

Registered pharmacy inspection report

Pharmacy Name: Wise Pharmacies Ltd, 474 Bury Old Road,
Prestwich, MANCHESTER, Lancashire, M25 1NL

Pharmacy reference: 1033473

Type of pharmacy: Community

Date of inspection: 28/08/2019

Pharmacy context

The pharmacy is on a parade of shops, set back off a main road. It is in a residential area on outskirts of town. The pharmacy dispenses NHS prescriptions and sells a range of over-the-counter medicines. It dispenses private prescriptions, with most of these from the company's on-line doctor consultation service. The pharmacy offers healthy living advice and leaflets to take away. It provides a pharmacy NHS urgent supply service for people contacting NHS 111. The pharmacy supplies medicines in multi-compartment compliance packs to help people take their medicines. And it delivers medicines to people's homes. It provides a substance misuse service.

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 identifies and manages the risks associated with its services using up-to-date procedures. And keeps the records it must by law. It asks for feedback from people using the pharmacy. And listens to this feedback to improve its services. The pharmacy team members are clear about their roles and responsibilities. And work within their own competence. They consistently record mistakes that happen during dispensing. They have regular meetings to discuss their learning and any actions they can take to reduce risks in the future. The team members have the skills to help protect the welfare of children and vulnerable adults. They keep people's private information safe.

Inspector's evidence

The pharmacy had an up-to-date set of standard operating procedure (SOPs). The current SOPs being used had been due for review in August 2019. The SOPs detailed the roles and responsibilities of staff. All team members had read the SOPs that were relevant to their role. And they had signed their record of competence. The pharmacy had received updated SOPs with a review date July 2021. The team members were slightly behind in reading and implementing the updated SOPs. But they were in process of reading these SOPs. And they would then complete a record of competence. The pharmacy had an additional SOP file for the services it provided and for SOPs introduced between review periods. The pharmacy's SOPs included ones for dispensing, responsible pharmacist (RP) regulations, controlled drugs (CDs) and for the services provided.

The pharmacy team consistently completed records of near miss errors on a paper log. Two near miss error records were completed during the inspection. It was seen as part of the dispensing process to record near miss errors. The details on the log included the date, time, contributing factors and learnings. The team members often completed a contributing factor as 'busy' rather than further analysing the reasons for the mistake. The team sometimes documented learnings, such as similar packaging. The pharmacist had realised that the team could discuss more in-depth reasons for errors. And she was keen to learn and improve on the practices in the pharmacy to further improve on the near miss error reporting and learning process. The pharmacy didn't add alert stickers to the shelf to highlight medicines with a higher risk of selection error but instead put these medicines in baskets on the shelves. The pharmacist described how the stickers could be easily overlooked after a short time and she felt the baskets were a more effective reminder for the team. The pharmacy had an electronic system to report errors that had reached people. And the pharmacy kept records of these errors and discussed these as a team to improve the learning. The pharmacy had a professional standards' audit that the team completed on a four weekly rolling cycle, with a different focus each week. For example, week one looked at the environment and week two people. These audits highlighted whether the team members were following processes and showed any areas for improvement. The pharmacy held a regular Safer Care meeting, arranging the meeting at a time to best suit the team members. This ensured they got the most benefit out of the meeting. The agenda included discussions regarding recent near miss errors, dispensing incidents and other risk and safety topics. The team had recently discussed a case study involving an error with a look-alike and sound-alike (LASA) medicine. The team was behind with their Safer Care briefings, the last review had been in July 2019. This had included a discussion regarding an amlodipine and amiloride error. The pharmacy recorded the discussions from these meetings for reference and if any of the team was absent for the meeting.

The pharmacist displayed the correct responsible pharmacist notice. The team members were clear of their roles and responsibilities. A dispenser described the appropriate questions she would ask before selling co-codamol over the counter. And she described when she had referred a person to the pharmacist as she was concerned about potential overuse. One of the team members, although had completed a dispenser's qualification did not work in the dispensary very often. She demonstrated how when she was asked to help in the dispensary, she only completed tasks within her capability and skills.

The pharmacy advertised its complaints procedure in a leaflet available for people to pick up in the retail area. It obtained people's feedback using an annual questionnaire. The results for the 2019 questionnaire were displayed. And the majority of the reviews were very positive. One aspect for improvement was the time people waited to be served. During the inspection the team members were seen to acknowledge people at the counter promptly even if they couldn't break off from their current task straight away to serve them. A dispenser described the pharmacy's complaint process and how she would escalate any concerns. But she had not had the occasion to do this. The pharmacy had a SOP for complaint handling, that the team members had read.

The pharmacy had up-to-date professional indemnity insurance arrangements. A small sample of responsible pharmacist record entries checked were seen to meet legal requirements. A sample of the controlled drug (CD) register entries seen were up to date and mostly met legal requirements. The wholesaler's name was written in the register but further details, such as the address were not always present. Discrepancies of CDs seen annotated in the running balances had been investigated. Any amendments seen were clearly annotated in the footer. There was no crossing out in the register. The pharmacy kept running balances. And from the sample checked the team completed balance checks of the register against physical stock weekly. A physical balance check of Matrifen 50mcg patches and MST 10mg tablets complied with the balance in the register. The pharmacy maintained a CD destruction register for patient returned medicines. The pharmacy maintained records of private prescription supplies and emergency supplies as required. The pharmacy held certificates of conformity for unlicensed medicines as per the requirements of the Medicines & Healthcare products Regulatory Agency (MHRA).

The pharmacy had an information governance (IG) file for reference. And the team members had completed training modules relating to data security and data protection in Feb 2019. The pharmacy team members understood their role in keeping people's information secure. The pharmacy had completed and submitted the annual NHS data security and protection (DSP) toolkit. The team members separated confidential waste into separate bags. And they sealed the bags once full, whilst waiting for secure destruction offsite.

The pharmacist manager had completed Level 2 safeguarding training in July 2019 for the second time to ensure she had up-to-date knowledge on how to safeguard children and vulnerable adults. The team had read the company safeguarding policy. And each team member had signed on the front of the policy to confirm completion. And they had all completed Dementia Friends training. The pharmacy displayed a safeguarding flowchart in dispensary to help the team members understand the company procedure if they had a concern. This also detailed useful contact numbers within company and local safeguarding contacts.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a team with the appropriate qualification and skill for the services it provides. The pharmacy matches the services it delivers to the number of skilled team members working. This ensures people receive a high standard of care. The team members have access to regular and relevant training to keep their knowledge up to date. They work well together and plan to complete their required work promptly. They feel comfortable contributing ideas and raising concerns if necessary. And the pharmacy implements the ideas to improve ways of working.

Inspector's evidence

The pharmacist manager was the RP during the inspection. And she had three qualified dispensers to support her. Although one of these dispensers worked mainly in the shop. The pharmacy employed another two dispensers, but they were not working on the day. An employed relief pharmacist covered the manager's days off. The pharmacist manager organised the staffing rotas four weeks in advance, matching the times of cover to the workload. She booked people in for services according to the staffing level and skill mix. She used rotas and a diary to assist with her rota planning. The team felt the staffing was sufficient when all the team members were available for work, but felt it was easy to get behind with the workload when people were on holiday or absent. And it was difficult during these times to provide people with the high quality standards of service that the team aimed for. There had been some holidays and staff absence in previous two weeks and the team were slightly behind with the workload. A number of prescriptions were still awaiting to be processed that would normally be ready. This had not affected the service to people as the team had worked well together to prioritise the workload. Dispensing for the multi-compartment compliance pack service was on-track. It was possible on occasions to get relief or locum dispensing cover to help cover absence, but the team members usually covered each other.

The pharmacy displayed a number of training certificates in the consultation room. The pharmacy provided access to ongoing learning resources for the team. And the team members kept a personal electronic learning log of training completed. Topics included training on the valproate pregnancy prevention programme, pharmacovigilance, Ella One and other product knowledge training. The team members completed a quiz after the training to check for understanding and learning. When there was staff absence or holidays and there was pressure on completing the workload, the team members couldn't have time during the working day to complete their training. The pharmacy team members received a weekly newsletter to keep their knowledge up to date e.g. with CD legislative changes. The training records seen during the inspection were up to date. Although the team was behind in reading the updated SOPs. The pharmacist manager had completed training relevant to her role, including risk management training and safeguarding level 2. She had re-accredited to provide flu vaccinations for the coming season. She planned her training in advance, so for September she aimed to complete training on sepsis and LASA medicines in preparation for the Pharmacy Quality Scheme (PQS). The pharmacist and team members were observed giving valuable advice and resolving queries within their competence. They recorded interventions and used their professional judgement to contact prescribers. The pharmacist manager had received a request for an unlicensed special, she had contacted the prescriber to change the prescription to a licenced alternative that was acceptable to the patient.

The pharmacist manager was observed organising the completion of workload and allocating tasks whilst other team members went for their lunch break. This ensured a team member was available to provide a prompt service to people in the shop. The team worked well together, and their experience and attitude meant people received an efficient and quality service. The team members knew their customers and took time to speak to them. They felt comfortable to raise concerns with the manager and area manager. And had put forward ideas that had been implemented, such as setting up files since hub and spoke dispensing had started. This had made it easier to find prescriptions. The pharmacy had a whistleblowing policy. It had performance reviews for the team members. So, they could discuss on a 1-2-1 basis what they wanted to achieve and how they wanted to progress and learn. This also gave them the opportunity to feedback any ideas for improvement and any concerns. The pharmacy team members were clear about the targets the pharmacy set. And they were able to use these targets to monitor performance. They used their professional judgement in delivering services to ensure people received a high standard of care and advice.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services it provides. And the pharmacy is secure and properly maintained. It has an appropriately sized and sound proofed consultation room so people can have conversations in private.

Inspector's evidence

The pharmacy was overall clean and properly maintained. The pharmacy stored its medicines appropriately on shelves in the dispensary and stock rooms. Some shelves appeared a little untidy. This didn't detract from the overall professional image of the pharmacy. There were no slip or trip hazards. The pharmacy had a sink in the dispensary for medicines preparation. It had enough bench space for the workload. The temperature and lighting throughout the premises was sufficient. The pharmacy had a staff only area upstairs and it was accessed off the retail area. The door had a keycode, but it wasn't locked during the inspection. The pharmacist manager confirmed this would be addressed going forward. Upstairs there were clean toilet facilities with hot and cold running water. And a staff area and store room. The upstairs area was a little cluttered and untidy, but of an appropriate standard.

The pharmacy had a sound proof consultation room suitable for the services offered, with seating for people and the team member. The computer in the room was password protected, with a time out lock on the screen. It had a sink with hot and cold water.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easily accessible and suitable to meet people's health needs. It engages well with people using the pharmacy to help them monitor and improve their health. And it has suitable processes to manage the risks to its services. The pharmacy identifies people taking high-risk medicines. And the team members make sure they have the knowledge and written information to give these people useful advice. The pharmacy team sources and manages its medicines appropriately. And it mostly stores its medicines as it should.

Inspector's evidence

The pharmacy had steps up from the pavement. And it had a ramp with a handrail, so people using wheelchairs and with prams could access the pharmacy. The door was power-assisted. The pharmacy advertised its services and opening hours in the window in a simple and easy to understand way. People with a hearing impairment could use the hearing loop. This was advertised with a sign. The pharmacy stocked a range of mobility aids for sale. It displayed a number of posters and leaflets in the retail area and in the consultation room, for example information on dementia. It had a healthy living zone in the retail area. At the time of the inspection there was an eye-catching display, to promote the importance of breast screening. The team had created a miniature washing line of bras to stimulate conversation. The team had encouraged people to go for screening and some people had come back saying the screening wasn't as bad as they thought. So, they weren't worried about going again. The team were able to pass this information on to others.

The pharmacy team used baskets to keep people's prescriptions and medication together. This reduced the risk of people's prescriptions and medicines being mixed up. The team members signed the dispensed by and checked by boxes on the labels to complete a dispensing audit trail. The pharmacy had a range of stickers to use as an alert during dispensing and prescription hand out. Stickers to indicate a fridge line were seen being used. The team annotated CD stickers with the date CD prescriptions were valid until. This ensured medicines weren't given out after the prescription had expired. The SOP relating to the handout of medicines was consistently followed throughout the inspection, even when people in the shop were known to the staff. The pharmacy had created a valproate zone in the dispensary and displayed information relating to the valproate pregnancy prevention programme. This helped the team remember the importance of providing advice and supplying written information when dispensing. The zone was positioned next to the valproate stock. The pack containing written materials relating to valproate was kept close by. The team identified people taking high-risk medicines during dispensing. And used stickers to alert the team member on hand-out to give additional advice and ask any required questions before supply. The pharmacy had a SOP relating to high-risk medicines that the team members had read. The pharmacy offered a delivery service to people at home. And it obtained signatures from people to complete the audit trail. A paper sheet was used in the pharmacy for agency drivers. The sheet had a number of people's details on the same sheet. So, it may be possible for people signing the sheet to see other people's details.

The pharmacy used an offsite dispensing hub for some of its prescriptions. Due to staff absence the pharmacist was behind completing the checks for this service. Two members of the team and the pharmacist had completed the training and passed the required checks to ensure the quality and accuracy for the service. The pharmacist demonstrated the process of how she checked the suitability

and accuracy of the prescription before she released it to be dispensed by the robot in the offsite dispensing hub. A prescription had been rejected as the quantity required for dispensing was a split pack. The pharmacy received the medication back from the hub sealed in bags that had one clear side. The team was able to see what was in the bag without opening it.

The pharmacy supplied medicines in multi-compartment compliance packs to help approximately 70 people take their medicines. One team member was responsible for the organisation of the supply, supported by other team members if required. The pharmacy team member ordered the prescriptions about a week in advance, so she could chase any queries. The pharmacy had a log to track when the prescription was ordered and received from the doctors. The team member followed robust processes to make sure people's prescriptions were received and that they received their compliance pack when it was due. This involved a plan to make sure the prescriptions were ordered again the following month. The pharmacy printed backing sheets to attach to the compliance packs. And the dispenser amended the records on the computer to make sure the descriptions of the tablets on the sheets were accurate. The dispenser supplied medicine administration sheets (MARs) on request when medicines were administered by carers. Any changes in medication was documented and the person's profile sheet updated.

The pharmacy team had signed up to offer the NHS urgent medicine supply advanced service (NUMSAS). NHS 111 referred people to the pharmacy. People had found the service useful when they had forgotten their medication and were away from home. The pharmacist described how she had completed an asthma check prior to making an inhaler supply. And she found the option to access people's summary care record (SCR) useful. Ten to twelve people accessed the service each month.

The pharmacy received private prescriptions from the company's on-line doctor consultation service. This was a fairly popular service. Depending on the consultation and the medicine the pharmacist on occasions was required to complete additional checks before supply, including blood pressure and body mass index (BMI) checks. This ensured the medicine was appropriate for the person to take.

The pharmacy used licenced wholesalers to obtain its medicines. And it stored its medicines appropriately in the dispensary and in a stockroom leading to the staff access door into the consultation room. This door was not locked, so there was a risk that people could access these medicines if they used the consultation room and were left alone. There was a latch and keylock on the door. No-one used the room during the inspection. The pharmacy stored its Pharmacy (P) medicines behind the counter and in Perspex boxes in the retail area. The boxes had an instruction to ask for assistance for these products. A pharmacy team member said only one person tried to pick the P medicines themselves and the team advised him this wasn't allowed. The pharmacy had a display in front of the access to the dispensary from the retail area, to minimise the risk of unauthorised access into the dispensary. The pharmacy had equipment available to meet the falsified medicines directive (FMD) and there was some training available. But the pharmacy hadn't started scanning products. The team were waiting for instruction from their area manager or head office.

The pharmacy had a date checking process. The team had last checked all the stock in July 2019. No out of dates were found on the shelves that were checked. The team wrote the opening dates of liquids on the packaging, for example Sytron opened on 9 July 2019 with a three month expiry once opened, was in date. And the pharmacy used short-dated stickers. It had medical waste bins and CD destruction kits available to support the team in managing pharmaceutical waste. The pharmacy held up-to-date records of drug recalls. The RP signed to confirm the recall had been appropriately actioned. The pharmacy team discussed any recent drug recalls as part of the Safer Care meetings. The pharmacy recorded the fridge temperature daily and of the sample seen it was within the required range of two

to eight degrees Celsius. The fridge was 4.7 degrees Celsius during the inspection. The fridge was full of stock, but the stock was stored in an organised way. The CD cabinet was full , but the stock was generally stored in a tidy manner.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment for the services it provides. And it uses its facilities to keep people's private information safe.

Inspector's evidence

Pharmacy team members had access to up-to-date reference resources. These included the British National Formulary (BNF) and BNF for Children. Internet access provided further access to other reference resources. The computers were password protected and faced away from the pharmacy counter. So, people's private information was protected. And the pharmacy stored prescriptions awaiting collection in a back room through the dispensary. The pharmacy team used their own NHS smart cards. There were some baskets of prescriptions that had been left in the consultation room from processing prescriptions for offsite dispensing, whilst the pharmacist came to greet the inspector. The consultation room door from the shop was not locked. The baskets were promptly removed back into the dispensary. And the pharmacist manager reassured the inspector this was not the normal practice.

The pharmacy had an Omron CE marked blood pressure machine stored in the consultation room. This was replaced every 2 years. There were some in-date Accucheck strips available for the diabetes checking service. The pharmacy's equipment looked in good working order. And the electrical equipment was subjected to safety testing. A sticker on an appliance indicated the checks were next due in October 2019. The pharmacy had a medical fridge of a suitable size, with a clear front for ease of selection. The pharmacy used single-use equipment for dispensing its compliance packs. And there was access to a roller and tweezers to help dispense into these packs. The pharmacy had appropriate measures for pouring liquids with ones suitably labelled for methadone use only.

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.