

# Registered pharmacy inspection report

**Pharmacy Name:** Adams Pharmacy, 167-169 Mossley Road, Ashton-under-Lyne, Greater Manchester, OL6 6NE

**Pharmacy reference:** 9012387

**Type of pharmacy:** Community

**Date of inspection:** 02/12/2024

## Pharmacy context

This busy community pharmacy is located on a main road next to a medical centre. Most people who use the pharmacy are from the local area and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it sells a range of over-the-counter medicines. And it provides a seasonal flu vaccination service and some other NHS funded services including the Pharmacy First Service. It supplies a large number of medicines in multi-compartment compliance packs to help people take their medicines at the right time. The pharmacy opens early in the morning and closes late in the evening. The pharmacy increased in size around six months ago by adding the building next door. The pharmacy was then registered as a new 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 |
|--|-------------------|------------------------------|------------------|-----|
| <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, and it takes steps to improve patient safety. The team members keep people's private information safe. And the pharmacists complete training so they know how to protect children and vulnerable adults. The team keep the records required by law, but some details are missing, which could make it harder to understand what has happened if queries arise.

### Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services it provided, with signatures showing members of the pharmacy team had read and accepted them. The Saturday assistants and a new member of the pharmacy team had not indicated that they had read the SOPs, so there was a risk that they might not fully understand the pharmacy's procedures. One of the owners of the pharmacy, who was a pharmacist, was present. He explained that the Saturday assistants had read the relevant SOPs and he would ensure they sign to confirm this. And he would ask the new member of staff to read and sign the SOPs. He confirmed that she had been shown the procedures for the tasks she was carrying out, and she had shadowed another member of the team until she was familiar with the procedures. Roles and responsibilities were set out in SOPs and the pharmacy team members were generally performing duties which were in line with their roles. Team members were wearing uniforms and badges which identified their roles. The name of the responsible pharmacist (RP) was displayed as required by the RP regulations.

The pharmacy team recorded near misses on a log and discussed them within the team. The pharmacy's Patient Medication Record (PMR) system had an added patient safety feature using bar code technology which checked that the medicine selected was the one that was prescribed, and that it had not passed its expiry date. A trainee dispenser explained that errors were uncommon because of this feature, but occasionally a medicine wouldn't scan, so extra care had to be taken. Due to a particular brand of sertraline tablets not scanning into the PMR system, a near miss had been identified when the wrong strength of sertraline was selected. As a result the team placed the different strengths of sertraline onto separate shelves to help to reduce the risk of selecting the wrong strength again. There was a SOP covering needle-stick injury and biohazards. Notices were displayed in the consultation room explaining the symptoms and treatment of fainting, seizures and anaphylaxis, and the process to follow if there was a needle-stick injury. This helped the team to manage the risks associated with the flu vaccination service.

The complaints procedure was outlined in practice leaflets which were on display. Professional indemnity insurance arrangements were in place. The RP record and the controlled drug (CD) registers were appropriately maintained. Records of CD running balances were kept and these were audited. Four CD balances were checked and found to be correct. Patient returned CDs were disposed of appropriately and the destruction was recorded in a designated book, but they were not always entered into the book when they were first returned to the pharmacy. So, they were unaccounted for until the destruction. The pharmacy's owner said that he would remind the pharmacy team and regular locum pharmacists of the correct procedure to follow. Private prescriptions were recorded in a written register, but some entries did not contain all the required details. There was an electronic record of private prescription available as part of the PMR system, but the entries did not include the prescribers'

details. The pharmacy owner confirmed that he would review the process for reporting private prescriptions, so everyone was clear which method to use and ensure the entries were accurately completed.

Confidential waste was placed in designated bins which were collected by a third party for disposal. The new assistant had a basic understanding about patient confidentiality and knew the difference between confidential and general waste. Assembled prescriptions and paperwork containing patient confidential information were stored appropriately so that people's details could not be seen by members of the public. A certificate was on display showing that the pharmacy was registered with the Information Commissioner's Office (ICO). Consent was received when National Care Records (NCR) were accessed. For example, during the Pharmacy First service, but this was not always recorded. The pharmacy's owner said he would encourage pharmacists to record patient consent on the PMR system.

There was a safeguarding SOP. The pharmacists had completed level 2 training on safeguarding. A dispenser said she would voice any concerns regarding children and vulnerable adults to the pharmacist working at the time. The owner said he would look up the details of the local safeguarding contacts online if required. 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 its workload and they complete the essential training they need to do their jobs. Team members are comfortable providing feedback to their manager and they receive informal feedback about their own performance. But ongoing training does not happen regularly, and it is not well organised, so the team's knowledge may not always be fully up to date.

### Inspector's evidence

The pharmacy's owner, the RP, four NVQ2 qualified dispensers (or equivalent), two trainee dispensers, a new member of staff who was going to train as a dispenser and a delivery driver were on duty at the time of the inspection. The staffing level was adequate for the volume of work during the inspection and the team members were observed working collaboratively with each other and people who visited the pharmacy. There was a pharmacy technician (PT), a medicines counter assistant (MCA) and three Saturday assistants on the pharmacy team who were not present at the inspection. Absences were covered by re-arranging the staff hours or transferring staff from another pharmacy close by. The owner worked at least two days each week in the pharmacy. The RP usually worked two days each week. The remaining days were covered by other regular locum pharmacists.

Members of the pharmacy team carrying out the services had completed appropriate training. The pharmacy's owner explained that team members carried out the practical aspects of their course in the pharmacy and were encouraged to ask questions to help their learning. But they did not have regular protected training time and were expected to complete most of their training in their own time. The new member of staff had received some induction training, but this had not been documented. The RP and the pharmacy's owner had both completed the required training for the NHS Pharmacy First service including ear examinations and the use of an otoscope. The owner had completed face-to-face and online training to prepare for the flu vaccination service. He had trained to become an independent prescriber, but he had not started prescribing yet.

The pharmacy team had informal discussions with the pharmacy's owner about their performance and development. Informal meetings were held where a variety of issues were discussed, and concerns could be raised. The pharmacy's owner used an electronic messenger system to keep the team up to date. A dispenser said she felt there was an open and honest culture in the pharmacy and said she would feel comfortable talking to the RP or the owner about any concerns she might have. She said she felt comfortable admitting errors and tried to always learn from any mistakes she made. The RP wasn't under any pressure to achieve targets, and said he just ensured he completed all the required tasks each day, following them through to completion when possible.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a suitable environment for people to receive healthcare services. It has a private consultation room so people can receive services and have confidential conversations with members of the pharmacy team in private.

### Inspector's evidence

The pharmacy premises, including the shop front and fascia, were reasonably clean and in an adequate state of repair. The retail area was free from obstructions, professional in appearance and had a waiting area with eight chairs. A recent refit had been carried out to make a larger waiting area and improve the consultation room. The pharmacy's main dispensary was behind the medicine counter. A second dispensary had been added to the registered premises in the building next door. This was used to assemble and store compliance packs. There were two secure stockrooms on the first floor where excess stock was stored. Staff facilities included a kitchen area and a WC, with a wash hand basin and hand wash. There was a small dispensary sink for medicines preparation with hot and cold running water. The temperature and lighting were adequately controlled. 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 flu vaccinations and when customers needed a private area to talk.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy offers a range of healthcare services which are generally well managed and easy for people to access. It gets its medicines from licensed suppliers, and it carries out some checks to ensure medicines are in good condition and suitable to supply. The pharmacy team could manage its compliance pack service more effectively, including keeping better records and audit trails to ensure people receive their medicines safely.

### Inspector's evidence

There was a small step up to the front door of the pharmacy, but it was possible for customers to enter with prams and mobility issues with assistance. Services provided by the pharmacy were advertised in the pharmacy and listed in the practice leaflet. There was a range of healthcare leaflets and posters providing useful information. For example, on improving mental wellbeing and awareness of bowel cancer.

There was a home delivery service with associated audit trail. Each delivery was recorded electronically. The delivery driver used an App to record the safe receipt. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy. Members of the pharmacy team could view the delivery records and see the status of the delivery during transit. This was helpful when there were queries. An additional separate sheet was completed when CDs were delivered to capture the details of the recipient and provide an additional audit trail.

Space was limited in the main dispensary, but the workflow was organised into separate areas, and the additional dispensary where the compliance packs were assembled created more space for the main dispensary area. The dispensary shelves were reasonably neat and tidy. Dividers were used to improve the separation of different medicines. 'Dispensed-by' and 'checked-by' boxes were initialled on the medication labels to provide an audit trail. The PMR system recorded which pharmacist had clinically checked each prescription, and which team members had labelled and handed out the prescription. 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.

'Pharmacist' stickers or post it notes were attached to assembled prescriptions to highlight when counselling was required and higher risk medicines such as valproate were targeted for extra checks and counselling. The team were aware of the requirements for a Pregnancy Prevention Programme to be in place and that people who were prescribed valproate containing medicines should have annual reviews with a specialist. They were also aware that valproate containing medicines should only be supplied in original packs.

There was a partial audit trail for changes to medication in multi-compartment compliance packs, but it was not always clear who had confirmed these changes and the date they had been made, which could cause confusion in the event of a query. Some packs were supplied on a weekly basis and the pharmacy received weekly prescriptions for these. The four packs were assembled together with the first week's prescription of the month, and then the subsequent packs were checked against the prescriptions as

they were received. This could increase risk if there were any changes to the prescription during the month and was not in line with the SOP. And the details of the pharmacist who checked the pack against the prescription was not always recorded. The pharmacy's owner said he would review this process and ensure the SOP reflected the current practice. Medicine descriptions were usually included on the packaging to enable identification of the individual medicines. Packaging leaflets were not always included. So, people might not have easy access to all of the information they need. Disposable equipment was used. An assessment was made by the pharmacist as to the appropriateness of a pack or if other adjustments might be more appropriate to their needs. This usually included a discussion with the patient's GP, but the assessment was not generally documented.

CDs were stored in four CD cabinets which were securely fixed. The keys were not always under the control of the RP, and some assembled methadone solution was left in baskets on the dispensary bench during the day, which could lead to unauthorised access to CDs. The RP kept the keys on his person and locked the assembled methadone in the CD cabinet when this risk was pointed out. Date expired and patient returned CDs were separated and stored securely. Patient returned CDs were destroyed using denaturing kits. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled. A dispenser explained what questions she asked when making a medicine sale and she knew when to refer the person to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist.

Recognised licensed wholesalers were used to obtain stock medicines and appropriate records were generally maintained for medicines ordered from 'Specials'. Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out. Expired and unwanted medicines were segregated and placed in designated bins. Alerts and recalls were received via email messages from the Medicines & Healthcare products Regulatory Agency (MHRA). These were read and acted on by a member of the pharmacy team, but a record of the action taken was not retained, so team members might not easily be able to respond to queries and provide assurance that the appropriate action had been taken. The owner said he would set up a spreadsheet to capture this information and said there was a record on the team's message group as he used this to make sure everybody was aware of the alerts.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Pharmacy team members have access to the equipment and facilities they need for the services they provide. But they could do more to make sure that all the equipment they use is accurate and fit for purpose.

### Inspector's evidence

The pharmacist could access the internet for the most up-to-date reference sources. For example, the electronic British National Formulary (BNF) and BNF for children. There were two medical fridges for storing medicines. The minimum and maximum temperatures were being recorded regularly and had been within range throughout the month. All electrical equipment appeared to be in good working order. An otoscope was available for use in the Pharmacy First service. A sharps bin and other equipment required for the flu vaccination service was available in the consultation room.

The pharmacy team used plastic liquid measures, which didn't have accuracy markings, and were more difficult to clean. The pharmacy's owner said they had done some checks on the accuracy of the measures so were reasonably satisfied they were sufficiently accurate. Separate measures were marked and used for methadone solution. The pharmacy had a range of 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. 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  |
|--|--|
| <span style="color: green;">✓</span> <b>Excellent practice</b> | 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. |
| <span style="color: green;">✓</span> <b>Good practice</b>      | The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.                                |
| <span style="color: green;">✓</span> <b>Standards met</b>      | The pharmacy meets all the standards.  |
| <b>Standards not all met</b>                                   | The pharmacy has not met one or more standards.  |