

# Registered pharmacy inspection report

**Pharmacy Name:** Scorah Bramhall, 61 North Park Road, Bramhall,  
STOCKPORT, Cheshire, SK7 3LQ

**Pharmacy reference:** 1029774

**Type of pharmacy:** Community

**Date of inspection:** 19/11/2019

## Pharmacy context

This is a traditional community pharmacy, situated on a shopping parade in a semi-rural residential area, serving the local population. It mainly supplies NHS prescription medicines and it has a home delivery service. A large number of people receive their medicines in weekly multi-compartment compliance packs to help make sure they take them safely. The pharmacy also supplies medicines to care homes. And it provides other NHS services such as Medicines Use Reviews (MURs), New Medicine Service (NMS) and influenza vaccinations. It also provides a range of travel 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	Staff do not feel pressurised when working and complete tasks properly and effectively in advance of deadlines. And the pharmacy reviews its staffing levels so that they remain appropriate.
<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. 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 had been issued in January 2019 and were scheduled to be reviewed every two years. These covered safe dispensing, the responsible pharmacist (RP) regulations and controlled drugs (CD). Records indicated that all the staff had read these procedures. So, 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 that the pharmacy had supplied. The pharmacy team discussed and recorded mistakes it identified when dispensing medicines, and it addressed each of these mistakes separately. The RP, who was the manager and resident pharmacist, reviewed these records and shared it with the rest of the team monthly. However, staff usually did not discuss or record the reason why they thought they had made each mistake, so they could miss additional opportunities to learn and mitigate risks in the dispensing process.

The pharmacy overall received positive feedback in its last published patient satisfaction survey. However, these results were from March of 2018, so may no longer entirely represent peoples' current views. A public notice explained how people could make a complaint, and staff had completed the pharmacy's training on handling complaints, so it 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 the records required by law for the RP, private prescriptions and CD transactions. It checked the CD running balances regularly, so could detect any discrepancies at an early stage. The pharmacy also maintained its records for MURs, flu and travel vaccinations, and medicines manufactured under a specials licence that it had obtained and supplied. The pharmacy kept records for CD destructions, but it had not entered the date when some of these CDs were returned to the pharmacy, so the audit trail was incomplete.

The pharmacy publicly displayed information about its privacy notice. All the staff had completed the pharmacy's data protection training in 2019 and read its GDPR and data protection policies. They used passwords to protect access to people's electronic data and used their own security cards to access people's electronic NHS information. The pharmacy obtained people's written consent to access their information in relation to all the vaccination services, MURs, NMS and electronic prescription services (EPS). The RP had identified some areas where there was a risk of a data breach and addressed them. However, the pharmacy had not recently completed a data protection audit, so there could be areas of risk that remained unidentified. The RP explained that people were unlikely to be left unattended in the consultation room where some people's unsecured information was stored. The electronic patient medication record (PMR) system in the consultation room did not automatically lock itself for thirty minutes, which the RP subsequently addressed.

The RP had level two safeguarding accreditation, and all the other team members had completed level one safeguarding accreditation, except for the trainee dispenser, who started around three months ago and was in the process of completing it. The pharmacy had access to the local safeguarding board's procedures and contact details, and it had its own safeguarding procedures that all staff had read. The pharmacy managed ordering prescriptions for compliance pack patients, many of who had their medication supplies limited to seven days, which helped them to avoid becoming coming confused about their medicines. But it had not formally assessed all people using compliance packs to confirm whether more of them should be limited to seven days' medication per supply. The team kept records of the care and delivery arrangements for all these people, and the next of kin details for most of them, so they could be contacted easily if needed. The staff usually discussed any safeguarding concerns with the GP or if they noted anyone who might be showing signs of forgetfulness, confusion or difficulties staying independent.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to provide safe and effective services and it 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 were the RP who had been the manager for two years, a pre-registration pharmacist (pre-reg) who started their training in July 2019, two experienced dispensers, a trainee dispenser, and an experienced medicine counter assistant (MCA). The other staff who were not present included an experienced dispenser and several delivery drivers.

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 EPS, which supported service efficiency. It had a low footfall, so the team avoided sustained periods of increased workload pressure and it could promptly serve people. The pharmacy did not have any formal targets or incentives for the volume of services provided. The RP said that the team could manage the competing dispensing and non-dispensing workloads.

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. One of the senior dispensers oversaw the compliance pack service, and the other dispensers effectively supported them.

The pharmacy had an effective strategy for covering planned and unplanned leave. It only allowed one of its staff to be on planned leave at any time and other team members covered the absence. And staff had increased their working hours and another dispenser had been temporarily employed to cover a dispenser on long-term leave. An accredited checking technician also provided additional cover one day per week if needed.

The pre-reg was supported well in progressing their training. The pharmacy owner had enrolled them on an external training provider's pre-reg training course, they received guidance and regular contact from the RP and the owner each week, and they had four hours a week protected study time. The trainee had been enrolled on a dispenser accreditation course shortly after starting employment at the pharmacy. And one of the dispensers had recently completed an accuracy checker course. Staff had an annual appraisal with the RP and informal discussions about their performance every quarter. Each qualified team member completed an on-going programme of training that the RP monitored and supported. However, these team members did not have protected study time, so had to complete the training during their working hours.

## 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. The shop and dispensary fittings were suitably maintained, and the premises were spacious, bright 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 separate compliance pack dispensing area provided enough space for the volume and nature of the pharmacy's services, which meant these areas were organised and staff could dispense medicines safely. The consultation room was accessible from the retail area and could accommodate two people. However, its availability was not prominently advertised in the front window, so people may not 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 from 9am to 6pm Monday to Friday. It had a step-free access and the team could see anyone who needed assistance entering the premises. The RP had the necessary accreditations to provide the flu and travel vaccinations, so these services were available across most week days. And they followed appropriate written procedures, which helped to make sure vaccination services were delivered safely.

The pharmacy had written procedures for dispensing higher-risk medicines that covered anticoagulants, lithium, insulin and valproate. The RP had previously checked if the pharmacy had any people in the at-risk group for valproate, which it did not, and they were also completing a valproate audit. The pharmacy also had the MHRA approved valproate advice booklets and cards to give people.

The RP had consistently checked if people on anti-coagulants understood their dose and had a recent blood test, but they did not keep corresponding records that supported this. They checked if people who recently started taking anti-coagulants were experiencing any side-effects for interactions but did not do similar for patients who had been on the medication long term. The RP checked that people on methotrexate and lithium had a recent blood test, understood their dose, whether they were experiencing any side-effects or interactions and counselled them if necessary. However, they usually checked these issues during MURs only.

The arrangements between the pharmacy and the care homes it provided a service to worked effectively. The pharmacy had detailed schedules for each care home that made sure prescriptions were received, dispensed and supplied in good time, which was usually seven days before their start date. The homes managed all the prescription ordering any outstanding prescriptions.

The pharmacy issued each care home with standard electronic medication administration records (eMARs), which helped them to manage medicines administration. It also gave the homes bespoke eMARs for higher-risk and externally applied medications. Each home also had access to the eMAR management reports, which the pharmacy regularly reviewed to identify any medicines administration issues. The pharmacy would subsequently provide appropriate training to care home staff if needed. The pharmacy supplied medicines in their original packaging to each care home, and the dispensing label on each medication had a unique barcode that home staff scanned when they administered it. So, the pharmacy supported each home to manage their resident's medicines more safely and effectively.

The pharmacy kept detailed records of communication between itself and each care home about any medication issues, which usually were either emails or telephone conversations. This helped it effectively query differences between its records and prescriptions that the GP surgery had issued and reduced the likelihood of team members overlooking medication changes.

Staff regularly checked the emails throughout the working day, which helped to make sure the

pharmacy supplied any urgent medications to care home residents in a timely manner. The pharmacy guaranteed to deliver any urgent medication to care homes the same day when it received the prescription before 5pm during the week. Between 5pm and 6pm the pharmacy could still deliver urgently required medication. And between 6pm and 9pm and on Saturdays it had made alternative arrangements for prescriptions to be dispensed and delivered to the homes. Staff said that home rarely requested urgently required medication after 6pm during the week.

The pharmacy team scheduled when to order prescriptions for people who used compliance packs, so that it could supply their medication in good time. The team kept a record of these people's current medication that also stated the time of day they were to take them, and helped to reduce the risk of any medication changes being overlooked. The pharmacy also kept verbal communications about medication queries or changes for people using compliance packs but limited the detail to when the medication stopped. So, it may not always have all the information it needed if it had a query. The team labelled each compliance pack with a description of each medicine inside them, which helped people to identify each medicine. And the pharmacy provided information leaflets about each medication to these people each month.

The 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 licensed pharmaceutical wholesalers and stored them in an organised manner. All the staff had completed the pharmacy's training for implementing the Falsified Medicines Directive (FMD) and they consistently used the pharmacy's system for adhering to the FMD.

The pharmacy suitably secured its CDs, properly quarantined its date-expired and patient-returned CDs, and it had the denaturing kits for destroying CDs. The team suitably monitored the medication refrigerator storage temperatures. Records indicated that the pharmacy monitored medicine stock expiry dates over the long-term. The team took appropriate action when it received alerts for medicines suspected of not being fit for purpose and recorded the action that it had taken. It disposed of obsolete medicines in waste bins kept away from medicines stock, which reduced the risk of supplying medicines that might be unsuitable.

The RP checked the prescription issue date for CDs each week and just before they supplied them to people, which helped to reduce the risk of the pharmacy supplying them by mistake. The team used an alpha-numeric system to store people's dispensed medication, which assisted in efficiently retrieving people's medicines when needed. The pharmacist recorded their details against each supply entry in the CD register, which helped to identify the supplying pharmacist, including for 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. It properly maintains its equipment and it has the facilities to secure people's information.

### Inspector's evidence

The pharmacy team kept the dispensary sink clean. It had 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. The team had access to the latest version of the BNF and a recent cBNF, which meant it could refer to pharmaceutical information if needed.

The pharmacy team had facilities that protected peoples' 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.