

# Registered pharmacy inspection report

**Pharmacy Name:** McKeevers Chemists, 12 Stamford Street, Mossley, ASHTON-UNDER-LYNE, Lancashire, OL5 0HR

**Pharmacy reference:** 1033075

**Type of pharmacy:** Community

**Date of inspection:** 22/06/2022

## Pharmacy context

This community pharmacy is located on a main road in the town centre. Most people who use the pharmacy are from the local area and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it sells a range of over-the-counter medicines. It supplies a large number of medicines in multi-compartment compliance aid packs to help people take their medicines at the right time. The pharmacy changed ownership in 2021.

## 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	N/A	N/A	N/A
<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 adequately manages risks and it completes all the records that it needs to by law. Members of the pharmacy team work to professional standards. They record their mistakes, so that they can learn from them and they act to help stop the same sort of mistakes from happening again. The team members generally keep people's private information safe. And they have completed training so they know how to protect children and vulnerable adults.

### Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services provided, with signatures showing which members of the pharmacy team had read and accepted them. There was no record that the pharmacy manager had read the SOPs, but he confirmed that he had read them when they were introduced around a year ago. This was when the pharmacy changed ownership. The medicine counter assistant (MCA) had not read the SOPs, so there was a risk that she might not fully understand the pharmacy's procedures. Roles and responsibilities were set out in the SOPs and the pharmacy team members were performing duties which were in line with their role. They were wearing uniforms and name badges. The name of the responsible pharmacist (RP) was displayed as required by the RP regulations.

The pharmacy team used a template to report dispensing incidents to head office and learning points were included. Following an incident when the incorrect strength of simvastatin had been supplied, the team introduced a system of checking and ticking the name, strength quantity and form as they dispensed the medicine. Near miss errors were recorded on a log. These were discussed within the team and the log was scanned and sent to head office. The dispenser confirmed she was comfortable reporting errors and felt that learning from mistakes was the focus. Clear plastic bags were used for assembled medicines stored in the fridge to allow an additional check at hand out.

The pharmacy had a complaint procedure which the pharmacy team followed but the details of this was not highlighted to people, so they might not know how to raise concerns and provide feedback. Insurance arrangements were in place. Private prescription records, the RP record, and the controlled drug (CD) register were appropriately maintained. Records of CD running balances were kept and these were regularly audited. Two CD balances were checked and found to be correct. Patient returned CDs were recorded and disposed of appropriately.

Members of the pharmacy team had a basic understanding about confidentiality. A dispenser correctly described the difference between confidential and general waste. Confidential waste was collected in designated places, bagged and collected by an appropriate waste disposal company. Assembled prescriptions were stored appropriately so that people's details could not be seen by members of the public.

The pharmacist had level 2 training on safeguarding. Other staff had completed level 1 training and a dispenser explained that she would voice any concerns regarding children and vulnerable adults to the pharmacist working at the time. There was a safeguarding SOP, but it had not been updated with the contact numbers of who to report concerns to, which might cause a delay in the event of a concern.

There was nothing on display to indicate that the pharmacy had a chaperone policy, so people might not realise this was an option. Members of the pharmacy team were aware of the 'Ask ANI' initiative where pharmacies were providing a safe space for victims of domestic abuse. They confirmed they would offer their consultation room for anyone requiring a confidential conversation.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team members have the appropriate training for the jobs they do. They can provide feedback to the management about the pharmacy and its services, and they feel reasonably well supported.

### Inspector's evidence

There was a pharmacist, an NVQ2 qualified dispenser (or equivalent), and a trainee dispenser on duty at the time of the inspection. The staffing level was adequate for the volume of work during the inspection and the team were observed working collaboratively with each other and the people who visited the pharmacy. There was a calendar where planned absences were recorded and these were organised so that not more than one person was away at a time. Staff could also be transferred from the neighbouring branch if necessary.

Members of the pharmacy team carrying out the services had completed appropriate training. The qualified dispenser was completing a pharmacy technician course and was usually provided with regular training time to complete this. The pharmacy team were not aware of a formal appraisal system with the new company, but performance and development were discussed informally with the pharmacy manager. The team was small so issues were discussed as they arose on a regular basis. The dispenser was not aware if there was a whistleblowing policy but said she would feel comfortable talking to the pharmacy manager, area manager or head office about any concerns she might have. The area manager kept in close contact with the pharmacy team and visited every couple of weeks.

The pharmacy manager explained that it was easy to contact people at head office and he received professional support from there when necessary. He confirmed that he was able to exercise his professional judgement and could comply with his own professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine, because he felt it was inappropriate. He said he was encouraged to complete New Medicine Service (NMS) and flu vaccinations during the season. This was important in the organisation as there was a financial benefit to the business, but he didn't feel targets ever compromised patient safety.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a suitable environment for people to receive healthcare services. It 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 pharmacy premises, including the shop front and fascia, were clean, spacious and in an adequate state of repair. The retail area was free from obstructions, professional in appearance and had a waiting area with one chair. The temperature and lighting were adequately controlled. The pharmacy had an extensive refit when it changed ownership. And the retail area and dispensary had been fitted out to a good standard. Maintenance problems were reported to head office and the response time was appropriate to the nature of the issue.

The pharmacy was in an old building which had two floors, as well as a basement and an attic. There was a couple of separate stockrooms on the first floor and a second dispensary. It was empty and was not currently used. Staff facilities included a kitchen area and a WC with a wash hand basin and hand wash. Hand washing notices were displayed above the basin. There was a separate dispensary sink for medicines preparation with hot and cold running water.

The consultation room was uncluttered, clean and professional. This room was used when carrying out services such as NMS and when customers needed a private area to talk. But there was no signage indicating the availability of this room, so people might not realise the facility was provided.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy offers a range of healthcare services which are easy for people to access. Services are generally well managed, so people receive appropriate care. The pharmacy sources, stores and supplies medicines safely. And it carries out some checks to ensure medicines are in good condition and suitable to supply.

### Inspector's evidence

There was a ramp up to the front door and the pharmacy was accessible to everyone, including people with mobility difficulties and wheelchair users. The pharmacy's opening hours were displayed in the window of the pharmacy. The pharmacy team was clear what services were offered, but there was nothing highlighting the services provided at the pharmacy. And there wasn't any health promotional material or information on local services provided elsewhere. A folder was available containing relevant signposting information which could be used to inform people of services and support available elsewhere.

The pharmacy offered a repeat prescription ordering service and people were contacted before their prescriptions were due each month, to check their requirements. This was to reduce stockpiling and medicine wastage. There was a home delivery service with electronic audit trails. The service had been adapted to minimise contact with recipients, during the pandemic. The delivery driver stayed a safe distance away whilst the prescription was retrieved from the door-step, and then confirmed the safe receipt in their records. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

Space was adequate in the dispensary, and the workflow was organised into separate areas with a designated checking area. The dispensary shelves were well organised, neat and tidy. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available.

Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. 'Pharmacist' stickers were used to highlight when counselling was required. The team were aware of the valproate pregnancy prevention programme. The valproate information pack and care cards were available to ensure people in the at-risk group were given the appropriate information and counselling.

Multi-compartment compliance aid packs were reasonably well managed. There was a partial audit trail for changes to medication in the packs, but it was not always clear who had confirmed these and the date the changes had been made, which could cause confusion in the event of a problem. Medicine descriptions were usually included on the packaging to enable identification of the individual medicines. Packaging leaflets were included so people were able to easily access additional information about their medicines. Disposable equipment was used. An assessment was not carried out by the pharmacist as to the appropriateness of a compliance aid pack, or if other adjustments might be more appropriate to the person's needs, prior to commencing this service. So, some people might be receiving their medicines in

a compliance aid pack who don't necessarily require one, and this increased the risk to the individual, and the workload and cost for the pharmacy.

A dispenser explained what questions she asked when making a medicine sale and knew when to refer the person to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and understood what action to take if she suspected a customer might be abusing medicines such as a codeine containing product.

CDs were stored in a CD cabinet which was securely fixed to the wall. The keys were under the control of the responsible pharmacist during the day and stored securely overnight. Patient returned CDs were segregated and stored securely until they were destroyed using denaturing kits. Some date expired CDs were stocked alongside current stock, so there was a risk they might be supplied in error. The pharmacy manager said he always checked the expiry date of medicines during the checking process. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled.

Recognised licensed wholesalers were used to obtain stock medicines and appropriate records were maintained for medicines ordered from 'Specials'. Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and documented. Short-dated stock was highlighted. Dates had been added to opened liquids with limited stability. Expired and unwanted medicines were segregated and placed in designated bins. The pharmacy team received alerts and recalls in email messages from head office and from the NHS area team. These were read and acted on but they were not retained, so team members might not easily be able to respond to queries and provide assurance that the appropriate action had been taken.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe and use it in a way that protects privacy.

### Inspector's evidence

The pharmacy team could access the internet for the most up-to-date information for reference. The pharmacy manager said he used an App on his mobile phone to access the electronic British National Formulary (BNF) and BNF for children. There were two clean medical fridges. The minimum and maximum temperatures were being recorded regularly and had been within range throughout the month. All electrical equipment appeared to be in good working order. There was a selection of clean glass liquid measures with British standard and crown marks. Separate measures were marked and used for methadone solution. The pharmacy had a range of clean equipment for counting loose tablets and capsules. There was a separately marked tablet triangle that was used for cytotoxic drugs, however most cytotoxics were obtained in foil strip to reduce the need for handling. Medicine containers were appropriately capped to prevent contamination. Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. Patient medication records (PMRs) were password protected. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted privacy.

### 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.