

# Registered pharmacy inspection report

**Pharmacy Name:** Sterling Pharmacy, 103 Lapwing Lane, West Didsbury, MANCHESTER, Lancashire, M20 6UR

**Pharmacy reference:** 1033544

**Type of pharmacy:** Community

**Date of inspection:** 16/10/2019

## Pharmacy context

This is a traditional community pharmacy situated on a shopping-parade in a suburban area, serving the local population. It mainly prepares NHS prescription medicines and orders repeat prescriptions on behalf of people. It prepares medicines in weekly compliance packs to help make sure people take them safely. The pharmacy also provides other NHS services such as minor ailment consultations, medicines use reviews (MURs), new medicines service and 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

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. The pharmacy keeps people's information secure and it participates in supporting vulnerable people.

### Inspector's evidence

The pharmacy had written procedures that were regularly reviewed. These covered dispensing medicines safely, the responsible pharmacist (RP) regulations and controlled drugs (CDs). The pharmacy's records indicated that staff had read the procedures applicable to them.

The dispenser and checker initialled dispensing labels, which helped to clarify who was responsible for each prescription medication that had been supplied and assisted with investigating and managing mistakes. However, the label design made it difficult clarifying who dispensed and checked each medication.

The pharmacy team discussed mistakes, also known as near misses, which it identified when dispensing medicines and addressed each of them separately. The pharmacy's written procedures stated to record these mistakes. However, the team did not record them, which meant it could not perform an extensive review to identify any trends so it may miss additional learning opportunities.

The pharmacy publicly displayed information about how people could make a complaint. It had a written procedure on handling mistakes with prescription medications that were supplied to people, but it did not have any other written procedures for handling any other types of incidents. So, these incidents might not always be handled effectively.

The pharmacy had professional indemnity insurance for the services it provided. The RP displayed their RP notice, so the public could identify them. The pharmacy maintained the records required by law for the RP and CD transactions and it had regularly checked the CD running balances at weekly intervals for the last six months, as required by the pharmacy's written procedures. This meant the pharmacy could detect any discrepancies at an early stage. A randomly selected CD's balance was found to be accurate. The pharmacy kept records of private prescription transactions. However, it made entries across two separate electronic registers, which made it difficult to trace a specific entry. The pharmacy kept an electronic record for people's urgent requests of prescription medication, and these historic records could be easily viewed up to April 2017. However, more recent records were less easy to retrieve due to the system's unreliable filtering software, which made it more difficult to search for a specific record. The superintendent pharmacist, who was also the resident pharmacist, said that the pharmacy had not supplied any special licensed medications in the last three years, but they could not locate the historic records of supplies made prior to that. The pharmacy maintained its records for minor ailment consultations and MURs, and the pharmacist asked people the appropriate questions to make sure it was safe for them to have the flu vaccination. However, the pharmacy did not keep records of their responses to these questions. These record keeping irregularities could cause confusion when resolving queries.

Staff securely stored and destroyed people's confidential material, used passwords to protect access to people's electronic data, and they each used their own security card to access people's NHS electronic

data. However, the private prescriptions were crammed into a small and insecure cardboard box in no obvious order, which could make it difficult to retrieve a prescription in the event of a query and risked one or more of them being lost. The pharmacy had registered with the information commissioner's office (ICO) in 2018, which included a declaration that staff had completed training in handling people's information, how they should and should not use it, keeping people's data up to date, safe and secure, and not keeping it for longer than necessary. However, the pharmacy did not publicly display any information about its privacy notice. The pharmacy also had written data protection policies based on the GDPR. Staff only vaguely recalled reading these policies, but they understood the basic principles of protecting people's data. The superintendent said that they had completed a data protection audit for the pharmacy using the GDPR as a framework, but it could not be located. The pharmacy obtained people's written consent to provide the flu vaccination service and minor ailment consultations. It also obtained their written consent on the dual MUR and NMS form, but it did not always make clear on the form which service people had requested. The pharmacy obtained people's verbal consent to provide the prescription ordering and electronic prescription services, but did not confirm it in writing, which could make it difficult to prove in the event of a query.

The RP had level two safeguarding accreditation. However, staff had not completed any formal safeguarding training. And it had not made arrangements regarding access to the local safeguarding board's procedures or their contact details. The pharmacy had confirmed with the GP whether people using the compliance pack service should be supplied their medication either every seven or twenty-eight days but had not kept any records to support this. However, almost all these people were limited to seven days' medication per supply, which helped to reduce the chance of them becoming confused and meant they received closer support managing their medication. The pharmacy did not keep any meaningful records of the care arrangements for people using the compliance pack service, including their next of kin details, or any medication delivery, storage and administration details.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to provide safe and effective services. Team members work well together and have the qualifications for their core role. But some team members occasionally carry out additional tasks without having received the necessary formal training. And they rarely complete ongoing training, so their knowledge may not always be up to date.

### Inspector's evidence

The staff present included the RP, who was the resident locum pharmacist, and an experienced medicines counter assistant (MCA) who also delivered medicines to the few people who used the service. The other staff included the superintendent pharmacist, an experienced dispenser who worked four days each week and a new staff member who had recently started with a view to training to become an MCA.

The pharmacy had enough staff to comfortably manage its workload. The RP said that they 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, which supported service efficiency. The pharmacy had a low footfall, so the team avoided sustained periods of working under pressure meaning it could promptly serve people.

The MCA sometimes put away wholesale supplies of dispensary stock but had not completed the relevant formal training accreditation to do so, as required by the GPhC. The superintendent had informal discussions with individual members of the team about their performance when necessary, but there was no formal appraisal process. Staff said they seldom completed any training to maintain or update their skills or knowledge.

The RP said that the superintendent had not indicated that the pharmacy needed to meet any targets for the volume of services it provided.

## 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 level of cleanliness was appropriate for the services provided. The premises had the space that the staff needed to dispense medicines safely. And they could secure it to prevent unauthorised access. The consultation room provided the privacy necessary to enable confidential discussion. But, its availability was only advertised in the consultation room, which was located towards the rear of the retail area, so people may not always be aware of this facility.

## 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 9am to 6.30pm Monday to Friday and 9am to 5.30pm on Saturday. It had a low-level step and staff could see anyone who needed assistance entering the premises. The RP was not accredited to provide the flu vaccination service, so people could only access the service for half of the week.

The pharmacy team prompted people to confirm the repeat medications they required. This helped it limit medication wastage and made sure people received their medication on time. And the team made records of these requests, but it destroyed them immediately after it received the prescription. So, it may have difficulties effectively resolving queries if needed.

The pharmacy had written procedures that covered the safe dispensing of anti-coagulants, which is a higher-risk medicine. The pharmacy checked that people on an anti-coagulant had a blood test with each prescription request. It also checked if any of these people were experiencing any side-effects or interactions at the time of each of these requests and advised them when necessary. The pharmacy did not have separate procedures for dispensing insulin, methotrexate, lithium or valproate. But, it did not have any patients on methotrexate or lithium, and the RP said that the superintendent had confirmed that the pharmacy did not have anyone in the at-risk group for valproate. The pharmacy had the MHRA approved valproate advice booklets and cards to give these people when necessary.

The pharmacy team scheduled when to order prescriptions for people who used compliance packs, so that it could supply their medication in good time. The team kept a record of these people's current medication that also stated the time of day they were to take them. This 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 verbal 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. However, the team did not label each compliance pack with a description of each medicine inside them, which could make it more difficult for people to identify each medicine. And it did not always make clear on the labelling the time of day when these people should take each of their medicines, which could mean they may not have all the information needed to take their medication as effectively as possible.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored them in an organised manner. The team used baskets during the dispensing process to separate people's medicines and organise its workload. However, the team most of the time only left a protruding flap on medication stock cartons to signify they were part-used, which could increase the risk of people receiving the incorrect medication quantity.

The team did not scan prescription only medicines and it was suspected that pharmacy did not have the software or hardware to comply with the Falsified Medicines Directive as required by law.

The pharmacy suitably secured its CDs, quarantined its date-expired and patient-returned CDs, and it had destruction kits for destroying them. The team suitably monitored the medication refrigerator storage temperatures. The RP said that staff regularly checked medicines stock expiry dates every Saturday, but staff could not locate any supporting records. Several medicines randomly selected from stock had a long shelf-life, but a few eye drops were due to expire at the end of October 2019. The pharmacy had systems for receiving notifications about medicines suspected of not being fit for purpose, but staff could not locate the supporting records to confirm they had been actioned. The pharmacy 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 checked the prescription issue date at the time they supplied each CD, as required by the pharmacy's written procedures, so it had a system to make sure it only supplied CDs when it had a valid prescription. The team used an alphabetical system to store bags of dispensed medication, which meant staff could efficiently retrieve people's medicines when needed. The supplying pharmacist initialled each CD register entry, so the pharmacy had an audit trail identifying the pharmacist responsible for each supplied CD, including those 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. It properly maintains its equipment and it has the facilities to secure people's information.

### Inspector's evidence

The team kept the sink used for dispensing purposes clean. It also had hot and cold running water, antibacterial hand-sanitiser, and a range of clean measures. So, it had facilities to make sure it did not contaminate medicines, and it could accurately measure and give people their prescribed volume of medicine. The pharmacist used recent versions of the BNF and cBNF to check 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 the pharmacy 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 dispensed medicines and their prescriptions far enough 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.