

# Registered pharmacy inspection report

**Pharmacy Name:** Well, 221 London Road, Hazel Grove, STOCKPORT,  
Cheshire, SK7 4HS

**Pharmacy reference:** 1029760

**Type of pharmacy:** Community

**Date of inspection:** 29/11/2019

## Pharmacy context

This is a traditional community pharmacy situated in a shopping-parade on a main road through a suburban area, serving the local population. It mainly supplies NHS prescription medicines and orders prescriptions on behalf of people. The pharmacy also prepares medicines in weekly compliance packs to help make sure people take them safely and it has a home delivery service. It provides other NHS services such as flu 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	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.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	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. Staff complete training on keeping 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. These 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, all the team members 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 it 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 RP, who was the resident pharmacist, regularly reviewed each month's records and shared their findings with the team. However, staff usually did not record the reason why they thought they had made each mistake, which could mean that they missed additional opportunities to learn and mitigate risks in the dispensing process.

The team received positive feedback in key areas of its last satisfaction survey from June 2018 to August 2018 of people who used its services. A public notice explained how patients 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 displayed their RP notice, so the public could identify them. The pharmacy maintained its records required by law for the RP and CD transactions. And the team checked its CD running balances regularly, so could detect any discrepancies at an early stage. A randomly selected balance was found to be accurate. It kept records of CD destructions, flu vaccinations, medication manufactured under a specials licence that it had obtained and supplied, and medication supplied against private prescriptions. However, the pharmacy did not always record the date on the prescription in the private register, as required by law. The pharmacy could usually obtain prescriptions the same day for people who had delayed ordering them and had ran out of medication. So, it rarely had to make a record of medication urgently supplied in the absence of a prescription and did not have any recent records.

Publicly displayed information signposted people to where they could access the pharmacy's privacy notice online. All the staff had completed the pharmacy's annual data protection training, and they disposed of confidential material securely. They used passwords to protect access to electronic patient data and used their own security card to access people's NHS electronic data. Overall team members secured confidential material. The pharmacy had completed a data protection audit in May 2018, which suggested unauthorised individuals could view people's written information stored in the consultation room. However, the risk of this happening was considered low because the room remained secured when it was vacant. In addition, people were not left alone in the room and a table acted as barrier preventing anyone gaining easy access to this information. The pharmacy obtained people's written

consent to access their Summary Care Record (SCR). Staff said they had previously obtained people's written consent for the prescription ordering and electronic prescription services but had destroyed these records. And they did not always ask people if they agreed to the pharmacy owner's hub pharmacy dispensing their medication, so they might not always be aware this was happening.

The RP and registered technician had level two safeguarding accreditation and all the remaining staff had completed the pharmacy's safeguarding training. The pharmacy had its own safeguarding procedures and staff knew where to access the local safeguarding board's contact details and procedures. The team had reported safeguarding concerns to the GP when people exhibited signs of confusion, which in some cases led to it dispensing their medicines in compliance packs. Staff said that the local GP surgery had advised them if it was safe to supply people on compliance packs either every seven or twenty-eight days when they started using the service. However, the pharmacy did not always complete this assessment annually, have people's next of kin details or their care arrangements.

## 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 skills needed for their roles and they work well together. 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, the manager who was also a dispenser and a registered pharmacy technician. The other staff included a second resident pharmacist, who worked on alternate Fridays, and two experienced dispensers.

The pharmacy had enough staff to comfortably manage its workload. The team 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. A recently introduced text service notified people when they could collect their medication. These systems and services helped to support service efficiency. The pharmacy had a low footfall, which meant 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 did not need constant management or supervision. The registered pharmacy technician took responsibility for providing the compliance pack service with the support of two experienced dispensers. The pharmacy had an effective strategy to cover planned staff leave. It only allowed one of its staff to be away at any time, and staff increased their working hours to cover their colleague on leave.

Staff had an annual appraisal with the manager and 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 had to find time during their working hours to complete their training. The team had regular discussions that included the patient-safety case studies that the pharmacy's superintendent office had issued.

The pharmacy had targets for the volume of some the services it provided, which the manager said overall were realistic and achievable. They also said that senior management were supportive if a target was not met.

## 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 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 area provided enough space for the volume and nature of the pharmacy's services. The consultation room was accessible from the retail area and it could accommodate two people. Its availability was prominently advertised, so people were more likely to be 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 9am to 6.15pm Monday to Friday. It had a small step at its entrance, and staff could see anyone needing assistance entering the premises. The RP and the other resident pharmacist were flu vaccination accredited, so this service was available across most week days.

The pharmacy had a written procedure for dispensing higher-risk medicines that covered anticoagulants, lithium, insulin and valproate. The RP had checked all the people that had their valproate prescription dispensed at the pharmacy, and they had identified and planned to counsel any of them in the at-risk group when they next visited. The pharmacy had the MHRA approved booklets and advice cards to give these people, but these were the January 2016 issue, rather than the updated May 2018 version. The RP checked the blood test results for people on anti-coagulants, methotrexate and lithium, and made corresponding records that supported this. They also regularly checked if any people on these medicines were experiencing any side effects or interactions. The RP was completing a lithium audit which could identify any people who needed further support and advice on taking this medication.

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. It also made records of these requests, which included the medications requested, so it could effectively resolve queries if needed.

The team scheduled when to order prescriptions for people who used compliance packs, so that it could supply their medication in good time. It 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, which helped make sure these people received the correct medicines. However, staff did not always label each compliance pack with a description of each medicine inside them, which could make it more difficult for people to identify each individual medicine.

The team used colour-coded baskets during the dispensing process to separate people's medicines and organise its workload. The team also 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 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, had denatured its date-expired and patient-returned CDs, and it had destruction kits for denaturing them. The team suitably monitored the medication refrigerator storage temperatures, and records indicated that the pharmacy monitored medicine stock over the long term. The team took appropriate action when it received alerts for medicines suspected of not being fit for purpose and kept corresponding records. It disposed of obsolete medicines in waste bins kept away from its medicines stock, which reduced the risk of them becoming mixed with stock or supplying medicines that might be unsuitable.

The RP checked the prescription issue date before dispensing each CD, so the pharmacy made 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 pharmacist recorded their details against each supply entry in the CD register, which assisted in identifying who had supplied each CD, including those the pharmacy 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. The team maintains the equipment properly 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, an antibacterial hand-sanitiser and a range of clean measures, including separate ones for dispensing 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 used the latest BNF and cBNF to check pharmaceutical information.

The team had facilities that protected patient confidentiality. It viewed people's electronic information on screens not visible from public areas. The pharmacy regularly backed up people's data on its patient medication record (PMR) system, so it had a system for securing and retrieving 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
<span style="color: green;">✓</span> <b>Excellent practice</b>	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.
<span style="color: green;">✓</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✓</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.