

# Registered pharmacy inspection report

**Pharmacy Name:** Well, 65 Ayres Road, Old Trafford, MANCHESTER, Lancashire, M16 9NH

**Pharmacy reference:** 1033446

**Type of pharmacy:** Community

**Date of inspection:** 07/10/2022

## Pharmacy context

This is a traditional community pharmacy, situated in an urban residential area, serving the local population. It mainly supplies NHS prescription medicines, it manages people's repeat prescriptions, and it has a home delivery service. Some people receive their medicines in weekly multi-compartment compliance packs to help make sure they take them safely. The pharmacy provides NHS and private influenza 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	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

Overall, the pharmacy manages the risks associated with its services. It has written policies and procedures to help make sure it operates safely and the pharmacy team members generally follow these in practice. The team usually reviews and records its mistakes so that it can learn from them. Team members know how to protect and support vulnerable people, and they understand their role in securing people's confidential information.

### Inspector's evidence

The pharmacy had some COVID-19 infection control measures. A large screen on the front counter protected people visiting the pharmacy and the pharmacy staff.

The pharmacy had written procedures which covered safe dispensing of medicines, the responsible pharmacist (RP) regulations and controlled drugs (CDs). Records indicated that staff members had read these procedures.

The dispenser and checker initialled dispensing labels for prescription medicines prepared in the pharmacy, which helped to clarify who was responsible for each prescription medication supplied and this assisted with investigating and managing mistakes

The pharmacy team recorded mistakes it identified when dispensing medicines, and it addressed each of these incidents as they arose with the staff members who were directly involved. The team did not always review these records collectively. So, the team missed additional learning opportunities to identify trends and mitigate risks in the dispensing process.

The pharmacy had written complaint handling procedures, so staff members could effectively respond to any concerns. Publicly displayed information informed people how they could make a complaint, which helped them feel more confident about raising a concern. The pharmacy had not completed a patient survey recently due to the pandemic.

The pharmacy had professional indemnity cover for the services it provided. The RP displayed their RP notice, so the public could identify them. The RP record was generally in order. Some entries were difficult to read due to the handwriting quality, including the RP's name and registration number. The team were unable to locate the records for unlicensed medicines that the pharmacy had obtained and supplied.

The pharmacy maintained the records required by law for CD transactions, including medicines that it had obtained and supplied. A randomly selected register indicated that the team regularly checked its CD running balances and made corresponding records, which helped it to identify any significant discrepancies.

NHS and private records showed that patients were clinically screened to make sure it was safe and appropriate for them to receive a flu vaccination. The vaccination expiry date, injection site and pharmacy address were not always entered in the designated section of the paper record for flu vaccinations.

The pharmacy had policies and procedures on information governance. The trainee dispenser, who started working at the pharmacy around two weeks ago, had received a brief explanation about keeping written information private. They had not been advised about keeping discussions regarding people confidential, so they might unintentionally disclose information due to lack of awareness. Staff securely stored and destroyed confidential material. They had obtained written consent from people for the pharmacy to provide the flu vaccination service to them. Each team member used their own security card to access NHS electronic patient data and they used passwords to access this information. The pharmacy did not display a privacy notice explaining how it handled and managed people's personal information.

The manager, who was the regular pharmacist, was level two safeguarding accredited. Most staff had completed training on safeguarding children and vulnerable adults, and the trainee dispenser was due to complete this. The pharmacy only accepted seven-day supply prescriptions for people who had their medication supplied in compliance packs, which helped them to manage their medication. The team kept records of carers and next of kin where people had one. The pharmacy reviewed people's previous compliance pack, and the team liaised with the person's GP practice when a notable amount of a medicine remained in these packs in case they were forgetting to take them and needed to be reviewed.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough trained staff to provide safe and effective services. Team members understand their individual roles and they work well together. New team members start their training promptly.

### Inspector's evidence

The staff present included the RP who was a temporary locum pharmacist, a dispenser and a trainee dispenser. The team members who were not present included the regular pharmacist who was the pharmacy manager, and a dispenser. The pharmacy also employed a delivery driver. The trainee dispenser had started their training qualification course around two weeks ago.

The pharmacy had enough staff to comfortably manage the workload. It usually had repeat prescription medicines, ready in good time for when people needed them. The pharmacy received most of its prescriptions via the prescription management and electronic prescription services. A significant number of the pharmacy's prescriptions were dispensed at the pharmacy owner's hub facility. These arrangements helped to increase service efficiency and manage the team's workload. The pharmacy's footfall and the number of urgent prescriptions were minimal. So, the team avoided sustained periods of increased workload pressure and it promptly served people.

Staff members worked well both independently and collectively. They used their initiative to get on with their assigned roles and they required minimal supervision.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are clean, secure and spacious enough for the pharmacy's services. It has consultation facilities, so the pharmacy team can speak to people in private.

### Inspector's evidence

The premises' cleanliness was appropriate for the services provided. It had the space needed to allow the pharmacy to dispense medicines safely. The dispensary was set back from the front counter, so any confidential information could not be easily viewed from the public areas. Staff could secure the premises.

The consultation room offered the privacy necessary to enable confidential discussion. It was accessible from the retail area, could accommodate two people and was suitably equipped. A publicly displayed notice promoted its availability, so people were made aware of this facility.

## 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 it manages them appropriately to make sure they are in good condition and suitable to supply.

### Inspector's evidence

The pharmacy was open 9am to 6pm Monday to Friday. A permanent ramp at the front entrance helped people gain access to the premises.

The pharmacy had written procedures that covered the safe dispensing of higher-risk medicines including anti-coagulants, methotrexate, insulin, lithium and valproate. A notice displayed in the dispensary reminded team members about the checks to be completed when dispensing valproate.

The manager explained that the pharmacy had reviewed people taking valproate to help identify anyone in the at-risk group. They had consulted those in the at-risk group, but they had not reminded them to schedule an annual review with their GP, so some people might not know this was needed. The pharmacy had valproate advice booklets and cards to give anyone in the at-risk group.

The team prompted people to confirm the repeat prescription medications they required, which helped the pharmacy limit medication wastage, and so people received their medication on time. The pharmacy retained records of the requested prescriptions. So, the team could effectively resolve queries if needed.

The pharmacy owner's hub pharmacy facility usually supplied prescription medicines the next working day when the pharmacy forwarded the prescription before 12 noon on weekdays. This helped to manage service demand.

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 that also stated the time of day they were to take them. This helped the team to effectively query differences between the record and prescriptions with the GP practice and reduced the risk of overlooking medication changes. The team also recorded communications about medication queries or changes for people using compliance packs. Descriptions for two or more medicines inside compliance packs were sometimes the same, so people might have difficulties identifying them.

The team used colour-coded baskets during the dispensing process to separate people's medicines and organise its workload. Staff members permanently marked part-used medication stock cartons, which helped team members select the right medication quantity when dispensing and supplying medication.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored them in an organised manner. The team suitably secured CDs, quarantined its date-expired and patient-returned CDs, and it used destruction kits for denaturing unwanted CDs. The pharmacy

monitored its refrigerated medication storage temperatures.

The team recorded and monitored short-dated stock. It removed the stock that was due to expire at the end of the month at the beginning of that month. Staff members recalled that stock had been date-checked every six months, but they were unable to locate the records that confirmed this.

The pharmacy team used an electronic scanning system to store and retrieve prescriptions and bags of dispensed medication. The storage area was well organised, which assisted in finding people's medication.

The delivery driver completed an electronic record when they delivered each patient's medication. The pharmacy had not received any concerns about medicines that had been delivered.

The delivery driver electronically recorded each CDs that they had delivered, including the recipient's identity and their relationship to the patient.

The pharmacy took appropriate action when it received alerts for medicines suspected of not being fit for purpose and it kept supporting records. The pharmacy had facilities in place to dispose of obsolete medicines, and these were kept separate from stock.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy team has the equipment and facilities that it needs for the services it provides. The equipment is appropriately maintained and used in a way that protects people's privacy.

### Inspector's evidence

The staff kept the dispensary sink clean; it had hot and cold running water and antibacterial hand sanitiser was available. The pharmacy had a range of clean measures. So, the team had facilities to make sure it did not contaminate the medicines it handled, and it could accurately measure and give people their prescribed volume of medicine. Recent versions of the BNF and cBNF were available to check pharmaceutical information if needed.

The pharmacy had facilities that protected peoples' confidentiality. It regularly backed up people's data on the PMR, which had password protection. So, it secured people's electronic information and it could retrieve their data if the PMR system failed. And it had facilities to store people's medicines and their prescriptions securely.

### 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.