

# Registered pharmacy inspection report

**Pharmacy Name:** Bolton Pharmacy, 303 Plodder Lane, Farnworth, Bolton, Greater Manchester, BL4 0BR

**Pharmacy reference:** 9011940

**Type of pharmacy:** Closed

**Date of inspection:** 30/06/2023

## Pharmacy context

This pharmacy is situated in a closed unit in a residential area. Members of the public do not usually visit the pharmacy in person. Instead, the pharmacy delivers medicines to people in the local area. The pharmacy dispenses NHS prescriptions. It has a website ([www.boltonpharmacy.co.uk](http://www.boltonpharmacy.co.uk)) which provides information about the pharmacy.

## 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. It keeps people's private information safe and the pharmacists complete training, so they know how to protect children and vulnerable adults. The pharmacy has some written procedures explaining how it operates. But these are not embedded in practice so the team members may not always complete tasks in the right way. The team generally completes the records that it needs to by law. But records sometimes contain inaccuracies, which could cause confusion if queries arise and makes audit more difficult. And the team does not always record its mistakes, so team members may be missing out on additional learning opportunities.

### Inspector's evidence

The pharmacy opened around six months ago. Standard operating procedures (SOPs) had been recently introduced but they had not been fully implemented, and there was some evidence that they were not being followed. The name of the responsible pharmacist (RP) was not on display, which was not in line with the RP regulations, and meant people might not know who the RP was at any particular time. The pharmacist superintendent (SI) who was working as the RP printed a notice off and displayed it when this was pointed out.

The SI and another pharmacist who worked at the pharmacy regularly were the only team members apart from the delivery driver. The two pharmacists worked on alternate days as the RP. One pharmacist would dispense prescriptions one day and check the other pharmacist's prescriptions from the day before. This ensured a separate person always carried out the accuracy check to the one that dispensed it, to help minimise errors. The two pharmacists discussed any errors but near misses were not generally recorded. This was not in line with the near miss SOP and meant they couldn't easily be reviewed for patterns and trends. The SI described some changes which he had made in the pharmacy to reduce the risk of errors, such as separating out the fast-moving lines from the main stock of medicines, to give more space which allowed better organisation and separation of the medicines.

There was a complaint SOP. The pharmacy's complaint procedure was on the pharmacy's website with details about the Patient Advice and Liaison Service (PALS) and the Independent Complaints Advocacy Service (ICAS). The details were also included in the pharmacy's practice leaflet which was accessible via the website. The team had not received any formal complaints, but the SI confirmed that he would record and deal with any that arose. He explained that he telephoned people and asked them for feedback a couple of months after they had started using the pharmacy. But the details of these conversations were not recorded, so the team might not be able to demonstrate any improvements it made following feedback.

A current certificate of professional indemnity insurance was on display in the pharmacy. The pharmacy had not dispensed any private prescriptions or made any emergency supplies, but there was a facility to record these electronically as part of the patient medication record (PMR) system. The RP record appeared to be in order. Records of controlled drugs (CD) included running balances, but these were not regularly audited. And checks of CD registers found two discrepancies, which were due to missing entries. The SI resolved the discrepancies during the inspection and completed the missing entries in

the registers.

There was an information governance (IG) SOP which included procedures to protect patient confidentiality. Confidential waste was collected in a designated place. The SI explained that he was intending to obtain a shredder so that it could be shredded on site. A statement that the pharmacy complied with the General Data Protection Regulation (GDPR) and the NHS Code of Confidentiality was included in the privacy policy and practice leaflet which were accessible via the website. Details of the Information Commissioner's Office and the data protection officer were shown in in the privacy policy. The pharmacy obtained consent from people if they needed to access their Summary Care Records (SCR).

Both pharmacists had completed level 2 training on safeguarding. There was a policy for protecting children and vulnerable adults. The SI said he would look up the contact details online of who to report concerns to in the local area if needed. The contact details for Childline, the Samaritans and Crisis Team were available on the pharmacy's website.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its current workload. It reviews its staffing profile and recruits new team members according to business needs. The pharmacy team members receive appropriate training, and they discuss issues informally.

### Inspector's evidence

The SI was the only person on duty. The pharmacy did not currently employ any support staff, other than the delivery driver. The SI explained that he spoke regularly to the other pharmacist but he did not generally record their discussions. He confirmed that both pharmacists were suitably trained for the services they provided. The SI said he discussed any issues with the delivery driver as they arose. Following the inspection, the SI confirmed that the driver was to be enrolled onto a suitable delivery training course. The staffing level was adequate for the volume of work during the inspection. The SI explained that the workload was increasing so he was currently recruiting a dispenser and an apprentice to provide extra support. He said they would be placed on suitable courses unless they were already qualified. The SI was empowered to exercise his professional judgement and could comply with his own professional and legal obligations. He said targets were not set so no one on the pharmacy team was under any pressure.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy generally provides a professional environment for the provision of healthcare services. The pharmacy's website has useful information about the pharmacy and its services.

### Inspector's evidence

The pharmacy premises were reasonably clean and in an adequate state of repair. The temperature and lighting were suitably controlled. The pharmacy was fitted out to an appropriate standard. Staff facilities were limited, and the WC was not currently operational. The SI confirmed that he had reported this to the landlord. There was a separate dispensary sink for medicines preparation with hot and cold running water and antibacterial hand wash was available. The pharmacy had a consultation room, but it was cluttered. The SI said it wasn't being used as no services which required a face-to-face consultation were being provided.

The pharmacy's website gave information about the pharmacy and the services it provided. It was possible to purchase some retail products and over the counter (OTC) medicines via the website, which were supplied by a third-party pharmacy. But the website did not make this clear as the details of the third-party pharmacy were not prominently displayed. The SI confirmed that no sales had taken place through the website yet.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy offers a small range of healthcare services, which are generally well managed and easy for people to access. It gets its medicines from licensed suppliers and the team generally manages them safely. Team members carry out some checks to ensure medicines are in suitable condition to supply. But the pharmacy does not have an effective system for managing safety alerts and medicine recalls, which could mean it does not always deal with these promptly.

### Inspector's evidence

People could communicate with the pharmacists via the telephone, email or via the website. Some services were shown on a leaflet which had been distributed in the community, such as travel vaccinations, which were not yet available, which was misleading. The SI said he signposted people to other pharmacies in the area which were providing those service if people requested them. There was a healthy living zone, and there was a wide variety of health information and links to support services on the website. The SI said he sometimes gave health advice to people by telephone and sent some people leaflets, but signposting and providing healthy living advice were not recorded, so the team could not demonstrate these activities. The pharmacy offered the New Medicine Service (NMS). Consultations. These were carried out over the telephone and records were retained for this.

There was a pharmacy App which people could use to help manage their repeat prescription requests. Most medicines were delivered to people's homes. If nobody was available to receive the delivery the medicine was returned to the pharmacy and a delivery attempted the following day. Delivery record sheets were not retained, so there wasn't an audit trail to refer to in the event of a query or problem. This was not in line with the delivery SOP, but the SI confirmed that he would ensure the proper procedure was being followed going forward. Following the inspection, the SI provided assurance that a folder had been set up to store delivery records and the delivery driver had read the delivery SOP.

Space was adequate in the dispensary and the dispensary shelves were reasonably well organised. Checked by boxes were initialled by the pharmacist completing the accuracy check, but the pharmacist who dispensed the medication did not always initial the medication label. This meant there was an incomplete audit trail, which might limit learning if something went wrong. 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 CD was prescribed. The SI was aware of the valproate pregnancy prevention programme. He said there weren't any regular patients in the at-risk group. If he came across any new patients in the at-risk group, then he would check that they'd had a discussion with their GP about pregnancy prevention, and he would make a note on their PMR confirming this.

Around twenty people received their medication in multi-compartment compliance aid packs. It was not always clear which pharmacist had confirmed changes made to people's regular medication in the packs, or who they had confirmed them with, and the date, which could cause confusion when assembling packs. Medicine descriptions were not usually added to the compliance packs labels so

people might not be able to identify the individual medicines. The SI confirmed packaging leaflets were included each month so people were able to easily access additional information about their medicines. Disposable equipment was used. The SI explained that most people using packs had been referred by their GP, who had carried out an assessment. So, an assessment was not usually carried out by the pharmacy to check whether a compliance aid pack was a suitable option, or if other adjustments might be more appropriate to the person's needs, prior to commencing this service.

CDs were stored in a CD cabinet which was securely fixed to the wall. The pharmacy had not received any patient returned CDs, but the SI confirmed that he would obtain a book to record the return and destruction of these CDs. And the pharmacy had denaturing kits available.

Recognised licensed wholesalers were used to obtain stock medicines. Medicines were generally stored in their original containers, but a few loose tablets and some Sytron liquid were seen on the dispensary shelves, which had not been labelled with their batch number and expiry dates. The SI removed these from the shelves for disposal. Date checking was carried out but it was not documented, so there was a risk that some parts of the pharmacy might be missed. Dates had generally been added to opened liquids with limited stability. Expired and unwanted medicines were segregated and placed in designated bins.

The SI explained that he checked the Medicines & Healthcare products Regulatory Agency (MHRA) website weekly for drug alerts and recalls. But he did not keep any records so the pharmacy team would not easily be able to respond to queries and provide assurance that the pharmacy had taken appropriate action. Following the inspection, the SI confirmed that the pharmacy was now set up to receive alerts and recalls by email and he had set up a matrix to record the action taken when these were received, to provide an audit trail.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services safely. Equipment is appropriately monitored and maintained so that it is safe to use.

### Inspector's evidence

The pharmacists could access the internet for the most up-to-date information. The SI said he used the electronic British National Formulary (BNF) and BNF for children. There was a clean medical fridge for storing medicines. The minimum and maximum temperatures were being recorded regularly and the records showed it had been within range throughout the month. All electrical equipment appeared to be in good working order. There was a selection of clean glass liquid measures with British standard and crown marks. The pharmacy had clean equipment for counting loose tablets and capsules. The SI said cytotoxics such as methotrexate were usually obtained in foil strips, so handling was not necessary.

### 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.