

Registered pharmacy inspection report

Pharmacy Name: J T Smith & Son Pharma Ltd., 8a Ainsworth Road,
Radcliffe, MANCHESTER, Lancashire, M26 4DJ

Pharmacy reference: 1033437

Type of pharmacy: Community

Date of inspection: 23/06/2023

Pharmacy context

This is a community pharmacy in Radcliffe, Manchester. It dispenses NHS and private prescriptions and sells a range of over-the-counter medicines. The pharmacy provides a home delivery service and dispenses some medicines in multi-compartment compliance packs to people who need support in taking their medicine correctly.

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 appropriately identifies and manages the risks associated with the services it provides. Pharmacy team members help to keep people's sensitive information secure and are adequately equipped to safeguard vulnerable adults and children. The pharmacy has a process to record details of mistakes made during the dispensing process. But team members do not regularly analyse them. So, they may miss the opportunity to identify any specific trends or patterns.

Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs). These were instructions designed to support the team in safely undertaking various processes. For example, the dispensing of prescriptions and the sale of pharmacy (P) medicines. Team members were required to read the SOPs when they started employment at the pharmacy. Several team members had not read the SOPs for several years and so they may not have up to date knowledge of the SOPs. The SOPs were scheduled to be reviewed every two years by the pharmacy's superintendent pharmacist (SI) to ensure the SOPs remained up to date. The SI had not completed the last scheduled review (Feb 2022) and so the SOPs may not accurately reflect current practice.

The pharmacy had a digital system for the team to use to record details of mistakes made during the dispensing process but were spotted during the final checking stage. These mistakes were known as near misses. Team members would record details such as the date and time of the near miss and why it might have happened. The pharmacy didn't have a formal process for the team members to analyse the near misses for trends or patterns. So, they may have missed opportunities to make specific changes to how they worked, to improve patient safety. The pharmacy used the same digital system to record details of any dispensing incidents that had reached people. The team was unable to access any previous records of incidents to show the inspector.

Team members typically received verbal feedback from people who used the pharmacy. Team members explained how they would always look to resolve complaints themselves but if they were unable to do so, they would refer the complaint to the SI.

The pharmacy had professional indemnity insurance. It was displaying the correct responsible pharmacist (RP) notice, but it was in an area that was difficult to see by people visiting the pharmacy. The team completed a balance check of controlled drugs (CDs) when dispensed to a person and when the pharmacy received a delivery of new stock. The balance of four randomly selected CDs were checked and were correct. The pharmacy kept records of CDs that people had returned to it for destruction.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. The team separated confidential waste from general waste, and it was periodically destroyed using a shredder. Team members understood the importance of securing people's private information. The pharmacy had a documented procedure to help the team manage sensitive information. The team was aware of its responsibilities in raising safeguarding concerns about vulnerable adults and children. The SI had completed a training course on safeguarding via the Centre for Pharmacy Postgraduate Education up to level 2. The pharmacy had a written procedure to help

team members report concerns. It was outlined via a display affixed to a wall in the dispensary. Team members described some hypothetical situations that they would report. And they were aware of who they would report their concerns to, starting with the SI.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy employs a pharmacy team that has the correct qualifications and skills for their roles and the services it provides to people. It supports team members to update their knowledge and skills. Team members work well together and support each other to help provide the pharmacy's services efficiently.

Inspector's evidence

At the time of the inspection the SI was the RP. The SI was also the pharmacy's owner and worked full-time at the pharmacy. During the inspection, the SI was supported by a full-time pharmacy technician, a full-time qualified pharmacy assistant and a full-time trainee counter assistant. The pharmacy also employed two full-time qualified pharmacy assistants who were not present during the inspection. Team members covered each other's absences by working additional hours where possible. They agreed that the pharmacy generally had enough team members to manage the dispensing workload but there were times when they worked under some pressure. Overall, the team was observed working well together and supporting each other to complete various tasks.

The pharmacy has processes to support its team members to improve their knowledge and skills. Each month the pharmacy chose a healthcare-related topic for the team to discuss. For example, in June 2023 the pharmacy had chosen hearing impairment. Team members discussed the causes and symptoms of hearing impairment and considered ways they could help people who suffered from this condition. The pharmacy created information leaflets on the topic chosen. The leaflet had 10 questions related to the topic for the team to answer to assess their knowledge. The leaflets were made available for people who used the pharmacy to take away with them.

Team members attended informal team meetings where, they said, they could give feedback on ways the pharmacy could improve. They discussed how they could better manage the workload and talked about improving patient safety. For example, they had recently discussed reducing the risk of near misses when dispensing medicines that had similar names or had similar packaging. Team members could raise concerns with either the SI or the pharmacy technician. Team members were not set any targets to achieve. They explained they were focused on providing an efficient and effective service for the local community.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, organised and properly maintained. There is a consultation room to facilitate private conversations between people who use the pharmacy and pharmacy team members.

Inspector's evidence

The pharmacy premises was hygienic and well maintained. The dispensary was spacious and so there was ample space for the team to dispense medicines in an organised manner. The dispensing benches were kept well organised throughout the inspection. Floor spaces were kept clear. The first floor of the premises had several storerooms, a kitchen area, and a gym room for team members to use. Each room was kept clean and well organised. The pharmacy had a large consultation room for people to use to have private conversations with team members. However, a few days before the inspection the pharmacy had suffered from a flood which rendered the consultation room unusable while the damage was being repaired. The SI explained they expected the room to be available for use a few days following the completion of the inspection. While the room was out of use, people who wished to have a private conversation with a team member, did so in a quieter section of the retail area.

The pharmacy had separate sinks available for hand washing and for preparing medicines. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. Team members controlled unauthorised access to restricted areas of the pharmacy. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its services accessible for people. It manages its services safely and effectively. The pharmacy follows a process to identify which of its medicines are close to expiry or out of date to make sure the medicines it supplies to people are fit for purpose. And it correctly sources and properly stores its medicines.

Inspector's evidence

The pharmacy was accessed via a small step from the street to the entrance door. There was a bell located next to the door that people could use if they needed some assistance. For example, if they had a wheelchair or a pram. The pharmacy had a selection of healthcare-related information leaflets for people to take away with them without charge. The pharmacy also had a display of books for sale which provided detailed information about various health conditions. For example, arthritis and diabetes. Although the books were primarily for sale, people could request to read them while they were waiting to speak to a team member or while they waited for their prescription to be dispensed. The pharmacy had a facility to supply large-print labels to people with a visual impairment. Team members had knowledge of the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They knew to apply dispensing labels to valproate packs in a way that prevented any written warnings being covered up.

Team members used dispensing baskets to safely store medicines and prescriptions throughout the dispensing process. This helped manage the risk of medicines becoming mixed-up. Team members annotated 'dispensed by' and 'checked by' boxes on dispensing labels to maintain an audit trail. They annotated the boxes using an individually assigned number. This process had replaced using personal signatures to sign the boxes. Team members explained the current process reduced the risk of any ambiguity within the audit trail. Team members annotated bags containing people's dispensed medicines. They used these as a prompt before they handed out medicines to people. For example, to highlight interactions between medicines or the presence of a fridge line or a CD that needed handing out at the same time. The counter assistant kept a written record of the name of the person collecting any dispensed medicines and date they were collected. This helped maintain a robust audit trail of the supply of medicines.

The pharmacy supplied some people with their medicines dispensed into multi-compartment compliance packs. These packs were designed to help people take their medicines at the right times. There were 'master-sheets' which team members used to cross-reference with prescriptions to make sure prescriptions were accurate before the dispensing process began. If they spotted a discrepancy, for example, if a medicine was missing from the prescription, they made enquires with the prescriber. Team members annotated the master sheets with details of authorised changes to people's treatment. For example, if a treatment had been stopped. They recorded the details of the person who had authorised the change, for example, the person's GP. The packs were supplied with patient information leaflets and annotated with descriptions of the medicines supplied.

The pharmacy stored pharmacy-only (P) medicines directly behind the pharmacy counter. Team members were observed following the pharmacy's sale of medicines protocol. They referred any sales of codeine-based medicines to the SI. Team members explained they followed a process to check the

expiry dates of the pharmacy's medicines. But they didn't keep records of when they completed this process. This could make it harder for the pharmacy to be sure all medicines are date-checked regularly. No out-of-date medicine was found by the inspector following a check of approximately 40 randomly selected medicines. The SI was observed checking the expiry dates of the medicines when completing final checks. The pharmacy had a fridge to store medicines that required cold storage. And the team kept records of its minimum and maximum temperature ranges. A sample of the records was seen which showed the fridge was operating within the correct ranges. The team marked liquid medicines with details of their opening dates to ensure they remained safe and fit to supply. The pharmacy had medicine waste bags and bins, sharps bins and CD denaturing kits available to support the safe disposal of medicine waste. The pharmacy received medicine alerts through email. The team said it actioned alerts but didn't always keep a record of the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the correct equipment that it needs to provide its services. And it uses its equipment appropriately to help protect people's confidentiality.

Inspector's evidence

Team members had access to reference sources including electronic and hard copies of the British National Formulary (BNF) and the BNF for children. The pharmacy used a range of measuring cylinders. There were separate cylinders to be used only for dispensing water. This helped reduce the risk of contamination. The pharmacy stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. It suitably positioned computer screens to ensure people couldn't see any confidential information.

The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members could have conversations with people in private.

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.