

Registered pharmacy inspection report

Pharmacy Name: MB Pharmacy, Unit 11, Hawkley Brook Trading Estate, Worthington Way, Wigan, Greater Manchester, WN3 6XE

Pharmacy reference: 9012446

Type of pharmacy: Dispensing hub

Date of inspection: 03/12/2024

Pharmacy context

The pharmacy is located in an industrial estate in Wigan. It acts as a hub by dispensing medicines for other pharmacies within the same company. Medicines are prepared and sent to the pharmacy branch, for onward supply to people. The pharmacy premises is not open to the public.

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	1.1	Standard not met	The pharmacy's written procedures are incomplete, and the pharmacy cannot provide assurances that they have considered all of the risks associated with its services.
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 not all met

Summary findings

The pharmacy team follows some written procedures. However, they are incomplete and miss some important details which are needed to help its team members complete tasks in a safe manner. And the pharmacy cannot provide assurances that they have considered all of the risks associated with its services. So it cannot demonstrate the steps it takes to help make sure services are provided safely.

Members of the team sometimes record when things that go wrong. But they do not complete a thorough review to help show how they are improving their work. The pharmacy does not fully consider how the responsible pharmacist regulations applies to its services. Which would help to ensure that sufficient professional oversight is in place.

Inspector's evidence

The pharmacy used written procedures which had been created by the developers of the patient medication record (PMR) software for members of the team to follow. The pharmacy had not created its own standard operating procedures (SOPs) to reflect some of changes it had implemented, to suit the context of the pharmacy and company profile. So members of the team may not fully understand where their responsibilities were. SOPs were sent following the inspection, but they appeared to be missing procedures. For example, SOPs relating to the responsible pharmacist (RP), information governance (IG), fridge temperature monitoring and delivery of medicines to pharmacies. When questioned, a dispenser was not clear about what they could or could not do in the absence of a pharmacist as they had not yet encountered this scenario. So members of the team may not know what to do if this occurs.

The pharmacy had not created a written risk assessment and it was not clear whether all the risks had been considered, and the appropriate measures had been put in place to manage the risks. Following the inspection, a risk assessment was supplied, but it did not systematically identify risks, governance requirements, and operations throughout the entire pharmacy process. So there was a lack of assurance the pharmacy had considered all of the key risks and implemented sufficient safeguards associated with its services.

A paper log was kept to record any errors reported to the hub. The details recorded were limited to the date, a brief description of what had gone wrong, and the member of the team involved. But there was no formal review of the mistake to help show how the pharmacy had investigated the error and learning points. Some of the errors related to the bag label being placed on another person's bag. To help prevent similar mistakes, the pharmacy required members of the team to sign bag labels as an additional check. The pharmacy team discussed when there was a near miss mistake which had been identified. The pharmacist admitted there had been a low number of near miss type errors, but these had not been documented. So the pharmacy may not be able to demonstrate how it identifies ways of improving its service.

Members of the team were seen working within defined roles and completing set tasks. Any complaints from the pharmacy branches were referred to one of the directors of the company to follow up. Professional indemnity insurance was in place. The responsible pharmacist (RP) notice was not on display, which would help to inform members of the team who the responsible pharmacist was. RP records were available, but there were missing entries for the last three days. The pharmacist

acknowledged these were important and would update the records following the inspection. The pharmacy did not dispense private prescriptions, unlicensed specials, or controlled drugs which required a corresponding register to be kept.

Members of the team had completed IG training. But there were no procedures available. A privacy notice on the pharmacy's website described how the pharmacy handled and stored people's information. When questioned, a dispenser was able to describe how confidential information was separated into confidential waste bags and removed for destruction by a waste carrier. Members of the team understood how to raise safeguarding concerns with the pharmacist if the need arose, but this was unlikely to occur due to the lack of patient interaction.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has sufficient arrangements to ensure there are enough staff to manage the pharmacy's workload. But the pharmacy does not keep records of further training to help show how its team members keep their skills and knowledge up to date.

Inspector's evidence

There was usually a pharmacist and four to five dispensers. The workload appeared to be well managed. The staffing level was maintained using regular pharmacy team members from local pharmacy branches. All members of the pharmacy team were appropriately trained.

Team members who had not worked at the pharmacy before were trained on the systems and observed to check their understanding. The pharmacy used a pool of regular members of the team to ensure they understood their roles. But there was no formal induction programme, or records of training. So the pharmacy may not be able to always show the training team members had received.

Members of the team were seen working well together and assisting with any queries they had. They felt well supported by the pharmacist. Appraisals were conducted by the pharmacy branch. Team members shared updates with each other, but there was no formal method to handover important communications. This had a greater effect due to the different pharmacy team members who worked across the week. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the SI. There were no targets for professional based services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. And it is maintained to a standard expected of a healthcare setting.

Inspector's evidence

The pharmacy was located within a purpose-built dispensary within an industrial unit. It had been fitted to a good standard. The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. The temperature was controlled by the use of air conditioning. Lighting was sufficient. Team members had access to a kitchenette area and WC facilities.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are safe. It gets its medicines from licensed sources and store them appropriately. Medicines are delivered back to the pharmacy branches promptly in an effective manner.

Inspector's evidence

The pharmacy premises were not open to the public, and people indirectly received the pharmacy's services through the company's other pharmacy branches. A telephone was available for the pharmacy branches to raise any queries.

The pharmacy acted as a hub. It dispensed medicines on behalf of six local pharmacy branches owned by the same company. Each branch processed the prescription on its patient medication record software (PMR) and allocated it to be dispensed at the hub. Before data transmission could take place, the pharmacist at the branch was required to complete a clinical check and a data accuracy check. The pharmacist also checked the medicine was suitable for dispensing at the hub, for example there were no safe custody-controlled drugs, fridge items, or irregular quantities. Following this, the data was transmitted to the hub's software.

At the hub pharmacy, each dispenser had their own workstation, and their work was recorded on the hub's PMR software to provide an audit trail. The dispenser selected a branch to dispense for, and the automated system would dispense the medicine into the dispenser's basket via a conveyor belt. Any bulk items were required to be picked manually and placed into the basket. Each medicine was scanned individually, which printed the associated medicine label, and this was applied onto the box. The medicine was then put into the bag by scanning the barcode on the medicine label, and the barcode on the bag label, to help show the medicine had been placed into the correct person's bag. The bag was then placed in a tote which had been allocated to a specific branch.

Deliveries to the pharmacy branch were prepared by the pharmacy team. First, the team checked all the bags corresponded to the correct pharmacy branch. Each bag was then scanned and allocated to a delivery tote which had a unique barcode. This helped to make sure the bag was being sent to the correct pharmacy. The receiving branch scanned each bag upon receipt. The pharmacy branch was able to see the current status of each prescription, including whether it had been dispensed, waiting for dispatch, or was in transit to the pharmacy. A record of delivery to the pharmacy branch was kept.

Medicines were obtained from licensed wholesalers. The pharmacy did not source unlicensed specials. The automated dispensing system operated a first in first out system and kept an electronic record of expiry dates. Short-dated stock was ejected by the system into a tote box away from dispensing stations. Members of the team had checked the expiry dates of medicines, but this was not recorded. So there is a risk some medicines may be overlooked. However, a spot check of medicines did not find any out-of-date stock. Any short-dated stock was kept in a separate tote box before being disposed of. A medicine fridge was available, with an in-built thermometer. The minimum and maximum temperatures were being recorded. But there were gaps in the records. So the pharmacy may not be able to show these medicines were being stored correctly in the event of a query or a concern. The pharmacy had access to medication disposal bins. Drug alerts were received on electronic software. But

the pharmacy had fallen behind with recording the details of any action taken to help show how the pharmacy had responded.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

Team members had access to the internet for general information. This included access to the BNF, BNFc, and Drug Tariff resources. All electrical equipment appeared to be in working order. The pharmacy used an automated dispensing system to manage the majority of its stock. A contract was in place with the manufacturer of the automated dispensing system and included service visits twice a year.

Computers were password protected. A cordless phone was available in the pharmacy which allowed the team members to move to a private area if the phone call warranted privacy.

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.