

Registered pharmacy inspection report

Pharmacy Name: Well, 280 Barlow Moor Road, Chorlton cum Hardy,
MANCHESTER, Lancashire, M21 8HA

Pharmacy reference: 1033458

Type of pharmacy: Community

Date of inspection: 31/01/2020

Pharmacy context

This community pharmacy is situated next to a medical centre on a main road of a suburban residential area, serving the local population. It mainly prepares NHS prescription medicines and it manages some people's repeat prescriptions. A large number of people also receive their medicines in weekly compliance packs to help make sure they take them safely and the pharmacy offers a home delivery service. The pharmacy provides other NHS services such as minor ailments and flu 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
1. Governance	Standards met	1.8	Good practice	The pharmacy team effectively protects and supports vulnerable people.
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 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. Pharmacy team members receive training on protecting people's information. And they clearly understand the importance of their role in protecting and supporting vulnerable people.

Inspector's evidence

The pharmacy had written procedures that it kept under review. These covered safe dispensing of medicines, the responsible pharmacist (RP) regulations and controlled drugs (CDs). All the staff had passed knowledge tests on each procedure. A trainee dispenser, who recently started working at the pharmacy, had read the core procedures, including those covering dispensing. 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 they had supplied and assisted with investigating and managing mistakes. The pharmacy team discussed and recorded mistakes it identified when dispensing medicines and it addressed each of these mistakes separately. Team members usually recorded the reason why they thought they had made each mistake. The team reviewed each month's records for any trends. So, staff had additional opportunities to learn and mitigate risks in the dispensing process. And they regularly discussed any bulletins that the superintendent's office had issued, which helped to improve service delivery safety.

The pharmacy team received positive feedback across several key areas in its last patient satisfaction survey conducted between June 2018 and November 2018. Publicly displayed information explained how people could make a complaint, and staff had completed the pharmacy's complaint handling procedures, so they could effectively respond to them.

The pharmacy had professional indemnity cover for the services it provided. The RP, who was the manager and resident pharmacist, displayed their RP notice, so the public could identify them. The pharmacy maintained the records required by law for the RP, CD and private prescription medicine transactions, and any medicines that people requested urgently without a prescription. It checked CD running balances regularly, which assisted in detecting any discrepancies at an early stage. The pharmacy also maintained records for flu vaccinations, minor ailments and medicines manufactured under a specials licence that it had obtained and supplied.

All the staff had completed the pharmacy's data protection training, and they securely stored and destroyed confidential material. They used passwords to protect access to people's electronic data and had their own security cards to access people's electronic NHS information. A publicly displayed notice briefly explained how the pharmacy protected people's information and where to look online for its privacy notice. The pharmacy was significantly overdue its annual data protection audit, which the RP said was re-scheduled to be completed shortly. The team obtained written consent to access people's information in relation to the prescription ordering and electronic prescription services, Medicines Use Reviews (MURs), New Medicine Service (NMS), flu vaccinations and minor ailment consultations.

The manager and the RP had level two safeguarding accreditation, and all the staff had completed the

pharmacy's safeguarding training. The pharmacy had the local safeguarding board's procedures and contact details. The team discussed any safeguarding concerns with the patient's GP or carer if they noted anyone who might be showing signs of forgetfulness, confusion or difficulties staying independent. The team annually assessed the needs of people using compliance packs. This included whether they needed their medication limited to seven day's supply, which could help them to avoid becoming confused. The pharmacy also kept records of each compliance pack patient's care arrangements, including their next of kin details. So, the team had easy access to this information if needed urgently.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide safe services. The team members have the qualifications needed for their roles and they work well together. Each team member has a performance review and they complete relevant training on time, so their skills and knowledge are up to date.

Inspector's evidence

The staff present were the RP, an experienced dispenser, and a trainee dispenser, del driver. The other staff, who were not present, included a trainee dispenser and an experienced dispenser. The pharmacy also employed a delivery driver.

The pharmacy had enough staff to manage its 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 prescription ordering and electronic prescription services. And the owner's hub pharmacy dispensed a significant number of these prescriptions. These systems helped to increase service efficiency. The pharmacy had a steady footfall, which meant the team avoided sustained periods of increased workload pressure and it could promptly serve people.

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. The dispensers efficiently provided the compliance pack service, and the trainee dispenser comfortably managed the front counter and assisted with prescription medication preparation when required.

The pharmacy had a vacancy for a full-time dispenser that it had been unable to fill since it was created around three months ago. The RP said they would review the recruitment strategy and consider opening the role up to include trainees. In the interim, the pharmacy had access to the company's local dispenser relief team, which helped to cover a significant proportion of working hours that needed covering.

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 they needed to give at least four weeks' notice for the requested leave. The pharmacy had access to the company's local team of dispensers and pharmacists who could cover planned and unplanned leave.

The trainee dispenser, who started working at the pharmacy in April 2019, had nearly completed their accreditation course. They had protected study time, which helped them maintain their progression. One of the dispensers had recently started studying towards NVQ level three accreditation. Both team members had protected study time. It had been agreed in principle that the dispenser could continue onto ACT accreditation if conditions were fulfilled.

Staff had an annual appraisal and all the team members were up-to-date with the pharmacy's mandatory e-Learning training that covered its procedures and services. However, they did not have protected study time for this training, so they had to find time during their working hours to complete it.

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, which had shop and dispensary fittings that were suitably maintained. It was 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 rear 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. Its availability was prominently advertised in the front window, so people were made 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 Monday to Friday from 9am to 6.30pm and Saturday 9am to 1pm. It had a small step at its front entrance and staff could see and help anyone needing assistance entering the premises. The RP and all the relief pharmacists were flu vaccination accredited. They followed written procedures when providing this service, and people could usually access the service at a time convenient to them.

The pharmacy had a written procedure for dispensing higher-risk medicines that covered anticoagulants, lithium, insulin and valproate. The RP had recently completed an audit of people taking valproate. They had identified and consulted anyone in the at-risk group. The RP confirmed that these people had previously consulted their hospital consultant or GP and had been given the MHRA approve valproate advice booklets. They had also counselled and given them an MHRA approved valproate advice card. The team regularly checked if people taking anti-coagulants had a recent blood test, but it did not keep corresponding records to support this. The RP checked that these people understood their prescribed dose and advise them on potential side-effects and interactions. The RP had also completed an audit on the people taking methotrexate and lithium. They checked that these people had a recent blood test, understood their prescribed dose and potential side-effects.

The team prompted people to confirm the repeat medications they required, which helped it limit medication wastage and made sure people received their medication on time. The team also made records of these requests, which assisted in effectively resolving any queries if needed.

The team kept a record of people's current compliance pack medication that also stated the time of day they were to take them, which helped it effectively query differences between the record and prescriptions and reduced the risk of it overlooking medication changes. The pharmacy also kept detailed communications about medication queries or changes for people using compliance packs. So, it had a record that helped make sure these people received the correct medicines. The team labelled each compliance pack to identify if they were tablets or capsules. However, it did not always include enough detail in each description, which could make it more difficult for people to identify each individual medicine.

The pharmacy team used baskets during the dispensing process to separate people's medicines and help organise its workload. But it did not always mark its part-used medication stock cartons to help make sure it gave people the right amount of medication. The team prepared methadone instalments in advance of patients presenting and in divided daily doses. This assisted with managing the workload and helped people to take an accurate dose.

The pharmacy obtained its medicines from a range of licensed pharmaceutical wholesalers and stored them in an organised manner. Staff said that the pharmacy had a system for complying with the Falsified Medicines Directive (FMD), but they had not started to use it.

The pharmacy suitably secured its CDs, quarantined its date-expired and patient-returned CDs and it had kits to denature them. The team suitably monitored the medication refrigerator storage temperatures, and records indicated that it monitored medicine stock expiry dates. The team also took appropriate action when it received alerts for medicines suspected of not being fit for purpose and kept confirmatory records. It disposed of obsolete medicines in waste bins kept away from medicines stock, which reduced the risk of these becoming mixed with stock or supplying medicines that might be unsuitable.

The RP recorded and checked the supply deadline date for CDs each week and reminded people that they needed to collect them soon, so the pharmacy made sure it only supplied CDs when it had a valid prescription. The team used an alpha-numeric system to store people's dispensed medication, which supported efficiently retrieving people's medicines when needed. The pharmacy kept a record of the pharmacist who supplied each CD, so it had an audit trail that identified the pharmacist responsible for the supply, including for CDs that it 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, which it properly maintains. 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 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. Staff had access to the latest version of the BNF and a recent cBNF, which meant they could refer to pharmaceutical information if needed. The equipment needed to administer flu vaccinations was available.

The pharmacy team had facilities that protected peoples' confidentiality. It viewed their 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.