

Registered pharmacy inspection report

Pharmacy Name: Well, 2 Eastway, SALE, Cheshire, M33 4DX

Pharmacy reference: 1029707

Type of pharmacy: Community

Date of inspection: 13/12/2019

Pharmacy context

This is a traditional community pharmacy, situated on a shopping parade in a suburban residential area, serving the local population. It mainly supplies NHS prescription medicines, and orders prescriptions for people. A large number of people receive their medicines in weekly multi-compartment compliance packs to help make sure they take them safely. And 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

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. It keeps people's information secure. And the team understands its role in protecting and supporting vulnerable people.

Inspector's evidence

The pharmacy had written procedures that it kept under review and covered safe dispensing of medicines, the responsible pharmacist (RP) regulations and controlled drugs (CDs). All the staff had passed knowledge tests on each procedure, so they understood the procedures 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 it addressed each of these mistakes separately. Staff said that they usually recorded the reason why they thought they had made each mistake but could not access these electronic records. However, the team did not review the actual records, so it could miss additional opportunities to identify any patterns and mitigate risks in the dispensing process.

The pharmacy received positive feedback across several key areas in its last published patient satisfaction survey from July 2018. Publicly displayed information explained how people could make a complaint, and staff had completed training on the pharmacy's complaint handling procedures, so they could effectively respond to them.

The pharmacy had professional indemnity cover 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. The team kept records for CD destructions and it checked the CD running balances regularly on a weekly basis, so could detect any discrepancies at an early stage. And it had made appropriate records on the rare occasions it received urgent medication requests from people that it supplied. The pharmacy maintained records for flu vaccinations. It kept records of medicines manufactured under a specials licence that it had obtained and supplied, but these records did not include the identity of the people to who it supplied each of them. So, it may find it difficult to confirm this information in the event of a query.

All the staff had completed the pharmacy's data protection training, and they securely stored and destroyed confidential material. Staff used passwords to protect access to people's electronic data and they used their own security cards to access people's electronic NHS information. A publicly displayed notice briefly explained how the pharmacy protected people's information and where to look online for its privacy notice. The pharmacy obtained people's written consent to access their information in relation to the flu vaccination and prescription ordering services. It obtained people's verbal consent to obtain their telephone number for its text messaging service and made corresponding record of this, but people were not told that their number would only be used for this purpose. The pharmacy had implicitly obtained people's consent to have their medication dispensed at the pharmacy owner's hub

pharmacy as it had issued written information about the service when it recently supplied their medication. However, the pharmacy did not subsequently obtain their explicit consent, as staff did not confirm it either verbally or in writing. The pharmacy had not had its annual data protection audit. Staff called out the whole of a person's contact number in order to confirm it with them while they waited in the public area of the pharmacy, which risked anyone in the pharmacy hearing it.

The RP had level two safeguarding accreditation, and all the staff had completed the pharmacy's safeguarding training. The pharmacy had the NHS guidance on the general principles for identifying any safeguarding issues and how to handle them. Staff discussed any safeguarding concerns they had with the GP or carers if they noted anyone who might be showing signs of forgetfulness, confusion or difficulties staying independent. Staff had assessed compliance pack people's needs and kept a record of this and their care arrangements. But some assessments were now well overdue their annual review. Some of these people had their medication supplies limited to seven days, which helped them to avoid becoming coming confused about their medicines.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide safe and effective services and keeps its staffing under review. Team members have the skills and experience needed for their roles. They each have a performance review and complete relevant training on time, so they keep their skills and knowledge up to date.

Inspector's evidence

The staff present included the RP, who was also the manager, and an experienced dispenser. The other staff, who were not present, included two temporary dispensers.

The pharmacy had enough staff to comfortably manage its workload. It 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 owner's hub pharmacy dispensed a significant number of these prescriptions. The pharmacy also had a text messaging reminder service, which meant people only visited once their repeat medication was ready to collect. These systems collectively helped to maintain service efficiency. The pharmacy had a low footfall, which helped the team to avoid sustained periods of increased workload pressure and it could promptly serve people. Staff worked well both independently and collectively. They used their initiative to get on with their assigned roles, did not need constant management or supervision, and all three dispensers prepared compliance packs.

Following a recent review, the pharmacy had its staffing increased by four hours. It had the equivalent of a full-time dispenser vacancy since September 2019, which the temporary staff were covering for around half of this time. Nevertheless, the team were not experiencing any constant difficulties in maintaining services. The pharmacy was ideally seeking to employ two part-time qualified dispensers. However, this plan had not been successful, so it may need to review its strategy. It had an effective plan for covering planned leave. It only allowed one of its staff to be on planned leave at any time, and it had access to the company's local team of dispensers

Staff had an annual appraisal and all the team members were up-to-date with the pharmacy's mandatory e-Learning training that covered its procedures and services. However, they 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 volume of some of the services it provided, which the RP said were realistic and achievable most of the time.

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. Its shop and dispensary fittings were suitably maintained and professional in appearance. The retail area and counter could accommodate the number of people who usually presented at any one time. The open-plan dispensary and additional compliance pack area provided enough space for the volume and nature of the pharmacy's services. The consultation room, accessible from the retail area, could accommodate two people. Its availability was prominently advertised, so people were more likely to know about 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 9am to 6pm Monday to Friday. It had a small step at its front entrance and staff could see anyone who needed assistance entering the premises. The RP was flu vaccination accredited and no appointment was necessary to obtain the vaccination, so people could usually have it a time convenient to them. And they followed appropriate written procedures, which helped to make sure the service was delivered safely.

The pharmacy had a written procedure for dispensing higher-risk medicines that covered anticoagulants, lithium, insulin and valproate. The RP had previously completed an audit of people using valproate, which confirmed the pharmacy did not have anyone in the at-risk group. They were now completing a second valproate audit, as well as an audit of people taking lithium. The RP also had the MHRA approved advice booklets and cards to give people prescribed valproate. The team consistently checked that people on higher-risk medicines had a recent blood test but did not record them for methotrexate. It also checked if these people understood their dose or were experiencing any side-effects or interactions with other medicines.

The team prompted people to confirm the repeat medications they required, which helped it limit medication wastage and made sure people received their medication on time. The team also made records of these requests, which assisted in effectively resolving any queries that arose.

The team scheduled when to order prescriptions for people who used compliance packs, so that it could supply their medication in good time. However, it did not always know the day each of these people were due to start taking their medication, which could help to manage its workload.

The team kept a record of people's current compliance pack medication that also stated the time of day they were to take them, which helped it effectively query differences between the record and prescriptions with the GP surgery, 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. The team labelled each compliance pack to identify if they were tablets or capsules. However, it did not always include enough detail in each description, which could make it more difficult for people to identify each individual medicine.

The pharmacy team used baskets during the dispensing process to separate people's medicines and organise its workload. And it marked part-used medication stock cartons, which helped make sure it gave patients the right amount of medication.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored them in an organised manner. Staff had completed the pharmacy's training for implementing the Falsified Medicines Directive (FMD). However, the pharmacy did not yet have a system for complying

with the 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, quarantined those that had date expired and had denatured its patient returned CDs in a timely manner and had kits to destroy them. The team suitably monitored the medication refrigerator storage temperatures and records indicated that it regularly monitored medicine stock expiry dates. It 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 team also took appropriate action when it received alerts for medicines suspected of not being fit for purpose and kept confirmatory records.

The RP checked the prescription issue date, which helped to make sure 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 pharmacy also kept a record of the pharmacist who supplied each CD, so it could identify who was responsible for the supply, including CDs that it 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 team kept the dispensary sink clean, it had access to hot and cold running water and an antibacterial hand sanitiser. The team had a range of clean measures, including separate ones for methadone. So, it had facilities to make sure it did not contaminate the medicines it handled and could accurately measure and give people their prescribed volume of medicine. Staff had access to the latest version of the BNF and a recent cBNF, which meant they could refer to pharmaceutical information if needed. The RP had all the necessary equipment to provide the flu vaccination safely.

The pharmacy team had facilities that protected peoples' 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. And it had facilities to store people's 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.