

Registered pharmacy inspection report

Pharmacy Name: Edgeley Pharmacy, 99 Bloom Street, Edgeley, Stockport, Cheshire, SK3 9LQ

Pharmacy reference: 1029732

Type of pharmacy: Community

Date of inspection: 24/01/2024

Pharmacy context

This traditional community pharmacy is situated in a suburban residential area, serving the local population. It mainly prepares NHS prescription medicines. Some people receive their medicines in weekly multi-compartment compliance packs to help make sure they take them safely. The pharmacy provides other NHS services including COVID-19 and flu vaccinations and the Community Pharmacist Consultation Service (CPCS).

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 team follows written instructions to help make sure it provides safe services. The team reviews its mistakes which helps it to learn from them. Pharmacy team members receive training on protecting people's information, and they understand their role in supporting vulnerable people. And the pharmacy keeps the records it needs to by law.

Inspector's evidence

The pharmacy had written procedures that were regularly reviewed. These covered safe dispensing, the responsible pharmacist (RP) regulations and controlled drugs (CDs). Staff members confirmed that they had read and understood the procedures relevant to their roles and responsibilities, but they had not signed the records to confirm this.

The dispenser or checker did not always initial dispensing labels for prescription medicines that the pharmacy prepared and supplied. This made it more difficult to clarify who was responsible for each prescription medication supplied and could limit learning when investigating and managing mistakes.

The pharmacy had written procedures for learning from mistakes. The pharmacy team recorded mistakes it identified when dispensing medicines, and it addressed each of these incidents as they arose. But the team did not always discuss or review these mistakes. So, the pharmacy might miss additional learning opportunities to identify trends and mitigate risks in the dispensing process.

The pharmacy had written complaint handling procedures, so staff members knew how to respond to any concerns. But there was no publicly displayed information explaining how people could make a complaint, so people may feel less encouraged to raise a concern. The pharmacy had not completed a patient survey since the new owner acquired it in August 2023.

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 kept an electronic record of the RP in charge of the pharmacy, as required by law. But pharmacists were not recording the time they ceased in the RP role because they assumed that the system automatically did this at the end of each working day. The RP confirmed they would address this. The pharmacy maintained appropriate records for COVID-19 and flu vaccinations, and the CPCS.

The pharmacy team maintained registers of CD transactions. It regularly checked its CD running balances and made corresponding records, which helped it to identify any discrepancies. Records of CDs returned to the pharmacy for safe disposal were kept.

Team members secured and destroyed confidential papers. They each had their own security card used to access NHS electronic patient data, or they had applied for one, and they used passwords to access this information. The pharmacy maintained records of people who provided verbal consent for the flu and COVID-19 vaccination services. Staff had completed data protection training under the previous pharmacy owner in March 2023, but they had not completed any training or signed an agreement under the current pharmacy owners. There was no publicly displayed information about the pharmacy's privacy notice, which made it more difficult for people to find out about its policies on protecting their data.

The RP had level two safeguarding accreditation. Staff members had completed training under the previous owner.

The pharmacy informally assessed potential new compliance pack patients, which included whether the patient needed to be limited to seven day's medication per supply to avoid them becoming confused. However, it did not make corresponding records of these assessments to demonstrate this.

The pharmacy kept records of the care arrangements for people using compliance packs, including their next of kin's or carer's details and any special arrangements about who collected and when to supply their medication. This meant the team members had easy access to this information if they needed it urgently.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide safe and effective services. Team members work well together, and they have the qualifications and skills necessary for their roles.

Inspector's evidence

The staff present included the RP, who was the regular pharmacist for three days each week, a dispenser who was the acting manager, and two dispensers. The pharmacy's other staff included another regular pharmacist, who was one of the managing directors, and a regular locum pharmacist. One of the dispensers, who was also a medicines counter assistant (MCA), worked mainly on the front counter and they carried out occasional prescription medicine home deliveries.

The pharmacy had enough staff to comfortably manage its workload. The team usually had repeat prescription medicines ready on time, including compliance packs. The pharmacy had low footfall, so the team avoided 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 and required minimal supervision. And they effectively oversaw the various dispensing services and had the skills necessary to provide them. Two of the dispensers managed the compliance pack service under the regular pharmacists' supervision. All three pharmacists were flu and COVID-19 vaccination accredited. The dispenser, who worked as the MCA, rarely worked in the dispensary. So, there was a risk that their prescription medication preparation skills may not be maintained.

The pharmacy team had some targets set by the owner, but they were not under any unnecessary pressure or close monitoring to meet these targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, secure and suitable for the pharmacy's services. It has a private consultation room, so people can have confidential conversations with pharmacy team members and maintain their privacy.

Inspector's evidence

The pharmacy was situated in a retail unit. The level of cleanliness was appropriate for the services provided. Shop and dispensary fittings were suitably maintained. The retail area and counter could accommodate the number of people who usually presented at any one time. The dispensary and compliance pack area provided enough space for the volume and nature of the pharmacy's services.

The consultation room provided the privacy necessary to enable confidential discussion. But its availability was not advertised, so people may not be aware of this facility. Pharmacy team members could secure the pharmacy premises to prevent unauthorised access.

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 the team makes some checks to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy opened on weekdays from 9am to 6pm. It had a step-free external entrance, and staff could see anyone who needed assistance entering the premises, so it was easily accessible.

The COVID-19 and flu vaccination services at the height of the season were by appointment only. People completed the pre-vaccination questionnaires themselves, which helped to manage service efficiency.

The pharmacy had written procedures that covered the safe dispensing of higher risk medicines including anti-coagulants, methotrexate, lithium and valproate. The team had recently checked for any people at risk who were prescribed valproate, and it only supplied this medication sealed in the original packaging. The pharmacy had the booklets which should be given to anyone receiving valproate for the first time, as stated under MHRA guidance. Valproate stock had the MHRA approved advice cards for people in the at-risk group attached. The valproate written procedures stated to check that people at risk prescribed valproate had received their annual specialist review to reassess the need for valproate therapy and consider alternative treatment options, as required under the licence terms for valproate medicines. However, staff members did not recall completing this additional check.

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 records of verbal communications about medication queries or any changes for people using compliance packs.

The team used baskets during the dispensing process to separate people's medicines and help organise its workload. The team marked medication stock cartons to signify they were part-used. This helped staff to select the right quantity when dispensing and supplying medication.

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

The pharmacy's fridge was suitable for medicines storage. But the team had not made records to show it monitored its refrigerated medication storage temperatures since Aug 2023. Staff subsequently agreed to start recording the daily maximum and minimum temperatures again when this was pointed out.

The pharmacy marked, monitored, and recorded short-dated medicine stock, and quarantined this stock one month before expiry. But it did not record when these checks were completed. Staff explained checks were completed every week. Several randomly checked stock items had a reasonably

long shelf life.

The team used an alphanumeric system to store bags of dispensed medication, which meant it could efficiently retrieve people's medicines when needed. The pharmacy took appropriate action when it received alerts for medicines suspected of not being fit for purpose, and it kept supporting records that confirmed this. The team had facilities in place to dispose of obsolete medicines, and these were kept separate from stock.

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 pharmacy team kept the dispensary sink clean and it had cold running water and an antibacterial hand-sanitiser. The hot water supply was not functioning. The owner was aware of this, but it was unclear when this would be addressed. In the interim the team was boiling water, and the manager subsequently reported that the owner had made arrangements for installing an electric tap water heater.

The team had a range of clean measures. 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. The team had access to the British National Formulary (BNF) online and a recent paper version of the BNF, which meant it could refer to pharmaceutical information if needed.

The team had facilities that protected people's confidentiality. It viewed people's 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. |