

Registered pharmacy inspection report

Pharmacy Name: Post Box Pharmacy, 235 Market Street, Bury,
Greater Manchester, BL9 9AA

Pharmacy reference: 9011178

Type of pharmacy: Closed

Date of inspection: 19/02/2020

Pharmacy context

The pharmacy is a distance selling pharmacy adjacent to residential properties. People access its services via the pharmacy's website and by telephone. It dispenses NHS prescriptions and it delivers medicines to people's homes. The pharmacy provides some medicines in multi-compartment compliance packs to help people to take them. People do not visit the pharmacy premises.

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 identifies and manages the risks associated with its services. It keeps people's private information secure. And it advertises on its website how people can provide feedback and raise concerns. The pharmacist recognises the importance of learning from any errors that happen whilst dispensing. And he takes appropriate steps to prevent errors from happening. He understands his role to help protect the wellbeing of vulnerable people. The pharmacy has a range of up-to date written procedures. But it doesn't have procedures for all its services. And the pharmacist doesn't follow all of the procedures. The pharmacist makes records he must by law, but these do not always comply with the necessary requirements.

Inspector's evidence

The pharmacy had recently opened in the last six months. It had a set of standard operating procedures (SOPs) for most of the services it provided including dispensing processes, delivery of medicines and controlled drug (CD) management. The SOPs were relevant to a distance selling pharmacy. The pharmacy had recently started providing multi-compartment compliance packs to three to four people. But the superintendent (SI) had yet to write a SOP for the process. The pharmacy held the SOPs electronically in a folder on the pharmacy's laptop. These were a series of SOPs saved as one document. And there was only a review date at the end of the document. So, there wasn't a current option of documenting the review of one SOP, should there be a need. The SOPs detailed different roles and responsibilities. The superintendent (SI) had completed this to future proof the SOPs for when he employed additional staff. The pharmacy wasn't following all the steps in all of the SOPs. This included the SOP for the delivery of medicines. The SOPs were authorised by the superintendent. The SOPs had been reviewed in August 2019.

The pharmacy had a SOP for near miss errors and dealing with incidents. It had a printed near miss error log. But there wasn't any near miss errors recorded. The SI explained that due to the volume and the environment there had been no near miss errors or dispensing incidents. The SI had proactively separated the stock of methotrexate to a different part of the dispensary due to the risk of errors and the potential consequence of any errors. He was aware of the increased risk of errors with medicines that looked alike and sounded alike (LASA) medicines. And had proactively separated amitriptyline and amlodipine storing the aspirin stock between the two products. Due to the increase in business since opening, the SI had identified that the current shelves were at capacity. And he had ordered some additional shelves. The pharmacy had a weekly compliance form that the SI completed as part of his governance arrangements. This paper record included checking certain tasks had been completed such as date checking, near miss error recording and recording of any complaints. The dates of completion were logged on the front sheet and records showed these checks were completed weekly.

The RP displayed his RP notice. He had future-proofed the SOPs by adding the roles and responsibilities of for example dispensers, but currently he was performing all tasks. He had the appropriate knowledge and competence to complete all tasks within the pharmacy and for the services the pharmacy provided. The pharmacy had a SOP for the management of customer complaints. It advertised to people how they could provide feedback on its website. The SI explained he had received no complaints to date. He was keen to listen to people's views so he could provide a good quality service and grow the business.

The pharmacist had personal professional indemnity insurance, as he worked every day the pharmacy was open. But as this changed the requirement for insurance would change. The pharmacy held the Responsible Pharmacist (RP) record on an electronic spreadsheet that didn't meet all the requirements. There was no option on the spreadsheet to record an RP's absence. The SI wasn't on the premises when the inspector arrived. And there was no RP absence record made. The RP record could be altered after the entry was made as it was recorded on an Excel spreadsheet and not on paper or as part of the PMR system. The spreadsheet had no protected cells to prevent changes to the entries. Due to the current staffing the risk of an entry being changed or deleted was minimal as the SI worked all days. But in the future, there was a risk that the record may not be true representation of the RP on the day. The SI had already signed out as RP in advance of the time. The pharmacy didn't use a recognised CD register and the pages of the printed register inserts were attached by a staple and as such were not bound. The title of the insert was mis-printed as "control drug." There were few entries for CDs, and these were completed correctly. A check on the quantity of Longtec 30mg matched the balance in the register. The SI completed a weekly audit of CD register balance checks against the quantity in the cabinet. He recorded that these checks had been completed on the RP log spreadsheet. The pharmacy didn't have a private prescription book, but the SI explained he hadn't dispensed any private prescriptions. The plan was to record these electronically if received. The pharmacy had made no emergency supplies and had not dispensed any prescriptions for unlicensed specials.

The pharmacy had a privacy notice and policy displayed on its website. It also displayed its ICO certificate. It had an information governance folder. The SI had signed a statement to confirm his understanding of the importance of confidentiality. This would be completed by all staff as the business grew and the pharmacy employed more staff. He was aware of the importance of protecting people's privacy and private information. He described when he spoke to people on the telephone how he checked the identity of the person before talking about their medication. The pharmacy had a data security SOP. The SI had submitted his annual NHS Information Governance (IG) toolkit. The pharmacy stored its confidential waste separate from other waste. The bin still had space for additional confidential waste. But none of this waste had been shredded since the pharmacy had opened. So, some private information had been kept for some months when there was no need to do so. The pharmacy didn't have a shredder to ensure waste was destroyed in a timely manner.

The SI confirmed he had completed CPPE training level 2 for safeguarding in the last year. He described how he would find the appropriate local contact details online and would follow the local safeguarding flow chart if needed. He recognised that by starting to dispense medicines into multi-compartment compliance packs he was supporting more vulnerable people who may need his help.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has recently opened, and the current staffing levels are appropriate for the workload. The pharmacist has the skills and knowledge to complete all required tasks associated with the pharmacy's services. And he keeps his knowledge up to date. He has some ideas for contingency plans for if he is unable to work.

Inspector's evidence

The SI was not on site when the inspector arrived, the pharmacy was secured. Due to the volume of prescriptions dispensed the SI worked all the opening hours. He was able to dispense the prescriptions and then leave them to return at a later time to check them. He kept his knowledge up to date as part of his professional revalidation. He had completed training relevant to the requirements of the pharmacy's services. This included safeguarding, training associated with the provision of the community pharmacist consultation scheme (CPCS) and the CPPE module for look-alike sound-alike (LASA) medicines. He was an independent prescriber but not practicing. He was able to use his professional judgement in making decisions and didn't set any targets for services. His focus was providing a good quality service for people. There was no mechanism for raising concerns or sharing ideas due to the staffing levels.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are adequate for the services the pharmacy provides. It is secure and sufficiently clean. But the pharmacy's floor in the dispensing area is cluttered. So, this may increase the risk of a trip or fall.

Inspector's evidence

The pharmacy had secured access. The entry to the pharmacy premises was straight into a room that was being converted into a consultation room. This room had a sink. The pharmacy had recently been accepted to provide the community pharmacist consultation service (CPCS). This room didn't currently have a table, chair or computer. There was a chair available from the dispensing area that could be used. The SI explained that there had been a temporary table and chairs, but these were in the process of being replaced. The CPCS service was not being offered at the time of the inspection. There was a door leading into the dispensing area.

The dispensing area had two tables one with a computer which was the labelling area and one used as the dispensing bench. There was an adequate space to dispense the current volume of 350-400 items per month. But this set up would become inadequate with additional staff and workload. There were already baskets stored on one side of the dispensing table. These were for the compliance packs the pharmacy dispensed. There was a degree of clutter and untidiness with the pharmacy totes stored in the middle of the floor. These were potential trip hazards. The lighting was acceptable, but the temperature of the premises felt cold. The pharmacy had a heater and the temperature of the pharmacy did warm up towards the end of the inspection. The pharmacy was suitably clean and hygienic. The staff facilities were in an adjacent property.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy advertises its services to make them accessible to people. It adequately manages its services. And it has processes in place for most of its services to help deliver them safely. The pharmacy stores and manages its medicines as it should. And it takes appropriate action with medicines that are no longer safe to supply.

Inspector's evidence

People accessed the pharmacy's services via the website and by telephone. They didn't visit the pharmacy. The website detailed the services the pharmacy provided. The pharmacist transferred the telephone number to his mobile telephone to ensure people could contact the pharmacy if he left the premises. But he didn't complete an RP absence log. There was the option of leaving a message, so the pharmacist could speak with people at a later time if necessary. The pharmacy mainly dispensed NHS prescriptions and had recently commenced supplying some people's medicines in multi-compartment compliance packs. The pharmacist delivered people's medicines to their homes. There was also the option of using Royal Mail for deliveries if necessary. But the pharmacy didn't have a pick up from the pharmacy so the pharmacist would take the deliveries to the post office. The pharmacist didn't keep robust records of the deliveries he made on which days. And he didn't obtain signatures from the people he delivered to. Following the inspection, the pharmacist provided templates of the two forms he had started to use. One to record the deliveries he made on a particular day and a separate form to take out on deliveries to obtain signatures from people.

When dispensing, the pharmacist downloaded and then printed the prescription tokens. But the printer wasn't working so the pharmacist showed how he could label and check from the screen as an alternative until the printer was fixed or replaced. The pharmacy used dispensing labels with only one signature box, a box to signify who had checked the prescription. It was therefore difficult to evidence dispensing and checking of prescriptions had been completed as separate tasks. The font on the labels was of different sizes to standard dispensing labels. Some people may find it difficult to read some of the wording on the labels. It was discussed about checking the labelling requirements for size and font. The SI described how he dispensed prescriptions and then left them for a period of time before he checked the prescriptions and bagged them. The pharmacy had no stock of valproate and hadn't dispensed any since opening. The pharmacist was aware of the additional checks to make. And described how he would keep the stock separate. He didn't have any warning cards or booklets available for people if he did receive a prescription. The pharmacy dispensed some methotrexate and the stock was stored in a basket separate from the stock on the shelves. There was a sign on the wall about the weekly dose to act as a reminder to check before supply.

The pharmacy had recently started dispensing medicines into multi-compartment compliance packs for three to four people. The pharmacist stored information and medicines relating to each person, including a handwritten list of medicines in individual baskets. The handwritten lists were on scraps of paper and there was a risk they could be lost. The pharmacy stored some medicines already halved in one of the baskets. It stored these in a carton that was not appropriately labelled. The pharmacist stored these baskets on the table that was used for dispensing. The table was cluttered, and this practice reduced the dispensing area available for other prescriptions. The pharmacist described how he planned to build shelving to store these baskets on before he increased the level of the service for

other people. Currently he knew all the information he needed for these few people without having robust documentation, but this was not sustainable if the service proved popular. The pharmacy didn't have a SOP for the dispensing and supply of compliance packs.

The pharmacy had the software to comply with the falsified medicines directive (FMD) but didn't have the correct scanners. It had SOPs that detailed the requirements for FMD, but the pharmacy were not yet scanning or decommissioning stock. The pharmacy had only recently opened and as such there was only a small amount of stock needed. The pharmacy didn't have a date checking schedule. The pharmacist described how he checked the expiry date on stock as he put it away. And then recorded any short-dated stock on a short-dated stock list. An entry was seen for one product and there were sheets available for each month. No out-of-date medicines were found on the shelves.

The pharmacist recorded the fridge temperature daily. The records showed the temperatures were in the required range of between two to eight degrees Celsius. The fridge and CD cabinet were of an appropriate size. The stock was stored neatly in the CD cabinet. And the pharmacy had CD denaturing kits if needed. The pharmacy had a SOP for managing safety alerts and drug recalls. It received notification of alerts by email. And these were actioned appropriately.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has most of the equipment it needs in working order. It makes suitable arrangements when its equipment doesn't work. So, people continue to receive their medicines when they need them.

Inspector's evidence

The pharmacy had access to reference resources such as the BNF. And the pharmacist could access the internet to obtain other information such as up-to-date clinical information. The pharmacy had a range of glass, crown stamped measures for liquids. The printer was not printing the prescription tokens clearly, which increased the risk of mistakes. Until the printer could be fixed or replaced, the pharmacist used a laptop to dispense and check from the screen. The laptop had access to the NHS spine so prescription tokens could be viewed. The pharmacy had a printer on order. The pharmacist sometimes took the laptop into the adjacent property, but it was used solely as a work computer. It had fingerprint security access to keep people's private information secure. All paper-based personal information was kept securely in 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.