

Registered pharmacy inspection report

Pharmacy Name: Well, 238 Stockport Road, Timperley,
ALTRINCHAM, Cheshire, WA15 7UN

Pharmacy reference: 1029521

Type of pharmacy: Community

Date of inspection: 18/10/2019

Pharmacy context

This is a traditional community pharmacy situated on a shopping parade along a main road through a semi-rural residential area, serving the local population. It mainly supplies NHS prescription medicines and orders prescriptions on behalf of people, and it has a home delivery service. A large number of people receive their medicines in weekly compliance packs to help make sure they take them safely. It also offers 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	1.8	Good practice	The pharmacy team effectively protects and supports vulnerable people.
2. Staff	Standards met	2.1	Good practice	The staff profile and skill mix are effective. They do not feel pressurized and complete tasks properly and effectively in advance of deadlines.
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

The pharmacy generally manages its risks well. It provides the pharmacy team with written instructions to help make sure it provides safe services. The team records and reviews its mistakes so that it can learn from them. Pharmacy team members receive training on protecting people's information. And they clearly understand the importance of their role in protecting and supporting vulnerable people.

Inspector's evidence

The pharmacy had written procedures that it kept under review. These covered safe dispensing of medicines, the responsible pharmacist (RP) regulations and controlled drugs (CDs). Except for a new member of the team who had only recently joined, all the staff had passed knowledge tests on each procedure that were relevant to their role and responsibilities.

The dispenser and checker initialled dispensing labels, which helped to clarify who was responsible for each prescription medication they had supplied and assisted with investigating and managing mistakes. The pharmacy team discussed and recorded mistakes it identified when dispensing medicines and addressed each of them separately. The team also regularly reviewed these records and kept corresponding records of these reviews. However, staff did not always record the reason why they thought they had made each mistake, so they could miss additional opportunities to learn and mitigate risks in the dispensing process.

The pharmacy team received positive feedback across several key areas from people who used its services in its last satisfaction survey conducted between June 2018 and August 2018, but it did not yet have the results of a more recent survey. A public notice explained how people could make a complaint. And staff had completed the pharmacy's training on handling complaints, so they could effectively respond to them.

The pharmacy had professional indemnity insurance for the services it provided. The RP, who was the resident pharmacist, displayed their RP notice, so the public could identify them. The pharmacy maintained the records required by law for the RP, private prescription medication and CD transactions. And it checked its CD running balances regularly, so could detect any discrepancies at an early stage. The pharmacy also maintained its records for CD destructions, MURs, flu vaccinations and specials medications it had supplied. The pharmacy kept records of medications it supplied to people who needed them urgently and did not have a prescription. But, it did not always record the date of supply, and the reason for the supply was not always completely clear, as required by law, which could make it more difficult to explain what had happened in the event of a query.

The pharmacy publicly displayed its privacy notice, and it had completed a data protection audit. Staff securely destroyed confidential material, and they had completed the pharmacy's annual data protection training. They obtained people's written consent to access their information in relation to medicines use reviews, and the flu vaccination, prescription ordering and electronic prescription services. Staff used passwords to protect access to electronic patient data. Occasionally they shared each other's security cards to access this people's NHS electronic data, so there was a small risk that it could be unclear who had accessed this information. Overall staff secured people's written information but had left some recent flu vaccination records unsecured in the consultation room, which was left unlocked. However, they quickly addressed this oversight.

The pharmacy had its own safeguarding procedures and the RP had online access to the local safeguarding board's contact details and procedures. The RP had level 2 safeguarding accreditation and staff had completed the pharmacy's safeguarding training. The team annually assessed the needs of people using compliance packs, which included whether they needed their medication limited to seven day's supply, so could help them to avoid becoming confused. The pharmacy also kept records of each compliance pack patient's care arrangements, including their next of kin details. So, the team had easy access to this information if needed urgently. The RP had reported safeguarding concerns to the next of kin when people exhibited signs of confusion.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide safe and effective services. The team members have the qualifications and experience needed for their roles and they work well together. They each have a performance review which helps to identify gaps in their skills and knowledge. They also complete regular ongoing training relevant to their roles.

Inspector's evidence

The staff present included the RP who was also the temporary manager, a second pharmacist who was providing temporary additional cover during the peak of the flu vaccination season, and three experienced dispensers. The pharmacy's other staff included the permanent manager, who was also a dispenser, and an accredited checking technician (ACT).

The pharmacy had enough staff to comfortably manage its workload. The team said that they usually had repeat prescription medicines, including those dispensed in 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. And the pharmacy owner's hub pharmacy dispensed a significant number of these prescriptions. These systems helped support service efficiency. The pharmacy had a steady flow of people, but the team avoided sustained periods of increased workload pressure and it could promptly serve them. Staff worked well both independently and collectively. They used their initiative to get on with their assigned roles and did not need constant management or supervision, which was reflected in all the staff participating in providing the compliance pack service.

The pharmacy had an effective strategy to cover planned staff leave. It only allowed one of its staff to be on planned leave at any time. The pharmacy also had access to the company's local team of dispensers and pharmacists that could provide cover for planned and unplanned leave.

Staff had an annual appraisal with the previous manager who recently left, and newer team members had performance reviews six and twelve weeks after starting employment. All the team members were up-to-date with the pharmacy's mandatory e-Learning training that covered its procedures and services. However, staff did not have protected study time, so they had to find time during their working hours to complete their training.

The pharmacy had targets for the number of MURs it completed, people who used its prescription ordering and electronic prescription services and flu vaccinations, which the RP said were all realistic and achievable. They said they could manage the competing MUR and flu vaccination service demands during the peak of the flu season by aiming to reach the MUR target before the vaccination season, and prioritising vaccinations over MURs during it. The prescription ordering, hub pharmacy dispensing services and the ACT's presence also helped to make the targets achievable. The RP spent around ten minutes on each MUR consultation depending on their complexity, and always held them in the consultation room, so they conducted them in an appropriate time and place and the target did not affect how well they provided the service.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, secure and spacious enough for the pharmacy's services. It has a private consultation room, so members of the public can have confidential conversations and maintain their privacy.

Inspector's evidence

The pharmacy was situated in a retail unit, which had shop and dispensary fittings that were suitably maintained. It was spacious, bright and professional in appearance. The retail area and counter design could accommodate the typical number of people who presented at any one time. The open-plan dispensary and rear compliance pack dispensing area provided enough space for the volume and nature of the pharmacy's services, which meant these areas were organised and staff could dispense medicines safely. The consultation room was accessible from the retail area, and could accommodate two people. Its availability was prominently advertised in the front window, so people were made aware of this facility. The level of cleanliness was appropriate for the services provided. And staff could secure the premises to prevent unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy was open 8.30am to 6pm Monday to Friday and Saturday 9am to 5.30pm. It had a low-step entrance, and staff could see anyone needing assistance entering the premises. The RP was flu vaccination accredited, so the service was available across most week days.

The pharmacy team prompted people to confirm the repeat medications they required. This helped it limit medication wastage and helped make sure people received their medication on time. The team made records of these requests, but the records rarely included the dates of each request, which could make it less easy to effectively resolve queries if needed.

The pharmacy had a written procedure for dispensing higher-risk medicines that covered anticoagulants, lithium, insulin and valproate. It had completed a valproate audit, which identified people in the at-risk group, and the RP said they had counselled these people. The pharmacy also had the MHRA approved valproate advice booklets and cards to give people in the at-risk group. The RP had consistently checked if people on other higher-risk medicines had a recent blood test, understood their dose, whether any of them were experiencing side-effects or medicine interactions and they counselled them if necessary.

The pharmacy team scheduled when to order prescriptions for people who used compliance packs, so that it could supply their medication in good time. The team kept a record of these people's current medication that also stated the time of day they were to take them, which helped it effectively query differences between the record and prescriptions that the GP surgery had issued, and reduced the risk of it overlooking medication changes. The pharmacy also kept detailed communications about medication queries or changes for people using compliance packs. So, it had a record that helped make sure these people received the correct medicines. However, the descriptions of the medicines on each compliance pack did not include enough detail, which provided limited assistance to people needing to identify each of them.

The pharmacy team used baskets during the dispensing process to separate people's medicines and help organise its workload. Staff permanently marked many part-used medication stock cartons, but only left a protruding flap on the others, which could increase the risk of people receiving the incorrect medication quantity.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored them in an organised manner. The pharmacy did not yet have a system for complying with the Falsified Medicines Directive (FMD), as required by law, because the pharmacy owner was delaying the installation of a system until it resolved some technical issues.

The pharmacy suitably secured its CDs, properly segregated its date-expired and patient-returned CDs,

and it had destruction kits for destroying them. The team suitably monitored the medication refrigerator storage temperatures and regularly monitored its medicine stock expiry dates. The team also took appropriate action when it received alerts for medicines suspected of not being fit for purpose and recorded the action that it had taken. The pharmacy disposed of obsolete medicines in waste bins kept away from medicines stock, which reduced the risk of these becoming mixed with stock or supplying medicines that might be unsuitable.

The staff labelled each dispensed CD with the deadline date by which it must be supplied. They regularly reviewed these dates and checked them at the time of supply along with the prescription issue date. So, the pharmacy had a system to make it only supplied CDs when it had a valid prescription. The team used an alpha-numeric system to store people's dispensed medication, so it could efficiently retrieve patient's medicines when needed. The pharmacist recorded their details against each supply entry in the CD register, which meant the pharmacy could identify the supplying pharmacist, including for those it had delivered. And records showed that the pharmacy securely delivered medication to people.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment that it needs to provide its services effectively, which it properly maintains. And it has the facilities to secure people's information.

Inspector's evidence

The pharmacy team kept the dispensary sink clean. It also had hot and cold running water and an antibacterial hand-sanitiser. And it had a range of clean measures. So, the pharmacy 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. The team had access to the latest versions of the BNF and cBNF, so it could refer to the latest pharmaceutical information if needed.

The pharmacy team had facilities that protected people's confidentiality. It viewed their electronic information on screens not visible from public areas, and regularly backed up people's data on its patient medication record (PMR) system. So, it secured people's electronic information and could retrieve their data if the PMR system failed. It also had facilities to store people's dispensed medicines and their prescriptions away from public view.

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.