

Registered pharmacy inspection report

Pharmacy Name: Grove Lane Pharmacy, 186-188 Grove Lane, Hale, ALTRINCHAM, Cheshire, WA15 8PU

Pharmacy reference: 1029511

Type of pharmacy: Community

Date of inspection: 05/08/2022

Pharmacy context

This is a traditional community pharmacy, situated in a semi-rural residential area, serving the local population. It mainly supplies NHS prescription medicines and it has a home delivery service. Some people receive their medicines in weekly multi-compartment compliance packs to help make sure they take them safely. The pharmacy also supplies medicines to residents at assisted living establishments and care homes. It provides other NHS services such as influenza vaccinations.

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
1. Governance	Standards met	N/A	N/A	N/A
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 met

Summary findings

Overall, the pharmacy manages the risks associated with its services. It has written policies and procedures to help make sure it operates safely and the pharmacy team members generally follow these in practice. The team usually reviews and records its mistakes so that it can learn from them. Team members know how to protect and support vulnerable people, and they understand their role in securing people's confidential information.

Inspector's evidence

The pharmacy had some COVID-19 infection control measures. A large screen on the front counter protected people visiting the pharmacy and the pharmacy staff. Hand sanitiser was available for staff members.

The pharmacy had written procedures which covered safe dispensing of medicines, the responsible pharmacist (RP) regulations and controlled drugs (CDs). Staff members confirmed that most of them had read these procedures, but records indicated that they still needed to declare this in writing.

The dispenser and checker initialled dispensing labels for prescription medicines prepared in the pharmacy, which helped to clarify who was responsible for each prescription medication supplied and this assisted with investigating and managing mistakes.

The pharmacy team recorded mistakes it identified when dispensing medicines, and it addressed each of these incidents as they arose. The team reviewed these records collectively each month, so they could consider learning points. The records did not always include details indicating why the team thought each mistake happened. So, the team missed additional learning opportunities to identify trends and mitigate risks in the dispensing process.

The pharmacy had written complaint handling procedures, so staff members could effectively respond to any concerns. There was no publicly displayed information on how people could make a complaint, so they may be less confident about raising a concern. The pharmacy had not completed a patient survey recently due to the pandemic.

The pharmacy had professional indemnity cover for the services it provided. The RP displayed their RP notice, so the public could identify them. The pharmacy maintained the records required by law for CD transactions, including medicines that it had obtained and supplied. The RP record did not always include the time that the RP ceased in their role, which could make it more difficult to explain who was on duty if a query arose. The team regularly checked its CD running balances and made corresponding records, which helped it to identify any significant discrepancies. A randomly selected balance was found to be accurate. The team kept records of unwanted CDs returned to the pharmacy for destruction.

Staff members had signed a confidentiality agreement. The pharmacy had written policies and procedures on protecting people's data which team members were still to read. They securely stored and destroyed confidential material. Each team member used their own security card to access NHS electronic patient data and they used passwords to access this information. The team obtained people's written consent to provide the flu vaccination service. The pharmacy did not display a privacy notice

explaining how it handled and managed people's personal information as required by the General Data Protection Regulation.

Staff members had all completed at least level one safeguarding training, including the delivery drivers. The manager, who was the regular pharmacist had level two safeguarding accreditation. The pharmacy had worked with assisted living managers to clarify which residents needed a compliance pack system and if they should be limited to seven days' medication per supply. The team monitored people who received compliance packs any changes in their mental health and needs. The pharmacy kept records of the next of kin or carer's details and specific care requirements for people who received compliance packs. This helped the team to deal with queries relating to these vulnerable people.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained staff to provide safe and effective services. Team members understand their individual roles and they work well together.

Inspector's evidence

The staff present included the RP who was a locum pharmacist, a registered technician (technician) and a dispenser. The team members who were not present included the regular pharmacist, a technician and dispenser. The pharmacy also employed two delivery drivers.

The pharmacy had enough staff to comfortably manage the workload. It usually had repeat prescription medicines, including compliance packs, ready in good time for when people needed them. The pharmacy received most of its prescriptions via the prescription ordering and electronic prescription services, which helped to increase service efficiency and manage the team's workload. The pharmacy's footfall was minimal. So, the team avoided sustained periods of increased workload pressure and it promptly served people.

Staff members worked well both independently and collectively and they used their initiative to get on with their assigned roles and required minimal supervision. They effectively provided the various dispensing services and had the skills necessary to provide them. One of the technicians provided the compliance pack service under the pharmacist's supervision.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, secure and spacious enough for the pharmacy's services. It has consultation facilities, so the pharmacy team can speak to people in private.

Inspector's evidence

The premises' cleanliness was appropriate for the services provided. It had the space needed to allow the pharmacy to dispense medicines safely, and a separate area for preparing compliance packs. The dispensary was set back from the front counter, so any confidential information could not be easily viewed from the public areas. Staff could secure the premises.

The consultation room offered the privacy necessary to enable confidential discussion. It was accessible from the retail area, could accommodate two people and was suitably equipped. But its availability was not prominently advertised, so people may not always be aware of this facility.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are generally effective, which helps make sure people receive safe services. It gets its medicines from licensed suppliers and it manages them appropriately to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy operated between 9am to 6pm Monday to Friday and 9am to 5.30pm on Saturday. It had a low-step entrance and staff could see anyone who needed assistance entering the premises.

The pharmacy had written procedures that covered the safe dispensing of higher-risk medicines including anti-coagulants, methotrexate, insulin, lithium, fentanyl patches and valproate. It was unclear if the pharmacy had reviewed people taking valproate to help identify anyone in the at-risk group. The regular pharmacist, who had been in post for around two months, confirmed they would check all the valproate patients. The pharmacy had valproate advice cards to give anyone in the at-risk group, and the regular pharmacist said that they would obtain the advice booklets. The pharmacy did not have the steroid emergency cards, but the regular pharmacist said they would obtain them.

The team prompted people to confirm the repeat prescription medications they required, which helped the pharmacy limit medication wastage, and so people received their medication on time. The pharmacy retained records of the requested prescriptions. So, the team could effectively resolve queries if needed.

The team scheduled when to order prescriptions for people who used compliance packs, including assisted living and care home residents, so that it could supply their medication in good time. It kept a record of these people's current medication that also stated the time of day they were to take them. This helped the team to effectively query differences between the record and prescriptions with the GP practice and reduced the risk of it overlooking medication changes. The team also recorded communications about medication queries or changes for people using compliance packs. But it did not always include a description of each medicine contained inside compliance packs. So, people might have difficulties identifying them.

The pharmacy had detailed schedules for each care home that made sure prescriptions were received, dispensed and supplied in good time, which was usually seven days before their start date. The pharmacy managed all the prescription ordering any outstanding prescriptions by liaising closely with the care homes and GP practices.

The pharmacy issued basic medication administration records (MARs) for care homes to record medicines they had administered, but it did not record missed doses or the reason for a missed dose. The pharmacy edited MARs to make them bespoke for higher risk medicines doses. However, it did not supply MARs designed to record externally applied medicines such as creams and patches, which could help the carers administer and managed these medicines more safely and effectively. The pharmacy did not provide the care homes with any medicines management support, for example regular audits.

Staff members responded to care home telephone calls promptly throughout the working day, which helped to make sure the pharmacy supplied any urgent medications to care home residents in a timely

manner. The pharmacy guaranteed to deliver any urgent medication to care homes the same day when it received the prescription before 5pm during the week. Outside of this time the pharmacy explored an alternative method of supplying urgent medication. This included the possibility of care home staff collecting the medication from the pharmacy, and liaising with other local pharmacies with a view to them fulfilling the prescription.

The team used baskets during the dispensing process to separate people's medicines and organise its workload. Staff members permanently marked part-used medication stock cartons, which helped team members select the right medication quantity when dispensing and supplying medication.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored them in an organised manner. The team suitably secured CDs, quarantined its date-expired and patient-returned CDs, and it used destruction kits for denaturing unwanted CDs. The pharmacy monitored its refrigerated medication storage temperatures.

Staff members recalled checking medicine stock expiry dates three times in the last year, and the last full stock check was completed around two months previously. Several randomly selected stock medicines each had a reasonably long shelf life. The regular pharmacist confirmed the team would keep records of each expiry date check in future.

The pharmacy team used an alpha-numeric system to store and retrieve prescriptions and bags of dispensed medication. The storage area was well organised, which assisted in finding people's medication.

The pharmacy took appropriate action when it received alerts for medicines suspected of not being fit for purpose and it kept supporting records. The pharmacy had facilities in place to dispose of obsolete medicines, and these were kept separate from stock.

The delivery driver placed medicines at the delivery address front door and observed them being collected from a safe distance, and they recorded each confirmed supply.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy team has the equipment and facilities that it needs for the services it provides. The equipment is appropriately maintained and used in a way that protects people's privacy.

Inspector's evidence

The staff kept the dispensary sink clean; it had hot and cold running water and antibacterial hand sanitiser was available. The team had a range of clean measures. So, it had facilities to make sure it did not contaminate the medicines it handled, and it could accurately measure and give people their prescribed volume of medicine. Recent versions of the BNF and cBNF were available to check pharmaceutical information if needed.

The pharmacy had facilities that protected peoples' confidentiality. It regularly backed up people's data on the PMR, which had password protection. So, it secured people's electronic information and it could retrieve their data if the PMR system failed. And the pharmacy had facilities to store people's medicines and their prescriptions securely.

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.