

# Registered pharmacy inspection report

**Pharmacy Name:** Ashton Road Pharmacy, 366 Ashton Road, Oldham, Greater Manchester, OL8 3HF

**Pharmacy reference:** 9010342

**Type of pharmacy:** Community

**Date of inspection:** 23/09/2021

## Pharmacy context

This busy pharmacy is located on a main road. Most people who use the pharmacy are from the local area and there is a home delivery service. The pharmacy dispenses NHS prescriptions and it sells a range of over-the-counter medicines. It supplies a large number of medicines in multi-compartment compliance aid packs to help people take their medicines at the right time. The inspection was undertaken during the Covid 19 pandemic.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	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. The team members understand how they can help to keep people's private information safe and protect the welfare of vulnerable people. The pharmacy keeps the records required by law, but some details are missing. This could make it harder to understand what has happened if queries arise.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) for the services provided, with signatures showing that members of the pharmacy team had read and accepted them. Some of the newer members of the team had not read the SOPs, so there was a risk they might not fully understand the pharmacy's procedures and their roles and responsibilities. The locum pharmacist had not signed to show that he had read the SOPs, but he confirmed that he had read them within the last year. Team members were not wearing uniforms or anything to indicate their role, so this might not be clear to people using the pharmacy. The name of the responsible pharmacist (RP) was on display, although it was not located in a prominent position so the details could not be seen from the retail area and people might not be able to easily identify which pharmacist was on duty.

The SI confirmed he had considered the risks of coronavirus to the pharmacy team and people using the pharmacy. The team had introduced several steps to ensure social distancing and infection control. There was a protective Perspex screen at the medicine counter to help reduce the spread of infection and hand sanitizer gel was available. Team members were carrying out lateral flow tests twice weekly. The SI recalled carrying out individual staff risk assessments, but he did not have records of these. Team members were not routinely wearing face masks when working in the pharmacy. One member of the team explained that this had been relaxed when the restrictions had eased around a month ago.

Dispensing incidents and near miss errors were reported on an electronic error reporting system and discussed with the pharmacy team. Learning points were included in the report. A member of the team described actions that they had taken to prevent re-occurrences such as separating atenolol 100mg and allopurinol 100mg following an error. The pharmacy had a complaint procedure, but there was nothing on display highlighting it so people might not know how to raise a concern or leave feedback about the pharmacy. Insurance arrangements were in place. A current certificate of professional indemnity insurance was available.

There was an electronic register of private prescriptions. But the name of the prescriber was not always recorded and some private prescriptions had been incorrectly entered as NHS prescriptions, so did not appear in the register. The RP record was generally in order, although the RP did not always enter the time they ceased their duties each day, so the record did not provide a complete audit trail. The controlled drug (CD) register was electronic. It appeared to be appropriately maintained, although some CD running balances had not been audited regularly. Two CD balances were checked and found to be correct. Patient returned CDs were recorded, although the details of the destruction were missing on some records. The SI gave assurances that he would enter the missing details and ensure they were up-to-date. Records were maintained for medicines ordered as unlicensed 'Specials'. One or two of these

did not contain patient details, which might cause a delay if there was a problem or query with one of these medicines.

Confidential waste was stored in a designated place until it was collected by an appropriate waste disposal company. A new member of the team correctly described the difference between confidential and general waste. He had a basic understanding about patient confidentiality and said the SI had explained this to him when he started working at the pharmacy.

The pharmacist and accuracy checking technician (ACT) had completed level 2 training on safeguarding. The ACT said he would voice any concerns regarding children and vulnerable adults to the pharmacist working at the time. There was a safeguarding policy in place containing the contact numbers of who to report concerns to in the local area. The pharmacy had a chaperone policy and the SI said he often asked people if they would like another member of the team to sit in with him in the consultation room. However, there was nothing on display highlighting that, so people might not realise this was an option. The SI was aware of the 'Safe Space' initiative, where pharmacies were providing a safe space for victims of domestic abuse. The pharmacy had not registered for this but said the consultation room would always be made available if necessary.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload. Team members are comfortable providing feedback to their manager and they receive informal feedback about their own performance. But training is not always well organised so gaps in team member's knowledge might not be identified or addressed.

### Inspector's evidence

There were two pharmacists, an ACT, four NVQ2 qualified dispensers (or equivalent), a trainee medicines counter assistant (MCA) and two new unqualified members of staff 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. The SI was working as the RP and there was also a regular locum pharmacist on duty, who usually worked in the pharmacy two days each week providing additional pharmacist cover. Most of the dispensers were part-time so there was some flexibility with their hours. And locum dispensers were sometimes used to ensure adequate staffing levels.

Most members of the pharmacy team had completed appropriate training. The team had carried out some training on customer service, but training records were not available in the pharmacy. The team did not have regular protected training time apart from the apprentices who were scheduled around two hours of protected training time each week. One of the dispensers was completing an NVQ3 course. The trainee MCA had not yet been enrolled onto an accredited course, but the SI explained that she was about to start an apprenticeship at a local college, along with two other new members of the team. She confirmed she had read through some of the SOPs. She had been provided with a training booklet and had a basic understanding about medicine sales. Subsequent to the inspection the SI forwarded confirmation that she had been enrolled onto a suitable course.

Team member's performance and development were discussed informally in monthly one-to-ones with the SI. But the details of these meetings were not recorded, so it might be more difficult to monitor progress and support training. Twice monthly team meetings were held where a variety of issues were discussed, and concerns could be raised. These were not recorded, so matters raised might not always be addressed. The locum pharmacist said he would be comfortable talking to the SI about any concerns he might have, and he knew where to escalate concerns if they weren't addressed by the SI. There was a whistleblowing policy in place.

The SI was empowered to exercise his professional judgement and could comply with his professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine, because he felt it was inappropriate. The locum pharmacist said he tried his best to complete as many New Medicine Service (NMS) consultations as possible, but he was not under any pressure to achieve targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises generally provide a professional environment for people to receive healthcare services. The pharmacy has a private consultation room that enables it to provide members of the public with the opportunity to have confidential conversations.

### Inspector's evidence

The pharmacy premises, including the shop front and fascia, were reasonably clean and in an adequate state of repair. The retail area was free from obstructions, professional in appearance and had a waiting area with one chair. The temperature and lighting were suitably controlled. There was a separate room to assemble and store compliance aid packs on the first floor, and some excess stock was also stored on the first floor. Staff facilities included a WC with a wash hand basin and antibacterial hand wash. There was a separate dispensary sink for medicines preparation and hot and cold running water. The consultation room was small and a bit cluttered, which detracted from its professional appearance.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy offers a range of healthcare services, which are generally well managed and easy for people to access. 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

The pharmacy was accessible to everyone, including people with mobility difficulties and wheelchair users. Not all the services available at the pharmacy were advertised, so people might not realise what was available. There was a range of healthcare information, including leaflets about cancer and information from the British Heart Foundation. There were notices on display about Covid-19, and floor markings were used to encourage social distancing. Some of the staff were multilingual which helped some of the non-English speaking people from the Asian community. There was an electronic system for the home delivery service which provided a robust audit trail of the deliveries. The service had been adapted to minimise contact with recipients, in light of the pandemic.

Space was quite limited in the dispensary, but the workflow was organised into separate areas. Stock was generally stored in an organised manner however some of the shelves in the CD cabinets and fridges were untidy, which increased the risk of a dispensing error. The stock in one of the fridges was re-organised during the inspection, to reduce this risk.

The pharmacy supplied a number of people with methadone and buprenorphine in daily instalments. Prescriptions were prepared at the start of each week to improve efficiency but dispensed by and checked by boxes were not routinely initialled. So, there was not always an accurate dispensing audit trail, which might limit learning if something went wrong. The pharmacy kept a spreadsheet of all communications with the local drug team and people using the service, which they had found very helpful when dealing with queries, such as a new patient who had not arrived to collect their medication for the first three days, so was referred back to the drugs team.

The pharmacy team were aware of the valproate pregnancy prevention programme. The SI did not know if any of their regular patients were in the at-risk group but said that all the packs of medicines containing valproate now carried the care cards so people in the at-risk group were always given the appropriate information. The SI knew how to order spare care cards if necessary, but he said splitting original packs was now very unusual since the pack size had been reduced to 30.

The pharmacy supplied a large number of medicines in multi-compartment compliance aid packs. This was reasonably well managed and there was an electronic audit trail for changes to medication in the packs. Medicine descriptions were usually included on the backing sheet to enable identification of the individual medicines and packaging leaflets were included. Disposable equipment was used. The ACT carried out the accuracy check after a dispenser had assembled the packs. Some of packs did not contain a dispensing audit trail, but the ACT said he usually reminded the dispenser to add their initials if they were missing when he checked the packs. The ACT confirmed that a pharmacist always carried out a clinical check before allowing him to carry out the accuracy check, but the clinical check was not recorded, so it might not be clear which pharmacist had been involved in the event of a clinical error.

There was a space on the patient's record sheet for recording the clinical check and the ACT confirmed he would suggest this to the SI.

The trainee MCA explained what questions she asked when making a medicine sale and she knew when to refer the person to a pharmacist. She was clear what action to take if she suspected a customer might be abusing medicines such as a codeine containing product. The pharmacy had made the decision not to sell codeine linctus and she said she had not received any requests for this.

CDs were stored in two CD cabinets which were securely fixed to the wall. The keys were under the control of the RP during the day and stored securely overnight. Date expired, and patient returned CDs were segregated and stored securely. Some bags which were labelled as date-expired stock also contained some patient returned medicines, which was confusing. The SI said he would re-organise this and he would request a visit from an authorised witness to carry out some destructions. He confirmed he would order some more CD denaturing kits. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled.

Recognised licensed wholesalers were used to obtain medicines. Medicines were stored in their original containers at an appropriate temperature and date checks were carried out. Expired medicines were segregated and placed in designated bins. The locum pharmacist said that the SI made the team aware of any alerts and recalls and the patient medication record (PMR) system flagged medicines which had been recalled.



## 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.

### Inspector's evidence

The pharmacist could access the internet for the most up-to-date information. For example, electronic versions of the British National Formulary (BNF) and BNF for children. There were two medical fridges. The minimum and maximum temperatures were being recorded regularly and had been within range over the last week. The maximum temperature of both fridges was above 8 degrees Celsius at the start of the inspection, but after the thermometers were re-set they remained within range for the rest of the inspection. The SI confirmed that he would closely monitor the fridge temperatures and said he would quarantine stock and purchase a new fridge if the maximum temperature exceeded 8 degrees Celsius again. 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. Medicine containers were appropriately capped to prevent contamination. 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.