

Registered pharmacy inspection report

Pharmacy Name: Bury Pharmacy, First Floor, 65 Canning Street,
Bury, Greater Manchester, BL9 5AS

Pharmacy reference: 9011404

Type of pharmacy: Internet / distance selling

Date of inspection: 20/08/2024

Pharmacy context

This pharmacy is located in a residential area in Bury and provides its services at a distance. The pharmacy dispenses NHS prescriptions which are delivered to people. It offers the New Medicine Service (NMS) and the NHS Pharmacy First Service. The pharmacy supplies medicines in multi-compartment compliance packs for some people including those who reside in care homes to help them take their medicines at the right time.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.6	Standard not met	The pharmacy does not properly maintain all the records it needs to. These include the private prescription register, emergency supply and records of unlicensed medicines supplied.
2. Staff	Standards not all met	2.2	Standard not met	Some pharmacy team members are not suitably trained or enrolled on training courses appropriate for their role.
3. Premises	Standards not all met	3.1	Standard not met	The pharmacy team do not clean or maintain the pharmacy to make sure it is a suitable environment for the services being provided.
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy does not always store and manage its medicines appropriately. It doesn't have a robust process to check for expired medicines. And there is evidence of out-of-date medicines on the shelves. The pharmacy does not have a robust process to deal with patient-returned medicines. And it cannot show that it always stores medicines which require refrigeration appropriately.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy does not appropriately identify and mitigate the risks associated with its services. Its team members are not familiar with its written procedures which means they may not always work effectively. And it does not maintain the records it needs to or keep them up to date in line with requirements. Team members make some records of dispensing mistakes that occur which helps them to learn from them. And they take action to help reduce the chance of similar mistakes from happening again.

Inspector's evidence

Standard operating procedures (SOPs) were available; however, these had not been read by all members of the team. This meant that they may not always know what is expected of them and be familiar with the pharmacy's processes and procedures to work safely and effectively. Risk assessments which covered the services being offered were available and had been completed by the superintendent pharmacist (SI). However, there was no indication of the dates when this had been completed or when it had been reviewed. This meant the pharmacy was unable to demonstrate that the risks had been assessed on an ongoing basis.

Dispensing mistakes which had been identified before the medicine was supplied to people (near misses) were corrected and recorded. Near misses were reviewed and a discussion was held with the team, but no records of these discussions were made which would be useful for team members to refer to and help identify any common trends. Following past reviews, the team had been briefed on medicines that 'looked-alike' and 'sounded-alike.' Mistakes made during the dispensing process that hadn't been identified before being supplied to people (dispensing errors) were reported on a separate log. Following previous errors, the team ensured the checking bench was clear of clutter and the responsible pharmacist (RP) slowed down when checking. The team had also started using colour-coded baskets to help prioritise the workload.

The pharmacy had current professional indemnity insurance which covered all the services provided. The pharmacy had a complaints procedure and people could contact the team via the website. The correct RP notice was displayed. The team members were aware of the tasks that could and could not be carried out in the absence of the RP.

Controlled drug (CD) registers and RP records were well maintained. Running balances were recorded and checked against physical stock. A random balance was checked and found to be correct. A register was available to record CDs that people had returned. Private prescription records did not always have the correct prescriber detail recorded. Which was required to show who had provided the authority to supply the medicine. Emergency supply records did not always have the reason why the supply had been made when requested by the patient, which was required to be kept in line with legal requirements. . Records of unlicensed medicines supplied were not kept. This could make it difficult to identify who had received a particular batch of an unlicensed medicine if there was an issue or a recall.

The pharmacy was closed and not accessible to the public. Team members had been briefed on confidentiality and data protection. The pharmacy stored confidential information securely and separated confidential waste which was then collected by a specialist contractor for disposal. However,

there was a large volume of confidential waste seen which was awaiting collection. Team members provided assurances that they would discuss it being collected with the SI. The RP had access to national care records (NCR) and obtained verbal consent from people before accessing.

Some team members had completed safeguarding training. The RP had a completed level three training. If the team had concerns, they would refer to the RP and there was a poster displayed in the dispensary with details of steps to follow.

Principle 2 - Staffing Standards not all met

Summary findings

Some pharmacy team members are not properly trained or do not undergo training appropriate for their role. And they complete activities for which they are not appropriately qualified or trained to do. Staff are given some ongoing training. But this is not structured, and they are not given time to complete it. This could make it harder for them to keep their knowledge and skills up to date.

Inspector's evidence

The pharmacy team comprised of the RP who was a regular locum pharmacist, a pharmacy manager who had completed a degree in pharmacy (MPharm), a trained dispenser and two team members who had not completed any formal accredited training. One of the team members had been working at the pharmacy for a year and the other had started less than 12 weeks before the inspection. The pharmacy also had two delivery drivers who were not present at the inspection. The trained dispenser was due to be enrolled on the technician training course.

The performance of the pharmacy team members was managed by the SI. Team members were provided with feedback on an ongoing basis by the locum pharmacists and SI. Team members completed training online in line with NHS requirements. The pharmacists informed the team of what training needed to be completed.

The pharmacy team was small and worked closely together. Issues and concerns were discussed as they arose or during team meetings that were held weekly. Team members felt able to feedback concerns and offer suggestions to the SI. Targets were in place for the pharmacy services provided. When questioned, the RP said these did not affect his professional judgment.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy does not keep its premises tidy. They are disorganised and does not provide a suitable working environment. Some areas where team members prepare prescriptions are untidy which may increase the risk of mistakes during the dispensing process. However, the premises are kept secure from unauthorised access when closed.

Inspector's evidence

The pharmacy was situated on the first floor. The dispensary had ample workspace. However, it was untidy and disorganised. Dispensary shelves had a layer of dust, and a number of loose tablets were seen on the floor. Packs of medicines were also found to have fallen on the floor under the shelving units. A sink was available in the dispensary, which was stained. The cleanliness of the pharmacy was not maintained to a level that was expected of a healthcare provider. A second room was used to prepare multi-compartment compliance packs. Cleaning was said to be done by team members. The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of healthcare services.

The pharmacy had its own online website (www.bury-pharmacy.co.uk). The website gave clear information how people can contact the pharmacy and the GPhC registration information for the pharmacy and details about the company. However, details about the SI pharmacist's registration were not included. This could make it difficult for people to verify the SI's registration. Team members explained that the website was under development. The pharmacy had sold a limited number of over-the-counter medicines via the website. However, these were not seen on the website when it was checked.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy does not always store its medicines properly. And it cannot show that it keeps medicines requiring cold storage at the right temperature. This means that it may not be able to demonstrate that the medicines are safe to use. Medicines are not stored in an organised manner which increases the risk of mistakes happening. There is no robust process for checking the expiry dates of medicines, so there is a risk that it may provide people with expired stock. The pharmacy does not have a robust process for dealing with patient returned medicines and there is a risk that these may be supplied to people. The pharmacy generally manages its other services adequately.

Inspector's evidence

The pharmacy was a distance selling pharmacy, so medicines were not supplied directly to people using the pharmacy. The pharmacy website listed the services it provided and displayed the pharmacy's opening times. Prescriptions were received by the pharmacy electronically. People were signposted to other services where appropriate and the team used the internet to find out details of services local to where the person resided. Team members were multilingual and spoke most of the languages spoken locally.

The RP felt the NHS Pharmacy First service and the multi-compartment compliance pack service had the most positive impact on the local population. The RP described that a number of local pharmacies were either stopping the compliance pack service or not taking on any new patients. The pharmacy offered deliveries to people living out of the area.

The pharmacy's website was not available to access during the course of the inspection. Team members explained it was undergoing development. One of the team members explained that some general sales (GSL) and pharmacy only (P) medicines were sold from the website. However, there were no products available to buy online when the website was checked after the inspection. Information detailing the products that had been sold over the counter was sent to the inspector which showed that only GSL products had been supplied. A team member explained that orders were reviewed by the SI. The RP explained he hadn't checked any orders for P medicines on the days that he had worked at the pharmacy.

There was an established workflow within the dispensary and prescriptions were assembled by the dispensers and checked by the RP. 'Dispensed-by' and 'checked-by' boxes were available on dispensing labels, and these were routinely signed to create an audit trail showing who had carried out each of these tasks. Baskets were used to separate prescriptions, to prevent them being mixed up. Baskets were also colour-coded to help manage the workflow.

People were counselled on the use of their medicines over the telephone if needed. Team members said people generally called the pharmacy if they had questions about their medicines. The pharmacy team did not see people face to face as all services were provided at a distance. Pharmacy First consultations were either carried out over the telephone or via video call. The patient group direction (PGD) for the Pharmacy First service had not been signed by the pharmacists. The RP provided an assurance that he would sign these.

The pharmacy team were aware of the risks associated with the use of valproate containing medicines during pregnancy. Additional checks were carried out when people were supplied with medicines which required ongoing monitoring. In some cases, people sent information of their monitoring results with the delivery driver. These were checked and then returned back.

Some people's medicines were supplied in multi-compartment compliance packs. Packs were prepared by the dispensers. Team members were notified by the patient, their carer or family member when people were due their packs. Team members double checked if there had been any changes before requesting prescriptions. Once prescriptions were received, they were checked for any changes and missing medicines. Medicines administration record charts (MAR) were supplied electronically for people who resided in care homes. Assembled packs were labelled with mandatory warnings and patient information leaflets were issued monthly. However, the product descriptions were not included on the prepared packs which could make it difficult for the individual tablets to be identified. The pharmacy also supplied acute medicines to people residing in care homes. These prescriptions were received electronically and were delivered on the same day if stock was available.

Some NHS prescriptions were received from people residing nationwide. These medicines were sent out using a Royal Mail tracked delivery service. The pharmacy had a process for dealing with failed deliveries. Deliveries in the local area were carried out by one of two delivery drivers. Drivers had delivery logs and obtained signatures from people when delivering CDs. If people were not available to accept the delivery the medicines were returned to the pharmacy.

Medicines were obtained from licensed wholesalers. Fridge temperatures were said to be monitored and recorded daily. However, only three recordings had been made in August 2024. Some medicines in stock were stored in amber bottles but there was no indication of the expiry dates or batch number of these. This could make it harder for the pharmacy to date-check the medicines or respond to safety alerts appropriately. A number of medicines were also seen to be stored outside of their original packs in the blisters on the shelves. Some original packs of medicines were also found containing tablets which had been de-blistered. There was no process for date checking and the date checking matrix showed that the last check had been completed in April 2024. A random sample of stock was checked, and some expired medicines were found on the shelves. A few patient-returned compliance packs were seen on the bottom of the shelves used to store prepared compliance packs. This created a risk of the returned packs being mixed up and supplied. Some medicine packs were seen on shelves which had remnants of labels, team members explained that these were uncollected prescriptions. Other returns were found on the upper floor of the premises. Team members explained this was returned from a care home and needed to be disposed of. Drug recalls were received electronically. The team explained they would check the stock and take the necessary action as required. But the pharmacy had not kept records to show how they had dealt with them, and to show they had acted appropriately.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services And it keeps them secure to help protect people's data.

Inspector's evidence

The pharmacy had calibrated glass measures and tablet counting equipment was available. A medical fridge was available. Up-to-date reference sources were available including access to the internet. The pharmacy's computers were password protected and screens were not visible to people using 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.