

Registered pharmacy inspection report

Pharmacy Name: Well, 114 London Road, Hazel Grove, STOCKPORT,
Cheshire, SK7 4AG

Pharmacy reference: 1029765

Type of pharmacy: Community

Date of inspection: 07/06/2019

Pharmacy context

This is a community pharmacy situated in a supermarket located on a busy main road, serving the local residents. Its main services are preparing NHS prescription medicines and ordering repeat prescriptions on behalf of people. A large number of people receive their medicines in weekly multi-compartment compliance aids, to help make sure they take them safely. And there is a home delivery service. The pharmacy also provides other NHS services such as Medicines Use Reviews (MURs) flu vaccinations and minor ailments.

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 well. And it has written instructions for the pharmacy team to help make sure it provides safe services. The team usually records and reviews its mistakes so that it can learn from them. And it keeps people's information secure and understands its role in protecting 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, they understood the procedures that were relevant to their role and responsibilities.

The pharmacy team discussed and recorded mistakes they identified while dispensing medicines. And, they took steps to address each mistake in isolation. However, these records suggested that the team often did not consider why it thought they had made each error. The manager completed monthly near miss review documentation. But staff said they were not involved in this process. So, the pharmacy could miss opportunities to identify trends and mitigate risks in the dispensing process.

A dispenser and checker initialled dispensing labels to provide an audit trail. This assisted in investigating and managing risk in relation to near miss or dispensing incidents. And it provided some transparency around who was responsible for dispensing each medication.

The pharmacy team received positive feedback in its last patient satisfaction survey. A public notice explained how patients could feedback or make a complaint. And the team had read the pharmacy's complaint procedures, so it could effectively respond to them.

The RP displayed their RP notice so that the public could identify them. The pharmacy maintained the records required by law for controlled drug (CD) transactions, private prescriptions and the RP. And it checked CD running balances regularly on a weekly basis, so could detect discrepancies at an early stage.

The pharmacy also maintained records for special medications, minor ailment and eye ailment consultations, MURs and CD destructions. However, staff could not locate the pharmacy's flu vaccination records, which could support that the pharmacist had appropriately screened patients who requested the service.

The pharmacy made records of patient's requests for emergency medication supplies. However, the entries usually had one or two pieces of information missing. These included the medication supplied or the nature of the emergency, both required by law. And the prescriber's details were sometimes omitted from these records.

All the staff had completed the pharmacy's annual training that covered its policies and procedures on

protecting people's private information and the General Data Protection Regulation (GDPR). And the pharmacy recently completed an internal audit on protecting patient data. Staff securely stored and destroyed confidential material. The pharmacy team used passwords to protect access to electronic patient data. And each team member used their own security card to access electronic patient data nearly all the time. So, there was a small possibility that it could be unclear who had accessed this information.

All the staff had completed the pharmacy's safeguarding training and they had passed tests to check their understanding of it. The RP and the manager, who was the regular pharmacist, had level 2 safeguarding accreditation. And the pharmacy had the local safeguarding board's procedures and contact details.

The team annually assessed each compliance aid patient's needs. This included whether these patients needed their medication limited to seven day's supply, which helped them to avoid becoming confused. The team said that they knew each compliance aid patient's care arrangements. However, the pharmacy had not recorded the next of kin details on several randomly selected compliance pack patient's records. So, the team may not have easy access to this information if it was needed urgently. Staff had reported concerns to the GP when patients had exhibited signs of memory loss. And they helped these patients by reminding them when their medication was due.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide safe and effective services. And the team has the necessary skills and experience. Each team member has a performance review and completes relevant training on time, so their skills and knowledge are up to date.

Inspector's evidence

The staff present were the RP who was an employee relief pharmacist and three full-time dispensers employed between one to three years. The other staff included the manager who was the regular pharmacist for the last six months, and a part-time trainee dispenser employed since around September 2018.

The pharmacy had enough staff to comfortably manage the workload. It received most of its prescriptions via the prescription ordering and electronic prescription services. And it dispensed and supplied medicines including compliance aids in good time. The pharmacy had a low footfall, and staff served people promptly. So, the team avoided sustained periods of increased workload pressure. Each staff member worked well both alone and as part of the team. And they effectively oversaw the various dispensing services and had the skills necessary to provide them.

The pharmacy had made appropriate arrangements to improve its staff skill mix. It had recruited a dispenser, who was also training to become a registered technician and would replace one of its dispensers, and would also become the manager. One of the other dispensers and the trainee dispenser were completing training so that they could also provide the compliance aid service.

Each team member had a recent performance appraisal. Staff said that the trainee dispenser was progressing well towards accreditation. And the pharmacy team was up-to-date with its mandatory e-Learning training that covered its procedures and services. However, staff did not have protected study-time to complete their training. So, each team member usually completed each module outside of work.

The pharmacy had targets for the number of MURs, NMS, Electronic Prescription Service (EPS) nominations, patients who used the prescription ordering service and flu vaccinations it achieved. Staff comments suggested that the MUR target was realistic as the pharmacist only occasionally had to manage competing workload demands. And they said the manager took 20 minutes on each MUR consultation and did them in the pharmacy's consultation room. So, they conducted them in an appropriate time and place and did not allow the target to affect how well they provided the service.

Although the manager said that the pharmacy had an unrealistic EPS nomination target, the pharmacy's area management was generally supportive and understood the difficulties in achieving it. So, the team did not feel any pressure to meet it.

The pharmacy obtained written patient consent for the MUR, minor ailment and eye ailment services. However, it only obtained verbal consent from many patients who used the prescription ordering service and EPS. And staff could not locate the completed flu vaccination patient consent forms. So, the pharmacy may not be able to effectively confirm the patients who wanted to these services. Staff

subsequently said that they had found the completed flu vaccination consent forms.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are sufficiently clean, safe, secure and spacious enough for the services provided. The pharmacy has a private consultation room that enables it to provide members of the public with the opportunity to have confidential conversations.

Inspector's evidence

The level of cleanliness was appropriate for the services provided. The premises had the space needed to allow medicines to be dispensed safely for the scale of services provided. And it could be secured to prevent unauthorised access. The consultation room offered the privacy necessary to enable confidential discussion. And its availability was prominently advertised. So, patients were more likely to know about it.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices generally help make sure people receive safe and efficient services. It gets its medicines from licensed suppliers and it generally manages its medicines well to make sure they are in good condition, so they are suitable to supply.

Inspector's evidence

The pharmacy was open from 8.30am Monday to Saturday, closed at 6.30pm during the week and 6pm on Saturday, meaning patients could access services across most of the week. Both the manager and one of the dispensers provided the minor ailment and eye ailment services. So, there was usually someone available to provide these services.

The pharmacy team prompted patients to confirm the repeat medications they required in good time. This helped limit medication wastage and patients received their medication in a timely manner. And the team made records of these requests, so it could effectively deal with queries if needed.

The pharmacy team scheduled when to order compliance aid patients' prescriptions. So, it could supply each patient's medication in good time. The team kept a record of each patient's current medication that also stated the time of day they were to take them. This 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 wrote detailed records for verbal communications it had about medication queries or changes for compliance aid patients. So, it had a record that helped it make sure these patients received the correct medicines. And the team labelled each compliance aid with a description of each medicine inside it. This helped patients and carers to identify each medicine.

The pharmacy had written procedures for dispensing higher-risk medicines that covered anti-coagulants, lithium, insulin and valproate. And all the staff had passed a test on their knowledge of the procedure. The team had also completed bespoke in-house training on dispensing valproate and an associated knowledge test. So, staff knew about the risks associated with taking valproate during pregnancy, and the need to counsel patients.

The pharmacy had audited all its valproate patients and counselled those who could be in the at-risk group. The manager said they had provided the approved MHRA card to all female patients prescribed valproate, and the guidance booklet to all those in the at-risk group.

The pharmacy regularly reminded its methotrexate and lithium patients that they needed to have their blood tested. However, it did not check if these patients had a recent test. And the pharmacy only obtained its warfarin patient's INR test results during their annual MUR or NMS consultation. So, it could be missing opportunities to check that patients were managing the condition appropriately.

The pharmacy regularly counselled its patients on warfarin. However, it did not regularly check that all its methotrexate patients understood the dose, potential side-effects or interactions. And the team had not counselled one patient on how they should safely use and dispose of their fentanyl patches. So some patients may not always get all the information they need to take their medicines safely.

The pharmacy followed its superintendent office's higher standards for efficient dispensing. It produced dispensing labels only on the first day of prescription receipt. Then it assembled medication on the second day. This generally meant the pharmacy had medications ready in good time before patients needed them. The team also used baskets during the dispensing process. This helped its service efficiency and to avoid each patient's medicines becoming confused with others.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers. And the staff said that they had completed the pharmacy's training for the Falsified Medicines Directive (FMD). However, the pharmacy did not have the software and hardware required to be FMD compliant. The company was still testing the software. So, it was unclear when the pharmacy would be FMD compliant, as required by law.

The pharmacy suitably stored medicines that needed to be refrigerated. And it consistently monitored the refrigeration storage temperatures. So, it made sure these medicines stayed fit and safe for patient use. The pharmacy stored its CDs in an organised and tidy manner. And it had enough space to properly segregate date-expired and patient-returned CDs. The team disposed of obsolete medicines in waste bins kept away from medicines stock. And it took appropriate action when they received alerts for medicines suspected of not being fit for purpose. It also made records related to the action that they took. So, it reduced the risk of it supplying these medicines by mistake. Records indicated that the pharmacy team monitored medicine stock expiry dates over the long-term. So, it made sure patients received their medication before it expired.

Staff said that they checked the prescription issue date when they supplied each CD. And they regularly reviewed the stored dispensed CDs awaiting collection at least weekly. So, the pharmacy made sure it only supplied CDs when the prescription was valid.

The pharmacy team used an alphabetical system to store bags of patient's dispensed medication. So, staff could efficiently retrieve patient's medicines when needed. And records showed that the pharmacy had a secure medication home delivery service.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities that it needs to provide its services effectively.

Inspector's evidence

The pharmacy team kept the dispensary sink clean. It also had hot and cold running water and an anti-bacterial hand-sanitiser. So, it had facilities to make sure it did not contaminate medicines handled.

The team had a range of clean measures, including separate ones for CDs. So, it could accurately measure and give patients their prescribed volume of medicine. And the team had access to the latest versions of the BNF and cBNF online. So, it could refer to the latest clinical information for patients.

The pharmacy team had facilities that protected patient confidentiality. It viewed electronic patient information on screens not visible from public areas. And the pharmacy regularly backed up patient data on the PMR system. So, it secured patients' electronic information and could retrieve their data if the PMR system failed. The team also had a consultation room to enable confidential discussion with its patients. However, the design and location of the storage facilities meant that there was a small risk that the patient's details on some bags of dispensed medicines might be seen from the public area.

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.