

Registered pharmacy inspection report

Pharmacy Name: Wise Pharmacy, 372/374 Dickenson Road,
Longsight, MANCHESTER, Lancashire, M13 0WQ

Pharmacy reference: 1033509

Type of pharmacy: Community

Date of inspection: 08/08/2023

Pharmacy context

This is a traditional community pharmacy, situated on a main road of a suburban residential area, serving the local population. It mainly prepares NHS prescription medicines and it orders people's repeat prescriptions on their behalf. A large number of people also receive their medicines in weekly multi-compartment compliance packs to help make sure they take them safely, and the pharmacy has a home delivery 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 generally manages its risks well. The pharmacy team follows written instructions to help make sure it provides safe services. The team reviews its mistakes which helps it to learn from them. Pharmacy team members receive training on protecting people's information, and they understand their role in protecting and supporting vulnerable people. The pharmacy keeps the records it needs to by law. But records are sometimes incomplete, which means team members may not always be able to show what has happened in the event of a query.

Inspector's evidence

The pharmacy had written procedures that covered safe dispensing, the responsible pharmacist (RP) regulations and controlled drugs (CDs). Some of the pharmacy's newer team members had only been recently provided with the procedures, so they were still reading through them. They already had a reasonable understanding of how to carry out all the activities required of them and the RP closely supervised them.

The dispensing labels had 'dispensed by' and 'checked by' boxes, which helped to clarify who was responsible for each prescription medication supplied and assisted with investigating and managing mistakes.

A check of randomly selected prescription medications that had been prepared for people suggested that the dispenser or the checker did not always initial the dispensing labels. This meant the pharmacy may have some difficulties clarifying who was responsible for each prescription medication supplied or investigating and managing mistakes.

The pharmacy had written procedures for learning from mistakes. The pharmacy team reviewed and discussed mistakes it identified when dispensing medicines, and it addressed each of these incidents as they arose. But the team had not recorded these mistakes for a significant period. So, the pharmacy might miss additional learning opportunities to identify trends and mitigate risks in the dispensing process.

The pharmacy had written complaint handling procedures, so staff members knew how to respond to any concerns. There was no publicly displayed information on how people could make a complaint, so people may be less confident about raising a concern. The pharmacy had not completed a patient survey since the pandemic.

The pharmacy had professional indemnity cover for the services it provided. The RP was not displaying their RP notice, so the public could easily identify them, but they immediately rectified this. The pharmacy kept an RP record, but the pharmacist did not always enter the time when they ceased being the RP, as required by law. The pharmacy kept records for the medications prepared under a specials license or unlicensed medicines that it had supplied. But these were not organised into chronological order, so the team may have difficulties finding a record in the event of a query.

The pharmacy kept records for CD transactions. However, a few issues were noted in relation to the methadone registers as the year of each supply date entry was not always recorded, a 'ditto' mark was frequently used instead of entering the prescriber's details, a 'yes' or 'no' was not always entered

regarding whether the pharmacy asked the recipient of the supply for identification and whether they provided it, and the page headings did not state 'sugar free' for sugar free methadone, as required by law. The pharmacy kept CD running balances, except for methadone, which made it more difficult to detect any discrepancies. The RP, who was the regular pharmacist and manager, explained that running balances were sometimes checked to help identify any discrepancies. However, the pharmacy did not keep corresponding records of these checks, so it could not demonstrate this. Records of CDs returned to the pharmacy for safe disposal were kept but these were not kept up to date.

The RP had spoken to each new staff member about protecting patient information. Team members secured and destroyed confidential papers. They had their own security card to access NHS electronic patient data and they used passwords to access this information. There was no publicly displayed information about the pharmacy's privacy notice, which made it more difficult for people to find out about its policies on protecting their data.

The RP had level two safeguarding accreditation. The pharmacy informally assessed potential new compliance pack patients, which included whether the patient needed to be limited to seven day's medication per supply to avoid them becoming confused. However, it did not make corresponding records of these assessments to demonstrate this.

The pharmacy kept records of the care arrangements for people using compliance packs, including their next of kin's or carer's details and any special arrangements about who collected and when to supply their medication. This meant the team members had easy access to this information if they needed it urgently.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide safe and effective services. Team members work well together, and they have the skills necessary for their roles. However, new team members are not always enrolled on training programmes in a timely fashion, so they may delay obtaining the qualifications relevant their roles.

Inspector's evidence

The staff present included the RP, two dispensers, two trainee dispensers, a medicine counter assistant (MCA), and a trainee MCA. The pharmacy's other staff included a dispenser and a trainee dispenser. The pharmacy also employed a deliver driver.

The pharmacy had enough staff to comfortably manage its workload. The team usually had repeat prescription medicines ready on time, including compliance packs. The pharmacy had low footfall, so the team avoided sustained periods of increased workload pressure and it could promptly serve people.

Staff worked well both independently and collectively and they used their initiative to get on with their assigned roles and required minimal supervision. And they effectively oversaw the various dispensing services and had the skills necessary to provide them. Two of the dispensers managed the compliance pack service under the regular pharmacist's supervision.

The pharmacy had applied to enrol the trainee MCA and two of the three trainee dispensers, who each started working at the pharmacy around two months ago, on the relevant qualification training course for their role. The third trainee dispenser, who started working at the pharmacy six months ago, had not been enrolled on a dispenser qualification course. The superintendent subsequently confirmed that the pharmacy had applied to enrol this trainee dispenser.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, secure and suitable for the pharmacy's services. It has a private consultation room, so people can have confidential conversations with pharmacy team members and maintain their privacy.

Inspector's evidence

The pharmacy was situated in a retail unit. The level of cleanliness was appropriate for the services provided. Shop and dispensary fittings were suitably maintained. The retail area and counter could accommodate the number of people who usually presented at any one time. The dispensary and compliance pack area provided enough space for the volume and nature of the pharmacy's services.

The consultation room provided the privacy necessary to enable confidential discussion. But its availability was not advertised, so people may not be aware of this facility. Pharmacy team members could secure the pharmacy premises to prevent unauthorised access.

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 the team makes some checks to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy opened 9am to 6pm Monday to Friday, except Saturday when it was open from 9am to 5.30pm. It had a step-free entrance and staff could see anyone who needed assistance entering the premises.

The pharmacy had written procedures that covered the safe dispensing of higher-risk medicines including anti-coagulants, methotrexate, lithium, but not for valproate. The team had checked for any people at risk who were prescribed valproate. The pharmacy did not have the booklets which should be given to anyone receiving valproate for the first time, as stated under MHRA guidance, but they knew where to obtain them. The pharmacy had valproate stock with MHRA approved Pregnancy Prevention Programme advice cards attached.

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 with the GP surgery and reduced the risk of it overlooking medication changes. The pharmacy also kept records of verbal communications about medication queries or any changes for people using compliance packs.

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 team used baskets during the dispensing process to separate people's medicines and help organise its workload. The team usually left a protruding flap on medication stock cartons to signify they were part-used. This might be easily overlooked and could increase the risk of not selecting the right quantity when dispensing and supplying medication.

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

The pharmacy monitored and recorded checks of medicine stock expiry dates, except for CDs. The RP explained the CD expiry dates were checked at the time they were prepared for people.

The team had methadone instalments ready in advance of people presenting for them and they prepared instalments for more than one day in divided daily doses. This helped the pharmacy to manage its workload and supported people to take an accurate dose.

The team used an alphabetical system to store patient's bags of dispensed medication, which meant it

could efficiently retrieve people's medicines when needed.

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 pharmacy team kept the dispensary sink clean and it had hot and cold running water and an antibacterial hand-sanitiser. The team had a range of clean measures, including a separate set 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. The team had access to the British National Formulary (BNF) online and a recent paper version of the BNF, which meant it could refer to pharmaceutical information if needed.

The pharmacy team had facilities that protected people's confidentiality. It viewed people's 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.