

Registered pharmacy inspection report

Pharmacy Name: Tims & Parker Pharmacy, 6 Coniston Avenue, Little Hulton, Worsley, MANCHESTER, Lancashire, M38 9WX

Pharmacy reference: 1033495

Type of pharmacy: Community

Date of inspection: 20/08/2019

Pharmacy context

This is a traditional community pharmacy, situated just off a main road in an urban residential area, serving the local population. It mainly supplies NHS prescription medicines and it provides other NHS services such as electronic prescriptions, minor ailment consultations 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	N/A	N/A	N/A
2. Staff	Standards met	2.1	Good practice	Staff do not feel pressurised when working and complete tasks properly and effectively in advance of deadlines. And the pharmacy has a clear plan to maintain its services when staff are on leave.
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 the risks associated with its services well. The pharmacy team follows written instructions to help make sure it provides safe services and records any mistakes so that it can learn from them. The team also keeps people's information secure and it understands its role in protecting and supporting vulnerable people.

Inspector's evidence

The pharmacy had written procedures that had been issued in October 2017 and were due for review in October 2019. These covered safe dispensing of medicines, the responsible pharmacist (RP) regulations and controlled drugs (CD). Records indicated that all team members except for the registered technician had read and understood the procedures relevant to their role and responsibilities. The RP, who was the manager and resident pharmacist, said that the registered technician had read the previous set of procedures and that they would address this oversight.

The dispenser and checker initialled dispensing labels, which helped to clarify who was responsible for each prescription medication, and it assisted with investigating and managing mistakes. The pharmacy team recorded any mistakes it identified when dispensing medicines. It addressed each of these mistakes separately, however staff usually did not record the reason why they thought they had made each mistake. So, the team could miss other opportunities to learn and mitigate risks in the dispensing process. The RP said that they regularly reviewed these records every two months and shared their findings with the rest of the team but they did not always make a record of these reviews.

The team received positive feedback in key areas of its 2018 to 2019 satisfaction survey that people who used its services had completed. A public notice explained how patients could make a complaint and the team had read the pharmacy's complaint procedures, so it could effectively respond to them.

The pharmacy had professional indemnity cover for the services it provided. The RP displayed their RP notice, which helped the public to identify them. The pharmacy maintained its records required by law for the RP, private prescriptions and CD transactions. And it checked its CD running balances regularly every one or two weeks, which helped to detect any inconsistencies at an early stage. The pharmacy also maintained its records for CD destructions, flu vaccinations, minor ailment consultations and the specials medications it had supplied.

The RP said that the pharmacy rarely received urgent requests from people for their repeat medication without a prescription because they could usually obtain it from their GP before they had run out of medication. Records indicated that the pharmacy had not supplied any medication in the last six months under the emergency supply regulations.

The pharmacy conducted annual data protection reviews. And it had detailed policies on protecting people's data and written procedures for securely storing and disposing of people's confidential information which staff had read. Staff securely stored and destroyed confidential material and they used passwords that protected access to people's electronic data. However, they occasionally shared

each other's security cards to access people's electronic NHS data. So, there was a small risk that it could be unclear who had accessed this information.

The RP recalled occasions when the pharmacy limited people who were diagnosed with dementia to seven days' medication or planned with their carers to make sure that they had supervised medication administration. This helped them to make sure that they took their medicines safely. The pharmacy also reported any safeguarding concerns to the local community support services about people receiving its substance misuse treatment service when it had them.

The RP, pharmacist who provided regular cover on a Friday and registered technician each had level two safeguarding accreditation. And records indicated that the pharmacy's dispenser had read its procedures for safeguarding vulnerable adults and children. The trainee dispenser had completed safeguarding training as part of their accreditation course. The pharmacy also had the local safeguarding board's contact details and procedures.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide safe services. Team members work well together and have the qualifications needed for their roles. The pharmacy supports newer team members while they are undergoing training.

Inspector's evidence

The staff present were the RP, a dispenser and the trainee dispenser. The pharmacy's other staff was a registered technician. The pharmacy's head office employed and managed the delivery drivers.

The pharmacy had enough staff to comfortably manage the workload. The team had repeat prescription medicines ready in good time for when people needed them. The pharmacy received most of its prescriptions via the electronic prescription service (EPS), which helped to improve service efficiency. And it had a low footfall, so the team promptly served people. The staff worked well both independently and collectively. And they used their initiative to get on with their assigned roles and required minimal supervision. All the staff, except for the trainee, provided the minor ailment consultation under the pharmacist's supervision.

The pharmacy's staffing arrangements helped to effectively maintain its services. It closed for one hour over lunch period, which allowed staff to take a suitable rest. The pharmacy only allowed one team member to take planned leave at any one time. And its head office provided dispensers, and other team members increased their working hours to cover the leave.

The trainee, who had a life sciences degree, started their employment in June 2019. Their accreditation course, which they started in July 2019, was progressing well and they had protected study time.

The RP said that the pharmacy had targets for the number of MURs it completed, which they felt were almost realistic and achievable. In mitigation the pharmacy's head office were generally supportive in helping the team achieve the targets.

The pharmacy obtained people's written consent for the minor ailment and flu vaccination services. It obtained some people's signed consent to provide the prescription ordering service and EPS. And staff made records when they had obtained verbal consent from other people. However, this meant that the pharmacy may not have definitive proof about who had provided consent in these cases.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, safe, secure and spacious enough for the pharmacy's services. It has a private consultation room, so members of the public can have confidential conversations.

Inspector's evidence

The premises' cleanliness was appropriate for the services provided. And records indicated that the team regularly cleaned the premises. It had the space needed to allow the staff to dispense medicines safely. And staff could secure the premises to prevent unauthorised access. The consultation room offered the privacy necessary to enable confidential discussion. But its availability was only advertised on its door, so people may not always be aware of this facility.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices generally help 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 opened 9am to 6pm Monday to Friday. It had a step-free entrance and the staff could see people who needed assistance entering the premises.

The RP said that the pharmacy had written procedure for dispensing higher-risk medicines that covered anti-coagulants, insulin, methotrexate, lithium and valproate. They suspected that a temporary staff member removed it, so would address the matter. The pharmacy regularly checked whether people on higher-risk medicines had a recent blood test. And they regularly checked whether any of these people were experiencing any side effects or medicine interactions when dispensing each prescription and counselled them if necessary. This helped make sure that these people received all the information they needed to take their medicines safely.

The pharmacy had completed two audits of its valproate patients to identify any that could be in the at-risk group. It had the January 2016 MHRA approved valproate advice cards and booklets to give people. The RP said they would obtain the latest versions issued in May 2018.

The pharmacy team prompted people to confirm the repeat medications they required on their next repeat prescription. This helped it limit medication wastage and people received their medication on time. And the team made records of these requests, which helped to effectively resolve queries if needed.

The pharmacy team used colour-coded baskets during the dispensing process to separate people's medicines as well as prioritise and organise its workload. And it marked part-used medication stock cartons, which helped make sure people got the right amount of medication.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored all of them in an organised manner. The team scanned around half of the medicines with barcodes on its packaging. Staff said this was due to the inefficient scanning system which also did not always recognise the code. The pharmacy owner would be installing a new system and suspected that some codes were defective. Therefore, the pharmacy was not fully adhering to the Falsified Medicines Directive.

The pharmacy properly segregated its date-expired and patient-returned CDs. And it had destruction kits for destroying them. The team suitably monitored the medication refrigerator storage temperatures. Records indicated that the pharmacy regularly checked its stock expiry dates during the second half of 2018. And staff said that they had checked the expiry dates in January 2019 and June 2019, but they did not have records to support this. The team took appropriate action when it received alerts for medicines suspected of not being fit for purpose and it made records related to the action it

had taken. The team also disposed of its obsolete medicines safely and kept them away from medicines stock.

The team labelled dispensed CDs with the deadline date by which it must be supplied, which reminded the pharmacist to check it when they supplied them. The team also checked the issue date on CD prescriptions at the point of medication supply. So, the pharmacy made sure it only supplied CDs against a valid prescription. The team used an alpha-numeric system to store people's dispensed medication, which helped team members to efficiently retrieve people's medicines when needed. The pharmacy could query with the driver's office to confirm safe and secure delivery of its medicines. And it had records of the pharmacist who had supplied each CD, which helped it to identify the pharmacist responsible for CDs it had delivered.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment that it needs to provide its services effectively. And the team has the facilities to secure people's information.

Inspector's evidence

The pharmacy team kept the dispensary sink clean. It also had hot and cold running water and an antibacterial hand-sanitiser. And it had a range of clean measures, including separate ones for methadone. So, staff had the facilities to make sure medicines they handled stayed uncontaminated and could accurately measure and give people their prescribed volume of medicine. Staff used the medicines compendium online and the latest versions of the BNF and cBNF to check pharmaceutical information if needed.

The team viewed people's electronic information on screens not visible from public areas and regularly backed up their data on its patient medication record (PMR) system. So, the pharmacy secured people's electronic information and could retrieve their data if the PMR system failed. And it had facilities to store people's dispensed 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.