

Registered pharmacy inspection report

Pharmacy Name: R J Lad Pharmacy, 201 Birch Lane, DUKINFIELD,
Cheshire, SK16 5AT

Pharmacy reference: 1029623

Type of pharmacy: Community

Date of inspection: 23/10/2023

Pharmacy context

This busy community pharmacy is located close 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.

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

The pharmacy generally manages risks to make sure its services are safe, and it keeps the records required by law. Members of the pharmacy team are clear about their roles and responsibilities. But the pharmacy's operating procedures are not always accessible, so team members cannot easily refer to them if they are unsure how to complete a task. And the pharmacy could do more to keep people's private information safe.

Inspector's evidence

The pharmacy manager and the pharmacist superintendent (SI) confirmed that the pharmacy had standard operating procedures (SOPs) for the services it provided, and that they had been recently reviewed. The pharmacy manager explained that they were working towards creating electronic versions of the SOPs, as the folder of SOPs had gone missing, during a reorganisation of the pharmacy. A dispenser confirmed that she had seen and read the SOPs when she started working at the pharmacy around a year ago. The dispensers were wearing uniforms and were performing duties which were in line with their roles. The name of the responsible pharmacist (RP) was not displayed at the start of the inspection but the pharmacy manager, who was working as the RP, printed a notice and displayed it when this was pointed out.

There was a risk management folder which contained health and safety policies, such as one on manual handling at work. Professional audits were carried out periodically. The pharmacy had recently completed an audit on antibiotics, but the pharmacy manager had not been through the results yet, so he had not identified any learnings. There was a statement in the practice leaflet that the pharmacy had become antibiotic guardians and some advice for people on how to reduce antibiotic resistance.

The pharmacy team recorded near misses on a near miss log. They were reviewed by the pharmacy manager and learnings points were discussed with the team. But this was not documented, and the actions taken to prevent a similar incident were not always recorded, which might limit additional learning. A dispenser described a near miss when she dispensed pregabalin instead of gabapentin. She pointed out that the two medicines were well separated on the dispensary shelves and said she was always very careful now when dispensing these two medicines. Dispensing errors were recorded on the near miss log, which meant only minimal information was reported. This means the team may not have all the required information in the event of a query and might be missing out on additional learning opportunities.

The complaint procedure was outlined in the pharmacy's practice leaflets which were on display. The pharmacy manager explained that he generally dealt with any customer complaints. He couldn't recall any actions taken in response to negative feedback as this was very rare. Professional indemnity insurance arrangements were in place.

Private prescription records and the RP record were electronic and appeared in order. The controlled drug (CD) registers were appropriately maintained. Records of CD running balances were kept and these were regularly audited. A CD balance was checked and found to be correct. Patient returned CDs were recorded and disposed of appropriately.

There was a 'Data security and protection' folder which contained the pharmacy's information governance (IG) policies and details about confidentiality and registration with the Information Commissioner's Office (ICO). There was a statement in the pharmacy's practice leaflet confirming that the pharmacy complied with the General Data Protection Regulation (GDPR) and the NHS Caldicott Code of Confidentiality. A member of the team explained that confidential waste was collected in a designated place and shredded. Assembled prescriptions awaiting delivery were stored in an area which could be accessed from the retail area which risked breaching patient confidentiality as people's details might be overseen by members of the public. The pharmacy manager agreed to move these to a suitable area. There was a student carrying out some work experience in the pharmacy, but no one had explained to her about confidentiality in the pharmacy, so there was a risk that she might accidentally disclose confidential information. This was explained to her during the inspection.

The pharmacists had completed training on safeguarding. The pharmacy was part of the Safe Space scheme where pharmacies were making their consultation room available for victims of domestic abuse. This was highlighted in the practice leaflet. There was nothing on display highlighting that the pharmacy had a chaperone policy, so people might not realise this was an option.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members work well together in a busy environment, and they have the right training and qualifications for the jobs they do. Team members are comfortable providing feedback to their manager and they receive informal feedback about their own performance.

Inspector's evidence

In addition to the pharmacy manager, there were two NVQ2 qualified dispensers (or equivalent) on duty at the time of the inspection. The SI was present for part of the inspection. The staffing level was adequate for the volume of work during the inspection and the team were observed working collaboratively with each other and people who visited the pharmacy. There was a delivery driver, a medicine counter assistant (MCA) and another dispenser on the pharmacy team who were not present at the inspection. Planned absences were organised so that no more than one person was away at a time. Most team members were part time so there was flexibility with staff hours and unplanned absences could be covered by re-arranging the staff rota. The pharmacy manager worked at the pharmacy three days each week and two regular locum pharmacists covered the other two and a half days. The pharmacy manager explained that he could work on his days off when necessary and the SI was usually able to provide additional pharmacist cover.

Members of the pharmacy team carrying out the services were experienced and had completed appropriate training. The team kept their knowledge up to date by completing monthly training at huddles led by the pharmacy manager. Recent topics covered included dental health and flu vaccinations. Hay fever and allergies had been covered earlier in the year. The pharmacy did not keep records of which team members had completed this training so it could not demonstrate which team members had completed it, so gaps in people's knowledge might be missed. The pharmacy team received feedback informally from the pharmacy manager and SI. Issues were discussed as they arose at team huddles, such as an upcoming anticoagulant audit. A dispenser said she felt there was an open and honest culture in the pharmacy and said she would feel comfortable admitting her part in any errors made. She said she would talk to the pharmacy manager or SI about any concerns she might have, and she would escalate them to the GPhC if they were not acted on. The pharmacy manager did not know if the pharmacy had a whistleblowing policy.

The pharmacy manager was empowered to exercise his professional judgement and could comply with his own professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine, because he felt it was inappropriate. He said targets were not set for pharmacists or other members of the team, so nobody was made to feel under pressure.

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 that enables people with the opportunity to receive services in private and have confidential conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy premises, including the shop front and fascia, were clean and in an adequate state of repair. The SI explained that the fascia was about to be replaced and there would be some updated signage. The retail area was free from obstructions, professional in appearance and had two waiting areas with seating for around four or five people. The temperature and lighting were adequately controlled.

There was a separate stockroom where excess retail stock was stored. The WC was accessed from the stockroom and there was a sink with hand washing facilities. There was a separate dispensary sink for medicines preparation with hot and cold running water. The consultation room was clean and professional in appearance. But it contained some cardboard boxes of stock which compromised the professional image. The availability of the room was highlighted by a sign next to 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. The pharmacy gets its medicines from licensed suppliers, and it carries out checks to ensure medicines are in good condition and suitable to supply. But it could improve the way it stores and manages some of its medicines. And the compliance aid pack service could be managed more effectively to ensure people always take their medicines safely.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to everyone, including people with mobility difficulties and wheelchair users. The services provided by the pharmacy were listed in the practice leaflet and some services were advertised in the window of the pharmacy. The pharmacy team was clear what services were offered and where to signpost people to if a service was not offered. There was a notice on display near the front door with signposting details which could be used to inform people of services and support available elsewhere. And there was a range of healthcare leaflets and posters advertising local services. The pharmacy had a home delivery service with associated audit trail. Each delivery was recorded, and the time of the delivery was noted. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

Space was adequate in the pharmacy. The dispensary shelves were well organised, neat, and tidy. Dividers were used to improve the organisation in the dispensary and prescriptions were usually dispensed and checked one at a time to reduce the risk of them becoming mixed up with another person's prescription. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail.

The team were aware of the requirements for a Pregnancy Prevention Programme to be in place for people prescribed valproate who were at risk and that they should have annual reviews with a specialist. The pharmacy manager said that the pharmacy did not currently have any patients in the at-risk group. There were leaflets on display containing information about valproate and the associated risks when taken in pregnancy.

The pharmacy supplied some people with their medication in multi-compartment compliance aid packs. These were generally well managed, but they were often assembled in advance of the prescription, using the previous prescription as a guide, which increased the risk of errors. The pharmacy manager explained that this was because the GP practices didn't get the prescriptions to the pharmacy in adequate time to allow assembly of the compliance aid pack. He agreed to review this practice and discuss the timings with the GP practices. There was a partial audit trail for changes to medication in the packs, but it was not always clear who had confirmed these, which could cause confusion in the event of a query. Packaging leaflets were not usually included unless the medication was new to the patient. So, people might not have easy access to all of the information they need. Disposable equipment was used.

One of the dispensers explained what questions she asked when making a medicine sale and when to

refer the person to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and understood what action to take if she suspected a customer might be misusing medicines such as a codeine containing product.

CDs were stored in a CD cabinet which was securely fixed to the floor. The keys were under the control of the responsible pharmacist during the day. Date expired, and patient returned CDs were segregated 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.

Recognised licensed wholesalers were used to obtain stock medicines and appropriate records were maintained for medicines ordered from 'Specials.' Medicines were stored in their original containers at an appropriate temperature, but some POMs were accessible from the retail area and were potentially at risk of unauthorised access. There was an unsealed sharps bin in the consultation room which was a health and safety hazard. The pharmacy manager agreed to review the security in the pharmacy to safeguard POMs and prevent harm from used sharps. Date checking was carried out and short-dated stock was recorded, so the stock could be taken off the shelves at the appropriate time. The pharmacy team did not keep a record of which areas of the pharmacy had been date-checked, so some areas might get missed. Dates had been added to opened liquids with limited stability. 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) and wholesalers. These were read and acted on by members of the pharmacy team. But a record of the action taken was not always made, so the team might not be able to respond to queries and provide assurance that the appropriate action had been taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacists could access the internet for the most up-to-date information. The pharmacy manager said he used an App on his mobile phone to access the electronic British National Formulary (BNF) and BNF for children. There were two clean 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. There was a selection of clean glass liquid measures with British standard and crown marks. A plastic measure was in use, but the pharmacy manager explained that this was a temporary measure to replace a couple of breakages, until the new glass measures which had been ordered had been received. The pharmacy had a range of clean equipment for counting loose tablets and capsules. There was a separately marked tablet triangle that was used for cytotoxic drugs. The pharmacy manager said he usually obtained a brand of methotrexate which was in foil strips to avoid the need for handling. 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. Patient medication records (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
✓ 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.