

# 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:** 31/07/2023

## Pharmacy context

This busy pharmacy is located on a main road. Most people who use the pharmacy are from the local area and it offers 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.

## 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 generally manages risks to make sure its services are safe. Members of the team record things that go wrong so that they can learn from them. But they can't show whether they always take action to prevent errors being repeated. So some learning opportunities may be missed. The pharmacy generally keeps the records that are needed by law. And the team understands how to manage confidential information. And knows how to protect vulnerable people.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) for the services provided and there was a signature sheet showing that most members of the pharmacy team had read and accepted them. The SOPs had been prepared in January 2023, but the date of preparation had not been recorded, so it might not be clear when they were due to be reviewed. Some of the SOPs had not been tailored to reflect current practice. For example, the delivery SOP did not include the new electronic system. And the delivery drivers had not read the delivery SOP. The pharmacist superintendent (SI) explained that he was still working through the SOPs and said he would ensure that they were accurate, and all the staff had read and signed the ones relevant to their role. The pharmacy team members were performing duties which were in line with their roles. 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.

There was a dealing with near misses and errors SOP. Dispensing incidents were reported on an electronic error reporting system and discussed with the pharmacy team. Learning points were included in the report, but there was not much detail. For example, 'check properly' had been recorded following an error involving the look-alike and sound-alike drugs (LASAs) paroxetine and pantoprazole. Near misses were recorded on a near miss log which the SI reviewed. The SI said errors were discussed at team meetings but there was no record made, so the team might be missing out on additional learning opportunities.

The pharmacy had a complaint procedure and there was a notice on display highlighting this to people using the pharmacy. Professional indemnity insurance arrangements were in place. There was an electronic register of private prescriptions. Entries were generally accurate, but the name and address of the prescriber was missing on one entry, which could cause delay in the event of a problem or query. The controlled drug (CD) register was electronic. The SI explained that entries were now always made at the time of the supply, rather than at the end of the day, and this new system was working well. CD running balances were checked regularly for most CDs. Two CD balances were checked and found to be correct. Patient returned CDs were recorded and disposed of appropriately. The RP record was generally in order although the RP had not entered the time they ceased their duties on some occasions.

Confidential waste was stored in a designated place until it was collected by an appropriate waste disposal company. There was a work experience student, who was working in the pharmacy for the summer. He had a basic understanding about patient confidentiality which had been explained to him when he started. He knew the difference between confidential and general waste and where confidential waste was stored. A privacy statement was on display, in line with the General Data

## Protection Regulation (GDPR).

Members of the pharmacy team had completed training on safeguarding appropriate to their role. The SI and RP had completed level 3 training on safeguarding and the accuracy checking technician (ACT) had completed level 2. Another member of the team confirmed that they had completed some safeguarding training and pointed out a safeguarding notice which contained the contact numbers of who to report concerns to in the local area. They confirmed that they would voice any concerns regarding children and vulnerable adults to the pharmacist working at the time. The pharmacy had a chaperone policy and there was a notice highlighting this on the consultation room door. The pharmacy provided a 'Safe Space' for victims of domestic abuse and there was a notice on display highlighting this to people.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members work well together in a busy environment, and they have the right training and qualifications for the jobs they do. They are comfortable providing feedback to their manager and they receive informal feedback about their own performance. But ongoing training does not happen regularly, so the team's knowledge may not always be fully up to date.

### Inspector's evidence

There were two pharmacists (the SI and an RP), an ACT, four NVQ2 and one NVQ3 qualified dispensers, and four trainee dispensers on duty at the time of the inspection. The staffing level was adequate for the volume of work during the inspection. The RP was a locum pharmacist, and it was their first day in the pharmacy. One of the dispensers was a locum dispenser. Members of the team were observed working collaboratively with each other and the people who visited the pharmacy. Planned absences were organised and the SI used a holiday calendar to ensure planned absences were covered. Some of the dispensers were part-time so there was some flexibility with their hours. And locum dispensers were used where necessary to ensure adequate staffing levels.

Members of the pharmacy team had completed appropriate training or were on accredited training courses. The delivery drivers had completed a suitable delivery driver training course. Team members, who were on courses were given protected training time, but qualified members of the team did not carry out regular ongoing training so their knowledge might not always be fully up to date. The SI explained that he was setting up online learning modules which all pharmacy team members would be able to access. Team members informally discussed their performance and development with the SI and a structured appraisal process had been recently introduced.

Team meetings were held where a variety of issues were discussed, and concerns could be raised. The SI also sent electronic messages to members of the pharmacy team to keep them up to date. Team members confirmed they would be comfortable talking to the SI about any concerns they might have. There was a whistleblowing policy in place. The pharmacists were empowered to exercise their professional judgement and could comply with their professional and legal obligations. For example, refusing to sell a pharmacy medicine, because they felt it was inappropriate. The locum pharmacist confirmed that they were not under any pressure to achieve targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a suitable environment for people to receive healthcare services. It has a private consultation room so people can have confidential conversations.

### Inspector's evidence

The pharmacy premises, including the shop front and fascia were in an adequate state of repair. The retail area was clean and free from obstructions and there was a waiting area with one chair. There was a separate room on the first floor that was used to assemble and store compliance aid packs. There was a stock room on the first floor and staff facilities which included a WC with a wash hand basin and hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water. The temperature and lighting were suitably controlled.

The consultation room was small and was also used to store medicines and paperwork. The SI explained that he was looking into fitting doors over the shelves which contained the medicines, which would help to make the room more appropriate for consultations. The availability of the room was highlighted by a sign on the door and it was made available when customers needed a private area to talk. The door was locked when not in use to avoid unauthorised access to medicines.

## 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 it carries out some checks to ensure medicines are in good condition and suitable to supply.

### Inspector's evidence

The pharmacy was accessible to everyone, including people with mobility difficulties and wheelchair users. There was a small range of healthcare leaflets. Some of the staff were multilingual which helped some of the non-English speaking people from the local community. The pharmacy used an electronic system which provided an audit trail for the home delivery service. The service had been adapted to minimise contact with recipients, during the pandemic.

Space was very limited in the dispensary, but the workflow was organised into separate areas with a designated checking area. The dispensary shelves were reasonably well organised, neat, and tidy. Dispensed by and checked by boxes were 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.

Stickers were put on assembled prescription bags to indicate when a fridge line or a CD was prescribed. Notes were added to highlight when counselling was required. There were SOPs for higher risk medicines such as lithium and valproate medicines. The locum pharmacist demonstrated that she had put a couple of prescriptions to one side because she wanted to counsel patients about them. She was aware of the valproate pregnancy prevention programme (PPP) and said she would counsel people in the at-risk group and ensure they had an appropriate PPP in place and that they had received a medication review within the last year. She said she would make the SI aware of conversations such as this and add a note to the patient's medication record (PMR).

The pharmacy supplied many people with medicines in multi-compartment compliance aid packs. This service was reasonably well managed. There was an electronic audit trail for changes to medication in the packs, which included the date of the change. Medicine descriptions were included on the labelling sheet to enable identification of the individual medicines and packaging leaflets were included so people were able to easily access additional information about their medicines. Disposable equipment was used. The ACT carried out the accuracy check after a dispenser had assembled the packs. The ACT confirmed that a pharmacist always carried out a clinical check before allowing him to carry out the accuracy check. The pharmacists stamped the prescription 'CC' and added their initial to show that they had carried out the clinical check. There was a support for people with disabilities SOP and new people requesting a compliance aid pack were assessed to ensure that the most appropriate adjustment to their needs was provided. Some people were given medicine administration record (MAR) sheets and others had their medicines popped out into bottles rather than packing them into multi-compartment compliance aid pack, as this better met their needs.

One of the trainee dispensers 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.

CDs were stored in two CD cabinets which were securely fixed to the wall/floor. An additional CD cabinet had been obtained to store assembled methadone in during the day. This speeded up the retrieval when the patient arrived for their medicine. The CD keys were under the control of a pharmacist during the day and stored securely overnight. Date expired, and patient returned CDs were segregated and stored securely. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled.

Recognised licensed wholesalers were used to obtain medicines. Medicines were generally stored in their original containers at an appropriate temperature. Date checking was carried out and documented. Short-dated stock was highlighted. Dates had been added to opened liquids with limited stability. Expired and unwanted medicines were segregated and placed in designated bins.

Alerts and recalls were received electronically. They were read and acted on by the SI or another member of the pharmacy team and the response was recorded on the system for future reference. One of the dispensers explained that he received email directly from the MHRA, and this acted as a double check.



## 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. They maintain the equipment so that it is safe, and they use it in a way that protects privacy.

### 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. Medicine containers were appropriately capped to prevent contamination. The pharmacy team used plastic measures for liquids rather than glass. This compromised the accuracy of doses as they did not contain accuracy stamps. And they were more difficult to keep clean. Separate measures were marked and used for methadone solution. Medicine containers were appropriately capped to prevent contamination.

There were two clean medical fridges. The minimum and maximum temperatures were being recorded regularly and had been within range over the last few weeks. One of the fridges maximum temperatures was slightly above 8 degrees Celsius, but it was within range throughout the inspection. A member of the team reset the thermometer and confirmed that she would monitor it and inform the pharmacist if it was outside of the required range. Electrical equipment appeared to be in good working order. A maintenance contract was in place for the pharmacy's hardware and software and there was a helpdesk if problems occurred. 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.