

# Registered pharmacy inspection report

**Pharmacy Name:** Pimhole Pharmacy, 189 Rochdale Road, Bury,  
Greater Manchester, BL9 7BB

**Pharmacy reference:** 9011229

**Type of pharmacy:** Community

**Date of inspection:** 05/05/2021

## Pharmacy context

The pharmacy is on a main road in Bury alongside other shops. It is open extended hours over seven days and 365 days a year. It mainly dispenses NHS prescriptions, including to people living in care homes. It supplies medicines to some people in multi-compartment compliance packs to help people take their medicines correctly. The pharmacy sells over-the-counter medicines and provides advice.

## 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 appropriately identifies and manages the risks with its services. It has relevant written procedures for team members to follow to help provide services safely. This includes information to help pharmacy team members support vulnerable people. Pharmacy team members regularly record errors they make to learn from them and improve their skills. The pharmacy keeps people's private information secure and keeps the up-to-date records it needs to by law.

### Inspector's evidence

The pharmacy had completed a risk assessment early in the pandemic and identified risks associated with COVID-19 virus transmission. It had built a separate enclosed area at the entrance to the pharmacy with ceiling-high clear glass walls so people could access services without entering the retail area. This area had a chair so people could comfortably wait for prescriptions. This area had a hatch installed that opened up at the end of the pharmacy counter so team members could hand out prescriptions and provide advice safely. People entered the pharmacy through this area if they wanted to. The pharmacy had signs up at the entrance to the pharmacy to wear a mask on entering and people were seen complying. There was a sticker on the floor to help with social distancing. The pharmacy displayed a poster showing the team members how to wash their hands properly. The pharmacy had different working areas to support the team with social distancing. Some of the team members were wearing masks at the start of the inspection and the others put masks on when requested to. Team members were observed socially distancing most of the time, but their tasks sometimes brought them into closer contact with each other.

The pharmacy had a set of standard operating procedures (SOPs) originally prepared in 2015. These had last been reviewed in 2020. The SOPs were relevant to the services the pharmacy provided. The pharmacy's SOPs included processes involving controlled drugs (CDs), responsible pharmacist (RP) and dispensing services. The team members had signed a log filed with each SOP to confirm they had read the SOP and when. The pharmacy had some NHS SOPs involving COVID-19 infection control stored separately.

The pharmacy had a paper near miss log with regular entries made each month, including throughout the pandemic. Prior to the pandemic the pharmacy had completed monthly reviews of the near miss errors recorded, but this had not continued since July 2020. The entries detailed the actions taken, which mostly concentrated on individual learning rather than looking at other factors that may have been involved. The pharmacist discussed the error with the team member and provided additional training if needed. There were a small number of entries detailing errors involving similar sounding names and packaging. Occasionally this resulted in medicines being separated on the shelves. The pharmacy had a SOP for near miss error and dispensing incident management that team members had read. There were examples of completed dispensing incident forms with appropriate completed actions to minimise the risk of future similar errors. This included separating medicines that looked and sounded similar.

The pharmacy had an RP notice displayed of the pharmacist that had been working in the morning. This was changed to the current RP during the inspection. An accuracy checker, who worked as a dispenser, confidently explained her role and how she maintained her competence. She wasn't completing much

accuracy checking since there was an overlap of the morning and afternoon pharmacists. She clearly explained how the pharmacist clinically checked the prescriptions before she completed the accuracy check. There was no individual SOP for the accuracy checker. The pharmacy had a complaints policy, but this wasn't visible on the pharmacy's website. There were several good reviews on the website from people accessing services, including one from since the relocation. The pharmacy had a complaints management SOP and forms to help team members document and resolve more difficult complaints.

The pharmacy had in-date indemnity insurance until the end of May 2021. It kept an up-to-date CD register. Of the sample of records checked, the team mostly completed monthly balance checks of the physical quantity against the register entry. The physical balance matched the register for the one item checked. The pharmacy had a book to record the destruction of patient returned CDs and the entries were complete. Private prescription records were held and mostly had all the required details. But on two of the entries checked there was no dispensed date and no prescription date entered. The RP record was complete, with absences recorded.

The pharmacy didn't have an active privacy policy on the website as the link was broken. A dispenser knew the importance of separating confidential waste. The team stored confidential waste, in separate bins, that they later shredded. The large shredder was located in the consultation room. There was a tote with some medicines with dispensing labels attached stored under the desk in the consultation room. The private details could be seen by people using the room. The team was not often using the room through the pandemic, thus reducing the risk but the SI realised this needed to be moved. The superintendent (SI), who worked in the pharmacy on weekdays had completed Level 2 safeguarding training. There was a safeguarding SOP. The dispensers had a basic knowledge of safeguarding. They knew to refer any concerns to the pharmacist. The team had local safeguarding contact information.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has team members with the qualifications and skills to appropriately manage the services it provides. The team members complete some ongoing training relevant to their roles. And they feel comfortable to discuss ideas and concerns to help improve the pharmacy's services

### Inspector's evidence

The RP worked regularly five days a week in the afternoons with the SI working in the morning. There was time to work together in the middle of the day to effectively hand over the workload. Regular locum pharmacists worked at weekends. The RP was supported with a full-time accuracy checker, another dispenser and an apprentice. The pharmacy also employed a pre-registration pharmacist. The pharmacy had two drivers to deliver people's medicines to them at home. The SI was present for most of the inspection in addition to the RP. The RP on occasions worked without support staff and on these occasions, people could access their prescriptions through one of the two hatches.

The team was seen working well together and managing the workload, although there was some build-up of prescriptions awaiting the pharmacist check. Team members provided appropriate advice to people and referred queries to the pharmacist when they needed to. The pharmacy had sometimes struggled with pharmacist and staffing cover at times during the pandemic and the SI felt the Primary Care Network (PCN) lead and local pharmacies in the area had supported each other well. This was also a source of learning good practice and keeping up to date with changes. The team members and pharmacists completed some ongoing training. This included modules on sepsis and recent on-line suicide awareness training. A dispenser described how the superintendent was approachable with any concerns and openly received feedback to improve services. The pharmacy had a whistleblowing SOP, but a dispenser did not know the process to access this.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are appropriate for the services the pharmacy provides. They are suitably hygienic but there is some clutter and untidiness throughout the premises.

### Inspector's evidence

The pharmacy premises had been newly fitted out when the pharmacy relocated and provided a professional image. It had a hatch directly on to the pavement that had been installed for people to access medicines late at night. The premises had been adapted during the pandemic and there was a newly built reception area at the entrance to the pharmacy. This had ceiling high clear glass panels. People could access the pharmacy by walking through this area or could access services and advice through a second hatch. This helped keep team members and people accessing services safe.

The pharmacy had enough bench space to dispense medicines and shelving to store medicines. There was clutter in the pharmacy with totes and boxes on the floor in the dispensary, consultation room and in the retail area although there was a clear walkway through all areas. The pharmacy had a consultation room with a lockable door. But there was no signage indicating to people that this room was for consultations. The room was of a suitable size and people could socially distance but was cluttered. The SI indicated that the room was not used much during the pandemic partly due to the pharmacy limiting the numbers of people in the retail area and partly due the newly constructed self-contained area at the front where only one person entered at a time. The pharmacy had toilet facilities, with hot and cold running water. It had a clean sink in the dispensing area. The temperature and lighting were suitable. The pharmacy had a website to advertise its services. But the name of the SI was incorrect on the website.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are easily accessible for people. And it mostly manages its services well to deliver them safely and effectively. The pharmacy generally stores and manages its medicines appropriately. But it doesn't always make the records it needs for good audit processes. The team members remove recalled medicines from stock when they need to. But they don't keep up-to-date records of the action they take.

### Inspector's evidence

The pharmacy provided good access to the pharmacy's services. It was open extended hours over seven days. These had reduced slightly during the pandemic. It had two hatches, one opening directly on to the pavement and one in a reception area created at the start of the pandemic. This supported people to collect prescriptions and purchase medicines. The pharmacy had restricted access into the retail area during the pandemic. Queues had been kept to a minimum due to the reception area hatch and the hatch on to the pavement being used. The pharmacy delivered medicines to people's homes and the number of deliveries had increased during the pandemic. The pharmacy kept a record of the deliveries it made. During the pandemic the driver only asked people receiving CDs to sign for receipt. The driver social distanced whilst completing all deliveries, leaving the CD delivery form to sign at the door whilst he stepped back. He had appropriate PPE to use. The pharmacy provided a fit to fly PCR COVID-19 testing service. But the SI had not taken into consideration the updated Public Health England (PHE) Guidance and the requirement to self-declare with UKAS. The SI confirmed he would take the required action following the inspection.

The pharmacy used dispensing baskets to keep people's medicines and prescriptions separate. The team initialled boxes on the dispensing labels to provide an audit trail of who had dispensed and checked the prescription. The team stacked baskets on the benches awaiting checking and benches appeared cluttered. Some of the stacks of baskets were high and presented a risk they may fall with potential mixing of people's medicines. These baskets reduced the available dispensing and checking space. At one point during the inspection the RP was checking a prescription with the basket resting on a chair. There were separate areas for different team members to work and this helped with social distancing.

The SI was aware of the professional requirements of valproate use in pregnancy. The pharmacy had completed historical audits prior to the pandemic and had the patient booklets in stock. He was aware of the people regularly receiving valproate in the at-risk group and provided advice and supplied the medicines in the original packs with the warning information available. But he did not always speak to these people each time and explained this was because they had their medicines delivered.

The pharmacy dispensed some medicines into multi-compartment compliance packs. There was a full audit trail from prescription ordering to when people received their medicines. The dispenser, who organised the service, kept a record on a calendar which clearly showed the stage of dispensing for each person. This was checked to make sure all people received their medicines on time. The dispenser checked prescriptions for any missing items and changes and followed up any queries with the surgery. The pharmacy printed backing sheets rather than dispensing labels. These contained all the relevant medication and dosage information, including any warnings. The pharmacy mostly supplied patient

information leaflets (PILs) with the medicines monthly. The pharmacy dispensed for people living in care homes. It spread the workload over four weeks to reduce workload pressure. The care home ordered the prescription items and the pharmacy kept a record so it could identify and query any changes or missing items with the surgery or the care home. There was a complete audit trail for this dispensing. The driver delivered medicines to the receptions in care homes and wore an appropriate face mask when entering. The pharmacy dispensed some medicines for daily collection, with one person supervised. The pre-registration pharmacist dispensed these prescriptions each morning and the SI checked these. There were no initials in the dispensed by or checked by boxes. This meant there was no audit trail of the check having been completed for the RP supplying the medicine in the afternoon.

The pharmacy had suitable storage for its medicines in the dispensary and kept Pharmacy (P) medicines stored behind the pharmacy counter. Medicines returned from care homes were stored separately at the back of the dispensary before being transferred to medicinal waste bins for destruction. The pharmacy had two fridges, one was a medical fridge with an inbuilt thermometer. The pharmacy kept a written record of the temperatures for this fridge. These were seen to be within the required range. The other was a domestic fridge and had a separate thermometer. The pharmacy didn't record the temperature of this fridge and so couldn't evidence past temperatures were within range. During the inspection the temperature of this fridge was within the required range. The pharmacy had CD cabinets full of stock and untidy. The fridges were not kept tidy.

The SI explained the process for checking for expiry dates, but the records had not been kept up to date. The list of short-dated stock was not up to date. There were no out-of-date medicines identified in a sample checked, although one liquid with a three month expiry once opened had been opened longer than this. This was removed from the shelf. The pharmacy mostly annotated the date liquid medicines were opened. There were several short-dated medicines on the shelves and these packs were not annotated in any way to identify this. They were not on the short-dated stock list. The pharmacy ordered its medicines from recognised wholesalers. The pharmacy received medicine recall alerts via email and had a SOP documenting the process. It had printed records, but these were not up to date. The SI explained how more recently he accessed the email and actioned the alert without printing. He realised that this meant there was no audit trail of his actions.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs for the services it provides. And the pharmacy uses its equipment in ways that protect people's private information.

### Inspector's evidence

The pharmacy had reference resources and access to the internet for up-to-date information. It mostly used CE marked glass measures for liquids but did have one stained plastic measure. This was removed from use during the inspection. The computers were password protected and monitors positioned away from public view. The phones had portable handsets so team members could have private conversations. The pharmacy stored people's medicines awaiting collection out of public view. The pharmacy ordered and stored the consumables for the care homes and compliance packs appropriately.

### 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.