

Registered pharmacy inspection report

Pharmacy Name: Rigbys Pharmacy, 14 Swan Lane, Bolton, Greater Manchester, BL3 6TL

Pharmacy reference: 9010830

Type of pharmacy: Community

Date of inspection: 29/04/2021

Pharmacy context

This community pharmacy is located next to a medical centre on the corner of a busy road and it serves a diverse range of people. The pharmacy dispenses NHS prescriptions and it sells a range of over-the-counter medicines. The inspection was undertaken during the Covid-19 pandemic. Conditions on registration are in place on this pharmacy that prevent some services being provided. These conditions were imposed after failings were identified on a previous inspection and they remain in force at the time of this inspection.

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 generally manages risks to make sure its services are safe, and it takes some action to improve patient safety. It keeps the records required by law, but these are not always appropriately maintained, and some details are missing. This could make it harder to understand what has happened if queries arise. Pharmacy team members work to professional standards although the pharmacy's written procedures are not regularly reviewed, so they may not always be up-to-date and team members may not always work effectively.

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 SOPs had been prepared recently such as those relating to COVID-19, but most of the SOPs had been prepared in 2014 without any documented review, so they may not reflect current practice. For example, the pharmacy had made some changes to procedures when selling medicines liable to abuse and misuse following a previous inspection, but the SOPs had not been updated to reflect this. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their role. Some team members were wearing uniforms, but nothing to indicate their individual role, so this might not be clear to members of the public. The name of the responsible pharmacist (RP) was displayed, although he was not present for the first twenty minutes of the inspection. A dispenser was clear what activities she was allowed to carry out during the RP's absence and there was a notice on display to remind staff of this.

The pharmacy manager had considered the risks of coronavirus for the pharmacy team and people using the pharmacy. He had introduced several steps to ensure social distancing and infection control and had completed individual staff risk assessments. All team members had received their first dose of the COVID-19 vaccination and were carrying out regular lateral flow testing. The pharmacy was supplying lateral flow tests free to members of the public, and there was a SOP to cover this service. Over 100 test kits had been given out so far.

There was a template for recording dispensing incidents and this could be used to record learning points. There weren't any completed incident reports for the last three years, and the pharmacy manager confirmed there had not been any recent errors. One or two near miss errors had been recorded on a near miss log each month. The pharmacy manager said these were discussed with the pharmacy team although there was no documented review. Actions were taken to prevent reoccurrences. For example, a 'Check formulation' alert note was in front of aspirin and a 'Check strength' alert note was in front of Clenil inhalers, following near misses with these medications.

A notice was on display in the pharmacy explaining the pharmacy's complaint procedure, with the details of who to complain to and how to leave feedback, comments or suggestions. A current certificate of professional indemnity insurance was on display.

Private prescription records were appropriately maintained. Headers were missing from some of the pages in the controlled drug (CD) register and the name of the prescriber was not recorded for supplies of methadone solution, which was not strictly in line with CD regulations. Records of CD running

balances were kept and these were regularly audited. Three CD balances were checked and found to be correct. The RP had not recorded the time he had been away from the pharmacy or the reason for the absence in the RP register, although these details were added on his return when prompted by the inspector. All the entries in the RP record since the start of the year had been made by a dispenser, which risked the accuracy of the record. The pharmacy manager said he thought this was acceptable and confirmed that the record was accurate. Pharmacy team members said that the pharmacy manager left the pharmacy around once or twice a month to visit patients in the community. But these absences had not been recorded on the RP log. The pharmacy manager said he had not realised short absences such as these were required to be recorded and he agreed to make sure he did this in the future.

Staff signed confidentiality agreements as part of their terms of employment. Confidential waste was shredded. Assembled prescriptions were stored appropriately so that people's details could not be seen by members of the public. The pharmacy manager had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 training on safeguarding and there were safeguarding SOPs which the pharmacy team had read. A dispenser said she would voice any concerns regarding children and vulnerable adults to the pharmacist working at the time, and the delivery driver said he would share any such concern with the pharmacist at the neighbouring pharmacy, which was his base pharmacy. The pharmacy had leaflets available offering help and support with addiction which were being given out to people when they felt it was appropriate. The pharmacy had a chaperone policy, and this was highlighted to people.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage the workload. The pharmacy team members have the right qualifications for the jobs they do. And they get some ongoing training to help them keep up to date. They are comfortable providing feedback to their manager and they receive feedback about their own performance.

Inspector's evidence

The pharmacy manager was working as the RP and there was a preregistration pharmacist, two NVQ2 qualified dispensers (or equivalent) and a delivery driver on duty at the time of the inspection. The staffing level was adequate for the volume of work during the inspection. Absences were covered by re-arranging staff hours or transferring staff from neighbouring branches in the area. The pharmacy's workload had increased as a result of the pandemic and the team said they had all been well throughout. The staff present at the inspection appeared to be competent in the services they were carrying out. Certificates were displayed indicating that all of the team members had completed accredited courses. They completed additional training modules on an electronic tablet provided by Alphega, to help ensure their knowledge was up to date. One member of the team demonstrated that she had completed training on the products Senokot and Bronchostop in the last year. She said training was not completed on a regular basis over the last year but it was fitted in when possible.

Pharmacy team members were given formal appraisals where performance and development were discussed and they received positive and negative feedback informally from the pharmacy manager. Informal team meetings were held where a variety of issues were discussed, and concerns could be raised. A dispenser said she would report any concerns she might have to the pharmacy manager. The delivery driver said he would raise any concerns to the pharmacy manager at his own pharmacy. The pharmacist felt empowered to exercise his professional judgement and could comply with his own professional and legal obligations. For example, refusing to sell codeine containing medicines if he didn't feel it was appropriate. He said targets were set for various things such as the new medicine service (NMS), but he was not under any pressure to achieve them.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises 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 receive services in private and have confidential conversations.

Inspector's evidence

The pharmacy premises, including the shop front and fascia were clean and well maintained. The retail area was free from obstructions, professional in appearance and had a waiting area with two chairs. There were information notices about COVID-19, and reminders of the requirement to maintain social distancing. Extra cleaning had been introduced and was recorded on a chart. Touch surfaces, such as the door handles were cleaned at least twice a day. The temperature and lighting were adequately controlled. The pharmacy was fitted out to a good standard, and the fixtures and fittings were in good order. Maintenance problems were reported to the company's handyman and the response time was appropriate to the nature of the issue. The pharmacy manager confirmed there were no outstanding maintenance issues. There were three separate stockrooms on the first floor where excess stock was stored. Staff facilities 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 consultation room was uncluttered, clean and professional in appearance. The availability of the room was highlighted by a sign on the door. This room was used when carrying out services such as needle exchange and when customers needed a private area to talk.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers healthcare services which are generally well managed, so people receive appropriate care. It gets its medicines from licensed suppliers and the team carries out some checks to ensure medicines are in suitable condition to supply. But the pharmacy could improve the way it stores some of its medicines and equipment.

Inspector's evidence

There was a step up to the front door of the pharmacy, but it was possible for customers to enter with prams and wheelchair users with assistance. Some of the services provided by the pharmacy were displayed in the front window along with the opening hours. There was some healthy living information on display encouraging people to stop smoking.

The pharmacy offered a repeat prescription ordering service and people were contacted before their prescriptions were due each month, to check their requirements. This was to reduce stockpiling and medicine wastage. There was a home delivery service with associated audit trail. The service had been adapted to minimise contact with recipients, in light of the pandemic. The delivery driver stayed a safe distance away whilst the prescription was retrieved, and then confirmed the safe receipt in their records. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

Space was quite limited in the dispensary, but the workflow was organised into separate areas with a designated checking area. The dispensary shelves were 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. The team were aware of the valproate pregnancy prevention programme and valproate care cards were available to ensure people were provided with the appropriate information.

Around eighty people received their medication in multi-compartment compliance aid packs and this number had increased through the pandemic. These were well managed with an audit trail for communications with GPs and changes to medication. Medicine descriptions were included on the packaging to enable identification of the individual medicines and packaging leaflets were included so people could easily access information about their medicines. The pharmacy manager did not complete an assessment as to the appropriateness of a compliance aid pack for patients requesting a compliance aid pack so there was a risk these might not always be appropriate to the patient's needs and might not be necessary.

A team member knew what questions to ask when making a medicine sale and when to refer to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and she understood what action to take if she suspected a customer might be abusing a high risk medicine.

CDs were stored in two CD cabinets which were securely fixed to the wall and floor. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled. But not all

medicines were safeguarded as well as they could be. Recognised licensed wholesalers were used to obtain medicines. Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and documented. Short dated stock was highlighted. Expired medicines were segregated and placed in designated bins.

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 to use.

Inspector's evidence

Current versions of the 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 large clean medical fridge. The minimum and maximum temperatures were being recorded regularly and had been within range throughout the previous month. All electrical equipment appeared to be in good working order. Team members generally wore face masks when working in the pharmacy. There was a clear protective screen at the medicine counter and hand sanitizer gel to help with infection control.

There was a selection of clean glass liquid measures with British standard and crown marks. Separate measures were marked and used for methadone solution. The pharmacy had a range of clean equipment for counting loose tablets and capsules, with a separately marked tablet triangle that was used for cytotoxic drugs. Medicine containers were appropriately capped to prevent contamination. Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. Patient medication records (PMRs) were password protected. 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.