking on the new member of staff. He was aware of the increased risks of working alone. And he took a break in-between dispensing and checking if he needed to self-check. He explained that as the pharmacy prescription numbers had increased he had reviewed the staffing levels. And this is why he had taken on the apprentice to ensure staffing levels matched the workload. Both the pharmacist and the apprentice were seen making professional decisions within their competence, for example checking people wouldn't run out of medicines when their electronic prescriptions hadn't been received.

The apprentice as part of her training would gain access to the college learning portal to help her with her studies. She had been working for approximately two months and felt the team supported with her training. She competently served people, dispensed and put stock away during the inspection. She confidently explained how she and the rest of the team members learnt from their errors. She was comfortable to raise concerns with either the other dispenser or the owner. But she didn't know how to escalate any concerns further, for example to the pharmacy superintendent. She felt her ideas of how to change or improve ways of working were listened to.

The people working in the convenience store did not work in the pharmacy. They hadn't received any pharmacy specific training. They did enter the pharmacy area. But the pharmacist confirmed that they had signed confidentiality clauses to make sure they understood the importance of keeping any private information safe. And they learnt about confidentiality in their induction. The pharmacy and convenience store had separate counters for the different transactions.

The pharmacist had completed training appropriate for his role and the services provided. For example, Understanding Health Improvements level 2 in February 2019. He had completed the CPPE risk management course. And had documented his learning and shared it with his dispenser. The dispenser didn't have a regular training plan. But she had completed training relevant to her role. For example, training on oral health in January 2019.

The pharmacy hadn't supported the team members with appraisals. But as it was a small team the pharmacist discussed any training and development personally with the individual. The pharmacist had the appropriate skills for the services he provided. And he had completed declarations of competence for substance misuse and minor ailments services. And he kept service specifications in the same file. The pharmacy didn't set any targets for its services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is secure and mostly clean and tidy. It has a consultation room where people can access pharmacy services and speak to the pharmacist in private.

Inspector's evidence

The pharmacy, including the consultation room was slightly untidy and cluttered with boxes, paperwork and files. And this included some of the benches in the dispensary. However overall the pharmacy area was clean and portrayed a professional environment. It is important as the pharmacy counter is in the centre of the convenience store that the businesses appear separate as the store sells alcohol and tobacco. Generally, these were kept behind the convenience store's counter. The lighting was adequate and the temperature comfortable. The pharmacy had air conditioning. There were no outstanding maintenance issues. The pharmacy had a sink in the dispensary for medicine preparation. It had clean toilet facilities and separate hot and cold running water for hand washing. The pharmacy had enough room to the rear of the dispensary to store stock and paperwork.

The consultation room was large enough for the services provided. It was soundproofed but there was no signage, so people may not know there was a room in which to have a private conversation. And it wasn't kept locked during the inspection. The consultation room was used during the inspection to supervise methadone.

Principle 4 - Services ✓ Standards met

Summary findings

People can easily access the pharmacy's services. The pharmacy has processes to help manage its services safely and effectively. And the team members take extra care when they supply high-risk medicines to people. They source medicines from licenced suppliers. And they adequately store and manage the pharmacy's medicines. But they don't always record the checks they make for out of date medicines. So, they may not know if some of their medicines are no longer fit for purpose.

Inspector's evidence

The pharmacy was accessed through the convenience store. There was step-free access. The pharmacy had clear signage outside the building, to indicate the presence of the pharmacy. And the pharmacy advertised its services and opening times on the outside window. The convenience store was advertising different opening hours to the pharmacy. But the pharmacist stated the convenience store sign was out of date. There was no clear defined signage stating 'pharmacy' within the store. The pharmacy did advertise its services with a sign 'prescriptions and advice' above the pharmacy counter. Most of the products around the pharmacy counter were healthcare related. And up to recently the alcohol sold in the convenience store had been clearly separated behind the other counter. But there was some alcohol displayed at the end of a healthcare aisle, close to some pick up cards for Frontline veterinary sales. So, the segregation was not as clear as it could be. The pharmacy had chairs for people to use whilst waiting for prescriptions. It had a hearing loop in the consultation room.

The pharmacy used dispensing baskets to keep prescriptions and medicines for different people separate. And it had the facility to record a dispensing audit trail using dispensed by and checked by boxes on the dispensing labels. On the prescriptions seen awaiting collection not all the dispensed by boxes had been initialled. For a sample looked at, the checked by boxes had been completed. The pharmacist said he would use this as a learning opportunity for the team. The pharmacy organised its workflow into different areas for labelling, dispensing and checking. And it used different coloured baskets to inform urgency and delivery. Once completed the medicines awaiting delivery were stored separately. There was an audit trail for deliveries as the driver obtained signatures from people on receipt. The pharmacy used owing slips when medicines couldn't be supplied in full. One for the patient and one kept with the prescription in the pharmacy.

The pharmacy supplied medicines in multi-compartmental compliance packs for people. It stored the equipment, the medication and prescriptions for these people in a separate area, in the rear room off the dispensary. Each person had a separate area on a shelf to minimise the risks of errors. The pharmacy had a SOP, but it had the Lloyds pharmacy logo on, and a date of August 2014. So, the details could be out of date. The dispenser ordered people's prescriptions in advance, so she had enough time to resolve any queries. And she kept a record of when prescriptions were ordered. People's prescriptions and medicines were kept together in a basket. The pharmacy printed backing sheets with most of the labelling requirements complete. But, the computer didn't print the required warning labels, such as 'can cause drowsiness'. The backing sheets recorded the times of day people should take their medicines. The pharmacy didn't have any individual record sheets available to view on the day of the inspection. So, without these it may be difficult to know the current medicines a person was taking. And whether the times of day printed on the backing sheet were correct. The pharmacy supplied the patient information leaflets (PILs) with the compliance packs once a month.

The pharmacy had a file containing information about high-risk medicines. This included information on flammable creams, lithium and warfarin. It had steroid cards to give to people. The pharmacist was aware of the risks of valproate in pregnancy. The pharmacy had photocopied leaflets to give to women if needed. And it had attached caution stickers to the shelf where valproate was stored. The pharmacist had not identified anyone requiring referral to the doctors or who required specific advice. The doctor's surgeries in the area required a blood test result before supplying prescriptions for warfarin. The pharmacist checked with people before he supplied prescriptions for warfarin. And he made a record on the computer. He showed one person's records with several blood results recorded.

The pharmacy obtained stock from licenced wholesalers such as Rokshaw, Phoenix and AAH. The pharmacy was not compliant with the falsified medicines directive (FMD) but had plans. It had registered with SecurMed and was awaiting the software.

The pharmacy had a date checking matrix. But the team members had not been using it. The pharmacy had completed some recent date checking as part of a dispensary rearrangement. This wasn't complete. There were no out-of-date medicines found in the area where the recent checks had been completed. But on the other side of the dispensary there was several short-dated stock items found and two products checked were out of date. The pharmacist confirmed the date check of the whole dispensary was a priority and would be completed as soon as possible. And the team members were to use the date-checking matrix, so there was a record of the checks completed.

The pharmacy stored its Pharmacy (P) medicines next to the pharmacy counter behind Perspex doors. These doors were not locked but did have a notice stating to ask for assistance. And customers could only access the cabinets by physically pushing the handle in to release it. There was an unsupervised tote of P medicines on the floor in the shop area. This was removed into the dispensary. The pharmacy used a good-sized medical fridge to store cold-chain stock. And it made an electronical record of the temperatures daily. For the sample of records seen the fridge was operating between two and eight degrees Celsius. At the time of the inspection it was four degrees Celsius. The pharmacy kept stock in separate baskets within the fridge to reduce the risk of a selection error. And to locate the item needed quickly. The pharmacy stored prescription items for fridge lines in clear bags, so the team members could complete additional safety checks on handout.

The pharmacy had medical waste bins and CD denaturing kits available to support the team members manage pharmaceutical waste. The pharmacy received drug recalls and safety alerts. These were shared with the team. Records of the recalls and action taken were kept for reference.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has all the equipment it needs for the services provided. It uses its facilities and equipment in a way that protects people's private information.

Inspector's evidence

The pharmacy had hard copies of reference books available for the team to use, including the BNF and the BNF for children. And it had access to the internet to obtain up-to-date information. The pharmacy used clean crown stamped glass measuring cylinders. And it had separate ones to use for methadone. And it used the recommended equipment in the dispensing of multi-compartmental compliance packs. There was no evidence of recent electrical safety testing. All the electrical equipment looked in good condition and was working.

The pharmacy had portable telephones, so the team members could take private conversations away from people at the counter. The pharmacy's prescription retrieval area was in the dispensary and people's private information couldn't be seen by people in the shop. The computers in the dispensary was set back enough so people at the counter couldn't see the screen. And they were password protected. The team used their NHS smart cards appropriately. It kept people's confidential information in a restricted area of the pharmacy.

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.