

# Registered pharmacy inspection report

**Pharmacy Name:** G.Pennant Roberts Ltd., 137 Ayres Road, Old Trafford, MANCHESTER, Lancashire, M16 9WR

**Pharmacy reference:** 1033433

**Type of pharmacy:** Community

**Date of inspection:** 21/04/2021

## Pharmacy context

This is a traditional community pharmacy, situated in a suburban residential area, serving the local population. It mainly prepares NHS prescription medicines and it manages people's repeat prescriptions. A large number of people also receive their medicines in weekly multi-compartment compliance packs to help make sure they take them safely and the pharmacy offers a home delivery service. This inspection was completed during the COVID-19 pandemic.

## 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 manages its risks adequately. It provides the pharmacy team with written instructions to help make sure it provides safe services. The team reviews its mistakes so that it can learn from them. Pharmacy team members know they need to protect people's information. And they understand their role in protecting and supporting vulnerable people.

### Inspector's evidence

The pharmacy had written procedures that had been issued in March 2018, which covered safe dispensing, the responsible pharmacist (RP) regulations and controlled drugs (CD). Records indicated that all the staff members, including the regular locum pharmacist, had read and understood the procedures relevant to their role and responsibilities. The pharmacy did not have a scheduled date for when these procedures would be next reviewed, so it might miss opportunities to make sure they are fully up to date and reflect current practice.

A notice reminded people not to enter the premises if they had any COVID-19 symptoms and to stay home. A maximum of two people were allowed in the pharmacy at any time, and most of them wore a face mask. Hand sanitiser was available for staff and public use, and team members wore face masks when people entered the premises. The wide front counter, floor markings and a one-way system in the retail area helped to protect the staff and public. The team sanitised work surfaces, IT equipment, telephones, light switches and door handles each day that the pharmacy was open.

The dispenser and checker initialled dispensing labels, which helped to clarify who was responsible for each prescription medication they supplied. The pharmacy team discussed mistakes it identified when dispensing medicines, and it addressed each of these mistakes separately. Providing services during the pandemic had led to recording these mistakes being overlooked, reflected in the last entry made in February 2020. This made it more difficult for the team to be able to identify any patterns. So, staff members could miss additional opportunities to learn and mitigate risks in the dispensing process. The RP, who was the regular pharmacist said that they would address this.

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 CD transactions and private prescription medication transactions. It kept an electronic RP record, but the pharmacist usually did not enter the time they ceased being the RP, which could cause ambiguity. The team maintained the records for patient-returned CDs and medicines manufactured under a special licence that it had obtained and supplied.

The pharmacy rarely received any emergency supply requests during the pandemic. When it did, staff members could usually obtain a prescription before the patient ran out of medication. Appropriate records were kept for the few supplies it had made in these circumstances.

Staff members had signed a confidentiality agreement, so they had a basic understanding about protecting people's information. They secured confidential material, used passwords to protect access to people's electronic data, had their own security cards to access people's electronic NHS information and they securely stored and destroyed confidential material. The team obtained people's written consent to access their electronic prescriptions and their verbal consent to obtain their information for

the repeat prescription management service. The pharmacy had not completed the equivalent of a data protection audit to monitor how securely it managed people's personal information. And it did not display any information about its privacy notice, so people may not know how to find out about its policies on protecting their data.

The RP had level two safeguarding accreditation, and the dispenser had completed safeguarding training as part of their dispenser qualification. The RP had arranged access to the local safeguarding board's procedures and contact details. The team discussed any safeguarding concerns with the patient's GP, or their carer, if they noted anyone who might be showing signs of forgetfulness, confusion or difficulties staying independent. This sometimes led to supplying their medication in compliance packs.

Most of the people who used compliance packs had their medication supplied every seven days, which could help them to avoid becoming confused. And the remaining patients who received twenty-eight days' medication per supply each had a carer who managed administering their medication. The pharmacy also kept a record of these people's care arrangements, so staff had easy access to this information if they needed it urgently when resolving issues involving their care.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to provide an efficient service and the team members work well together. There are suitable arrangements for covering staff absence. Team members do not have regular performance reviews and qualified staff do not complete any additional training. This could mean that there are gaps in their skills and knowledge.

### Inspector's evidence

The staff members present were the RP and a dispenser. A delivery driver was also employed. The pharmacy had enough staff to manage its workload. The number of telephone calls had initially increased during the initial phase of the pandemic, but it had now fallen back to pre-outbreak levels, so the team could manage the overall workload. It 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 repeat prescription management and electronic prescription services, which helped to increase service efficiency. It had a steady footfall, which meant the team avoided sustained periods of increased workload pressure and it could promptly serve people. Staff members 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 pharmacy had suitable arrangements for covering planned and unplanned leave. A locum pharmacist usually covered the RP when they took leave, and staff were seconded from the pharmacy owner's other pharmacy to provide support when necessary.

There was no formal appraisal process for qualified staff to discuss their performance and they did not have access to a structured ongoing training programme.

## 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. 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 additional 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, but its availability was not prominently advertised, so people were less likely to know about 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 generally effective, which helps make sure people receive safe services. It gets its medicines from licensed suppliers and mostly manages them 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 and 9.30am to 1.30pm on Saturday. It had a low step at the public entrance and staff members could see anyone who needed assistance entering the premises.

The pharmacy had written procedures that covered the safe dispensing of higher-risk medicines including anti-coagulants, methotrexate and lithium. The RP said that they had completed an audit on the patients taking valproate, which confirmed the pharmacy did not have anyone in the at-risk group. The pharmacy had valproate advice cards to give people in the at-risk group, but it did not have the MHRA approved advice booklets, so people might not always receive the necessary information. The RP had also completed an audit of the patients taking lithium. The team checked if people taking warfarin and methotrexate had a recent blood test, and it kept corresponding records that confirmed this. The RP usually checked that these people understood their dose, the side effects to recognise, and that methotrexate patients were taking folic acid.

The team prompted people to confirm the repeat medications they required to help it limit medication wastage and supply people with their medication on time. The team made records of these requests, which included the medications requested, to assist in 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 these people's current medication, which helped it effectively query differences between the record and prescriptions with the GP surgery, and reduced the risk of it overlooking medication changes. These records included the time of day people were meant to take their medicines, which helped the team to consistently assemble packs as prescribed. The team labelled compliance packs with a description of each medicine inside them, which helped people to identify them.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored them in an organised manner. The team did not use containers during the dispensing process, which could make separating people's medicines and organise its workload more difficult. Most of the time it only left a protruding flap on part-used medication stock cartons. Staff might not always do this, which could lead to a mistake in the quantity supplied.

The pharmacy suitably secured its CDs, it properly segregated date-expired and patient-returned CDs, and it had kits for denaturing them. The team suitably monitored the medication refrigerator storage temperatures on each working day, and it made corresponding records for most of these checks. Staff members said that they regularly checked all the medicine stock expiry dates, but they could not locate the corresponding records that supported this. Several randomly selected stock medicines each had a reasonably long shelf life.

The team took appropriate action when it received alerts for medicines suspected of not being fit for purpose, but it did not keep corresponding records, which could make it more difficult to explain what has happened in the event of a query. The RP said that they would address this. It disposed of obsolete medicines in waste bins kept away from its medicines stock to reduce the risk of these becoming mixed with stock or supplying medicines that might be unsuitable.

Staff members checked the supply deadline date before they prepared and handed out any CDs, so the pharmacy had a basic system to make sure it only supplied CDs against a valid prescription. The team used an alphabetical system to store patient's bags of dispensed medication, which meant it could efficiently retrieve people's medicines when needed. During the pandemic, the delivery driver wore a face mask and used hand sanitiser when delivering medication. They placed people's medication on their doorstep and observed them collect it at a safe distance. They made an appropriate record to support confirming that their medication had been supplied.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment that it needs to provide its services effectively, and this is properly maintained. And it has the facilities to secure people's information.

### Inspector's evidence

The team kept the dispensary sink clean; it had hot and cold running water, an antibacterial hand wash and sanitiser. The team had a range of clean measures, including a separate set 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. Staff used the latest versions of the BNF and cBNF to check pharmaceutical information if needed. The equipment needed to administer flu vaccinations was available.

The 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.